See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490
**Short Form**

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except block lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

**For the 2009 calendar year, or tax year beginning September 1, 2009, and ending August 31, 2010**

**B**

- **Check of applicable**
  - Please use IRS label or print name.
  - See specific instructions.
  - Name change
  - Initial return
  - Terminated
  - Amended return

- **Florida Public Interest Research Group Education Fund**
  - **C Name of organization**
  - **210 N Monroe St.**
  - **City or town, state or country, and ZIP + 4**
    - **Tallahassee, FL 32301**
  - **Room/suite**
  - **D Employer identification number**
    - 59-2854230
  - **E Telephone number**
    - 850-224-3321
  - **F Group Exemption Number**

- **G Accounting Method:**
  - **Cash**
  - **Accrual**

**L**

- **Website:** floridapirg.org
- **Check (one only) (check one):**
  - 501(c) (3)
  - 4947(a)(1)
  - 527

- **J Tax-exempt status (check only one):**
  - (3)
  - (1)

- **K Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-FF)**

- **L Add lines 5b, 6, and 7b, to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ.**
  - **$ 2537.67**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Expenses</th>
<th>Net Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Contributions, gifts, grants, and similar amounts received</td>
<td>10 Grants and similar amounts paid (attach schedule)</td>
<td>22 Cash, savings, and investments</td>
</tr>
<tr>
<td>2 Program service revenue including government fees and contracts</td>
<td>11 Benefits paid to or for members</td>
<td>23 Land and buildings</td>
</tr>
<tr>
<td>3 Membership dues and assessments</td>
<td>12 Salaries, other compensation, and employee benefits</td>
<td>24 Other assets (describe ▶ accounts receivable)</td>
</tr>
<tr>
<td>4 Investment income</td>
<td>13 Professional fees and other payments to independent contractors</td>
<td>25 Total liabilities (describe ▶ accounts payable)</td>
</tr>
<tr>
<td>5a Gross amount from sale of assets other than inventory</td>
<td>14 Occupancy, rent, utilities, and maintenance</td>
<td>26 Total assets</td>
</tr>
<tr>
<td>5b Less: cost or other basis and sales expenses</td>
<td>15 Printing, publications, postage, and shipping</td>
<td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
</tr>
<tr>
<td>6a Gross receipt (not including ▶ of contributions reported on line ▶ of contributions)</td>
<td>16 Other expenses (describe ▶ conferences, travel, depreciation, utilities, etc.)</td>
<td></td>
</tr>
<tr>
<td>6b Less: direct expenses other than fundraising expenses</td>
<td>17 Total expenses</td>
<td></td>
</tr>
<tr>
<td>6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)</td>
<td>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</td>
<td></td>
</tr>
<tr>
<td>7a Gross sales of inventory, gifts, services, and allowances</td>
<td>19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)</td>
<td></td>
</tr>
<tr>
<td>7b Less: costs of goods sold</td>
<td>20 Other changes in net assets or fund balances (attach explanation)</td>
<td></td>
</tr>
<tr>
<td>7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td>
<td>21 Net assets or fund balances at end of year</td>
<td></td>
</tr>
</tbody>
</table>

**Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.**

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Cash, savings, and investments</td>
<td>278319.32</td>
</tr>
<tr>
<td>23 Land and buildings</td>
<td>0</td>
</tr>
<tr>
<td>24 Other assets (describe ▶ accounts receivable)</td>
<td>1485.18</td>
</tr>
<tr>
<td>25 Total assets</td>
<td>278904.54</td>
</tr>
<tr>
<td>26 Total liabilities (describe ▶ accounts payable)</td>
<td>25644.14</td>
</tr>
<tr>
<td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>254160.40</td>
</tr>
</tbody>
</table>
### Part III  Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization’s primary exempt purpose? Education and research on public interest issues

Describe what was achieved in carrying out the organization’s exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

<table>
<thead>
<tr>
<th>Program Title</th>
<th>Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida PIRG education fund engages in research and education on public policy issues to inform lawmakers and the public, and support issues in Florida such as: clean air and water, reducing greenhouse gas emissions, stopping offshore drilling, etc.</td>
<td>28a 20053.60</td>
</tr>
<tr>
<td>(Grants $ 0) If this amount includes foreign grants, check here</td>
<td>28a</td>
</tr>
<tr>
<td>(Grants $ ) If this amount includes foreign grants, check here</td>
<td>29a</td>
</tr>
<tr>
<td>(Grants $ ) If this amount includes foreign grants, check here</td>
<td>30a</td>
</tr>
<tr>
<td>Other program services (attach schedule)</td>
<td>31a</td>
</tr>
<tr>
<td>(Grants $ ) If this amount includes foreign grants, check here</td>
<td>32</td>
</tr>
<tr>
<td>Total program service expenses (add lines 28a through 31a)</td>
<td></td>
</tr>
</tbody>
</table>

### Part IV  List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Title and average hours per week devoted to position</th>
<th>Compensation (If not paid, enter 0-)</th>
<th>Contributions to employee benefit plans &amp; deferred compensation</th>
<th>Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Susannah Lindberg</td>
<td>secretary .5hrs/wk</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1400 Mt. Vernon St., Orlando, FL 32803</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rick Trisch</td>
<td>president .5hrs/wk</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>218 D. Street SE., Washington DC 20003</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Athan Manual</td>
<td>treasurer .5hrs/wk</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3903 Alton PL, NW., Washington DC 20016</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990-EZ (2009)
Part V Other Information (Note the statement requirements in the instructions for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If “Yes,” attach a detailed description of each activity ............................................ ................................. Yes No ................................. 33 ✓

34 Were any changes made to the organizing or governing documents? If “Yes,” attach a conformed copy of the changes .............................................................. Yes No ................................. 34 ✓

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. ................................. Yes No ................................. 35a ✓

b If “Yes,” has it filed a tax return on Form 990-T for this year? ................................. Yes No ................................. 35b ✓

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If “Yes,” complete applicable parts of Schedule N ................................. Yes No ................................. 36 ✓

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ................................. Yes No ................................. 37a

b Did the organization file Form 1120-POL for this year? ................................. Yes No ................................. 37b ✓

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? ................................. Yes No ................................. 38a

b If “Yes,” complete Schedule L, Part II and enter the total amount involved ................................. Yes No ................................. 38b

39 Section 501(c)(7) organizations. Enter: .................................

a Initiation fees and capital contributions included on line 9 ................................. Yes No ................................. 39a

b Gross receipts, included on line 9, for public use of club facilities ................................. Yes No ................................. 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: .................................

section 4911 n/a ; section 4912 n/a ; section 4955 n/a .................................

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization’s prior Forms 990 or 990-EZ? If “Yes,” complete Schedule L, Part I ................................. Yes No ................................. 40b

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ................................. Yes No .................................

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ................................. Yes No .................................

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If “Yes,” complete Form 8886-T ................................. Yes No ................................. 40e ✓

41 List the states with which a copy of this return is filed. .................................

42a The organization’s books are in care of Sara Cole Telephone no. 3122910349 .................................

Located at 407 S Dearborn St, Suite 701, Chicago, IL ZIP + 4 60605 .................................

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ................................. Yes No ................................. 42b

If “Yes,” enter the name of the foreign country: .................................

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. .................................

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? ................................. Yes No ................................. 42c

If “Yes,” enter the name of the foreign country: .................................

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ................................. Yes No ................................. 43

44 Did the organization maintain any donor advised funds? If “Yes,” Form 990 must be completed instead of Form 990-EZ ................................. Yes No ................................. 44 ✓

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If “Yes,” Form 990 must be completed instead of Form 990-EZ ................................. Yes No ................................. 45 ✓
Part VI  
Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.  
47  Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.  
48  Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.  
49a Did the organization make any transfers to an exempt non-charitable related organization?  
49b  If "Yes," was the related organization a section 527 organization?  

50  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $100,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation</th>
<th>(d) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

f  Total number of other employees paid over $100,000  

51  Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

d  Total number of other independent contractors each receiving over $100,000  

---

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sara Cole - Regional Administrator
Type or print name and title

Signature of officer
Date

Paid Preparer’s Use Only
Preparer’s identifying number (See instructions)
EIN
Phone no.

May the IRS discuss this return with the preparer shown above? See instructions  

Form 990-EZ (2009)
PART I  Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1  ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2  ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3  ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4  ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: ________________________________
5  ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6  ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7  ☑ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
8  ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part II.)
9  ☐ An organization organized and operated exclusively for public safety. See section 509(a)(4).
10 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
   a  ☐ Type I  b  ☐ Type II  c  ☐ Type III—Functionally integrated  d  ☐ Type III—Other
11 ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
   f  ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ________________________________
   g  ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
      (i) A person who directly or indirectly controls, either alone or together with persons described in (i) and (ii) below, the governing body of the supported organization? ________________________________
      (ii) A family member of a person described in (i) above? ________________________________
      (iii) A 35% controlled entity of a person described in (i) or (ii) above? ________________________________
   h  ☐ Provide the following information about the supported organization(s).

   (i) Name of supported organization
   (ii) EIN
   (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))
   (iv) Is the organization in col (i) listed in your governing document? Yes No
   (v) Did you notify the organization in col (i) of your support? Yes No
   (vi) Is the organization in col (i) organized in the U.S.? Yes No

Total

Cat No 11285F  Schedule A (Form 990 or 990-EZ) 2009
## Part II  Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2005</th>
<th>(b) 2006</th>
<th>(c) 2007</th>
<th>(d) 2008</th>
<th>(e) 2009</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>169010</td>
</tr>
<tr>
<td></td>
<td>(Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>169010</td>
<td>118775</td>
<td>34708</td>
<td>17160</td>
<td>2538</td>
<td>342191</td>
</tr>
<tr>
<td>5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>179562</td>
</tr>
<tr>
<td>7 Amounts from line 4</td>
<td>169010</td>
<td>118775</td>
<td>34708</td>
<td>17160</td>
<td>2538</td>
<td>342191</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>4974</td>
<td>9086</td>
<td>15689</td>
<td>13295</td>
<td>365</td>
<td>38435</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>380626</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2005</th>
<th>(b) 2006</th>
<th>(c) 2007</th>
<th>(d) 2008</th>
<th>(e) 2009</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2005</th>
<th>(b) 2006</th>
<th>(c) 2007</th>
<th>(d) 2008</th>
<th>(e) 2009</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))</td>
<td>14</td>
<td>43</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Public support percentage from 2008 Schedule A, Part II, line 14</td>
<td>15</td>
<td>63</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the “facts-and-circumstances” test, check this box and stop here. Explain in Part IV how the organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2005</th>
<th>(b) 2006</th>
<th>(c) 2007</th>
<th>(d) 2008</th>
<th>(e) 2009</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 <strong>Total. Add lines 1 through 5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 <strong>Public support (Subtract line 7c from line 6)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2005</th>
<th>(b) 2006</th>
<th>(c) 2007</th>
<th>(d) 2008</th>
<th>(e) 2009</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 <strong>Total support. Add lines 9, 10c, 11, and 12</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 <strong>First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 % |

#### Section D. Computation of Investment Income Percentage

| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 % |
| 19a **33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization** |   |
| 19b **33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization** |   |
| 20 **Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions** |   |
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.