	Check if applicable: Address change Name change Initial return Termination Amended return Application pending		in section and total <i>ments.</i> <b>D Employer i</b> <b>80</b> : 0 <b>E</b> Telephone	329-0180 mption		
1.1	Website: ►			e organization is <b>not</b> chedule B (Form 990,		
JC	Organization type (		-EZ, or 990-PF).	Strother diograms		
		ganization is not a section 509(a)(3) supporting organization <b>and</b> its gross receipts are no e organization chooses to file a return, be sure to file a complete return.	rmally <b>not</b> more	than \$25,000. A return is		
-	and the second se	7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of For	m 990-EZ 🕨 :	\$ 44,488.03		
Pa	art I Revenue	, Expenses, and Changes in Net Assets or Fund Balances (See the		for Part I.)		
		ns, gifts, grants, and similar amounts received.	1	43,960.81		
	-	ervice revenue including government fees and contracts	2	741021		
	4 Investmen		4	105,95		
		ount from sale of assets other than inventory	- 6 0 g - 64 - 75	Il statement		
		or other basis and sales expenses	hedule) 5c	0		
anu		s and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here I	nouuro) .	and the color		
Revenue		enue (not including \$ of contributions		hand have been		
Ĕ	reported o		<u> </u>	0		
		et expenses other than fundraising expenses	60	H2 LY LY LY		
		s of inventory, less returns and allowances		E HARRING		
		of goods sold	70	0		
		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	· · · · 7c	0		
	9 Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		44,488,03		
		d similar amounts paid (attach schedule)		58.75		
S		aid to or for members		28,15		
Expenses		al fees and other payments to independent contractors		28,323.78		
xpe	14 Occupanc	y, rent, utilities, and maintenance	14	10,655.22		
-	15 Printing, p 16 Other expe	ublications, postage, and shipping.	15	1,035.28		
	17 Total expe	enses. Add lines 10 through 16	17	43.143.03		
ts		(deficit) for the year (Subtract line 17 from line 9)		1,345		
Assets		or fund balances at beginning of year (from line 27, column (A)) (must ag		12,553,76		
Net A		end-of-year figure reported on prior year's return).				
	21 Net assets	or fund balances at end of year. Combine lines 18 through 20	🕨 21	13, 898, 76		
Pa	rt II Balance	Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Fo				
00	Cash aquinga		eginning of year	(B) End of year 22 10, 703 76		
22 23	Land and buildi		0	23 0		
24	Other assets (de	escribe Computer equipment + Software 3,1		24 3,195.00		
25	Total assets .	· · · · · · · · · · · · · · · · · · ·		25 1 <u>3, 898, 76</u> 26 0		
26 27	Net assets or f	(describe ►) und balances (line 27 of column (B) must agree with line 21)		27 13, 848, 76		
For			o. 10642l	Form 990-EZ (2008)		

Form 990-EZ (2008)					Page 2
Part III Statement of Program Service Accom	plishments (See the inst	ructions for Part	.)		Expenses
What is the organization's primary exempt purpose? _	Educate about day	gers of him	nan extine	Bec	quired for 501(c)(3) (4) organizations
Describe what was achieved in carrying out the organiz describe the services provided, the number of persons be	ation's exempt purposes. Ir	a clear and cond	ise manner,	and	4947(a)(1) trusts; onal for others.)
28 Cosponsarel "Elobal Catastrophickis	the Building a resils	est Civilizatio	2		and the second second
Jarlading publishing 20 papers from 13 four SAB members Spole at this	ove SAB member	n		1000	1950
13 four SAB members Spoke at this	event,				1
(Grants \$ ) If this amount incl	udes foreign grants, check	here		28a	
29 Maintainel mebsite - atracted	500 top Scientis	ti to ove			
Scientific Alwisory Board					1,120
	udes foreign grants, check	here	. 🕨 🗌	29a	
30 Pro-Thed envertional materials +	o menbers				The reason of the
					58,75
(Grants \$) If this amount incl 31 Other program services (attach schedule)	udes foreign grants, check	here	. 🕨 📋	30a	0
	udes foreign grants, check	hore		210	0
<b>32 Total program service expenses</b> (add lines 28a th				31a 32	3128 75
Part IV List of Officers, Directors, Trustees, and Key					ons for Part IV.)
	(b) Title and average	(c) Compensation	(d) Contribution	ns to	(e) Expense
(a) Name and address Ericklien 3550 w. Planblage	hours per week devoted to position	(If not paid, enter -0)	employee benefit   deferred compen		account and other allowances
Reno, NV 89509	Cohors/ week	D	0		0
Chris Haley, 662 Riverlanding Pr. Lawrence fille, 6-A 30045	Shord/week	0	0		. 0
Cirl Martinez 2124 Petersham (t. Unit C Las vegas, NV 89108	Treasurer Thereforerk	0	0	-	Ó
Staip M.L. TArrero, Vib. Lomas Ripblo	Director Those week	٥	0		0
29602 Markella, Malaga Spain TPhilipper Vian Nelsevelde,	Director	0	Δ		0
Martin all All Star	1 hours week		0		0
PHapevill 37					
B- B20 E rem bolggen, Brlan					
120 884 44 0 10 10 10 10 10 10 10 10 10 10 10 10 1					
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1		1		E	orm <b>990-EZ</b> (2008)
				I.	(2000)

Form	990-EZ (2008)	(31353)	Page 3
Pa	t V Other Information (Note the statement requirements in the instructions for Part VI.)	oole s	Maral Mar
			Yes No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	×
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	
	Enter amount of political expenditures, direct or indirect, as described in the instructions.           Image: Structure of the structure	37b	X
	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 unpaid at the start of the period covered by this return?	38a	×
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-	
39			1 1 2 1
	Initiation fees and capital contributions included on line 9       39a         Gross receipts, included on line 9, for public use of club facilities       39a		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶;		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction	0.00	mun pior
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	X
с	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	Enter amount of tax on line 40c reimbursed by the organization		
е	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.	40e	X
41	List the states with which a copy of this return is filed. The books are in care of $\blacktriangleright$ Enc Klipping Telephone no. $\blacktriangleright$ (175) The books are in care of $\blacktriangleright$ Enc Klipping	1370	-0180
42a	The books are in care of $\blacktriangleright$ Ent Klipp Located at $\triangleright$ 3550 $\checkmark$ . Flying Lange Read, NV ZIP + 4 $\triangleright$ 89-	509	
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority		
N	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes No
	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.		
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	
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		
			Voc No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	44	Yes No
45	Form 990-EZ	44	X
-		and the second second second	D-EZ (2008)
			<b>– – (</b> 2000)

6 Did t	ne organization engage in direct or indirect	and 51.	vition on hat	lf of or !			Yes No
	dates for public office? If "Yes," complete s					46	X
	ne organization engage in lobbying activities					47	X
	organization operating a school as describ					48	X
a Did th	ne organization make any transfers to an ex	empt non-charitable re	elated organiz	ation?		49a	X
	es," was the related organization(s) a section	-				49b	1.101
each	blete this table for the five highest compensa received more than \$100,000 of compensa		tion. If there is			st sy or	Expense
(a) N	Name and address of each employee paid more than \$100,000	hours per week devoted to position			employee benefit plans & deferred compensation		ount and allowances
	None	_					ant al
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1	( 1)			11		104 00	intee 1
	per of other employees paid over \$100,000 ► plete this table for the five highest compens					102 m	B. Secti
	(a) Name and address of each independent contractor			<b>(b)</b> Ty	pe of service	<b>(c)</b> Con	npensation
p				<b>(b)</b> Ty	pe of service	(c) Con	npensation
	(a) Name and address of each independent contractor			<b>(b)</b> Ty	pe of service	(c) Con	npensation
	(a) Name and address of each independent contractor			<b>(b)</b> Ty	pe of service	(c) Con	npensation
	(a) Name and address of each independent contractor			<b>(b)</b> Ty	pe of service	(c) Con	npensation
	(a) Name and address of each independent contractor			<b>(b)</b> Ty	pe of service	(c) Con	npensation
	(a) Name and address of each independent contractor	paid more than \$100,000		(b) Ty	pe of service	(c) Con	npensation
	(a) Name and address of each independent contractor	Paid more than \$100,000	companying sche	<i>O</i> edules and	statements, and to the	best of m	ny knowledg
	(a) Name and address of each independent contractor	Paid more than \$100,000	companying sche	<i>O</i> edules and	statements, and to the	best of m	ny knowledg
otal numł	(a) Name and address of each independent contractor None Der of other independent contractors each r Under penalties of perjury, I declare that I have exam and belief, it is true, correct, and complete. Declara	Paid more than \$100,000	companying sche	O edules and on all inform	statements, and to the nation of which prepart $S_{TP}$ 6, 20	best of m	ny knowledg
otal numl	(a) Name and address of each independent contractor	Paid more than \$100,000	companying sche	O edules and on all inform	statements, and to the	best of m	ny knowledg
otal numl	(a) Name and address of each independent contractor None Deer of other independent contractors each r Under penalties of perjury, I declare that I have exam and belief, it is true, correct, and complete. Declara Signature of officer	Paid more than \$100,000	companying sche officer) is based o	O edules and on all inform	statements, and to the hation of which prepar $S_{1} + C_{1} + C_{2} + C_{3}$	best of m er has an	ny knowledg y knowledg
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otal numł ign ere	(a) Name and address of each independent contractor None Der of other independent contractors each r Under penalties of perjury, I declare that I have exam and belief, it is true, correct, and complete. Declara Signature of officer Frestent Type or print name and title. Preparer's signature	Paid more than \$100,000	companying sche officer) is based o ate	O edules and on all inform Check if ielf- imployed ►	statements, and to the nation of which prepar Stp 6, 20 Date	best of m er has an	ny knowledg y knowledg
otal numł ign lere aid	(a) Name and address of each independent contractor Nong Der of other independent contractors each r Under penalties of perjury, I declare that I have exam and belief, it is true, correct, and complete. Declara Signature of officer Signature of officer Preparer's Signature Firm's name (or yours if self-employed),	Paid more than \$100,000	companying sche officer) is based o ate	Check if elf- mployed ►	statements, and to the hation of which prepare <i>Sty 6</i> , <i>2</i> 0 Date	best of m er has an	ny knowledg y knowledg
otal numl ign lere aid reparer's se Only	(a) Name and address of each independent contractor Nong Der of other independent contractors each r Under penalties of perjury, I declare that I have exam and belief, it is true, correct, and complete. Declara Signature of officer Signature of officer President Type or print name and title. Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4	receiving over \$100,000 receiving over \$100,000 receiving over \$100,000 receiving over \$100,000 receiving action of preparer (other than been been been been been been been be	ate	Check if elf- mployed ►	statements, and to the nation of which prepar Stp 6, 20 Date	best of m er has an 0 9 g Number (s	hy knowledg y knowledg See instruction
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SCHEDULE A OMB No. 1545-0047 **Public Charity Status and Public Support** (Form 990 or 990-EZ) 8 To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts. **Open to Public** Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Internal Revenue Service Name of the organization Employer identification number if eboat Foundation 80: 0034805 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) Part I The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub> % of its support from contributions, membership fees, and gross 9 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 III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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. b 🗌 Type II **c** Type III–Functionally integrated d 🗌 Type III-Other a Type I e D 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . Provide the following information about the organizations the organization supports. h (ii) EIN (iii) Type of organization (iv) Is the organization (i) Name of supported (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support above or IRC section governing document? col. (i) of your (i) organized in the (see instructions)) support? U.S.? Yes Yes No No Yes No

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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

## Schedule A (Form 990 or 990-EZ) 2008

## 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 Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 721 1 4,302 8.598 43,960,81 139,085.81 Gifts, contributions, 66,504 grants, and 15, Qual . membership fees received. (Do not include any "unusual grants.") . . . . . . Gross receipts from admissions, merchandise 2 1,057.18 421.27 sold or services performed, or facilities 393.91  $\bigcirc$ C. B 0 222 furnished in any activity that is related to the organization's tax-exempt purpose . . D 0 0 Ô 3 Gross receipts from activities that are not an 0 0 unrelated trade or business under section 513 4 Tax revenues levied for the organization's 0 0 0 0 0 0 benefit and either paid to or expended on its behalf entralite en la la la la la 0 The value of services or facilities 5 0 0 0 O 0 furnished by a governmental unit to the organization without charge . . 897 302 140 15.72 0 4 8. 8 4066 9144 382. 08 142.99 6 Total. Add lines 1-5 . . . Ô 5000 0 5000 7a Amounts included on lines 1, 2, and 3 0 0 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified 0 0 0 5 190 5,190.80 8 0 persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . . . . . . 5,190. 5000 10,190,80 80 0 C c Add lines 7a and 7b . . . . . 61,897,41 44 49,20 382.08 15,72 4,302 Public support (Subtract line 7c from 8 129,951,69 line 6.) Section B. Total Support (a) 2004 (b) 2005 (d) 2007 Calendar year (or fiscal year beginning in) (c) 2006 (e) 2008 (f) Total 66,897.91 5,72 8,840 140 142 99 4302 44,382.08 9 Amounts from line 6 . . 10a Gross income from interest, dividends, U (8000 0 payments received on securities loans, 111.96 285.91 105.95 rents, royalties and income from similar sources . . . . . . . . . . . **b** Unrelated business taxable income (less Ű 0 0 0 0 0 section 511 taxes) from businesses acquired after June 30, 1975 . . . 96 105 95 0 0 68 000 2859 c Add lines 10a and 10b 11 Net income from unrelated business Û activities not included in line 10b, 6 G 0 0 0 whether or not the business is regularly carried on . . . . . . . . . Other income. Do not include gain or 12 0 0 Û 0 0 loss from the sale of capital assets (Explain in Part IV.)  $a \rightarrow a + a + a + a$ 140,428.40 15,721 4 302 D 44 488 67.009.87 03 Total support. (Add lines 9, 10c, 11, 13 and 12.) . . . . . . . . . 14 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 Section C. Computation of Public Support Percentage 92.54 15 % Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f) 15 Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . . . . . 16 16 % Section D. Computation of Investment Income Percentage 002 % 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). 17 09 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . . 18 1 331/3 % support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 331/3 %, and line 19a 17 is not more than 331/3 %, check this box and stop here. The organization gualifies as a publicly supported organization > 🔀 331/3 % support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33/3 %, and b line 18 is not more than 331/3 %, 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

Schedule A (Form 990 or 990-EZ) 2008