

Forms 990 / 990-EZ Return Summary

For calendar year 2008, or tax year beginning **9/01/08**, and ending **8/31/09**

31-1016588

UNITED STATES SWIMMING INC. -OHIO

Net Asset / Fund Balance at Beginning of Year 176,286

Revenue

Contributions			
Program service revenue	<u>501,156</u>		
Investment income	<u>5,040</u>		
Capital gain / loss			
Special events:			
Gross revenue			
Direct expenses			
Net income			
Other income	<u>1,155</u>		
Total revenue		<u>507,351</u>	

Expenses

Program services			
Management and general			
Fundraising			
Total expenses		<u>463,320</u>	
Excess / (deficit)			<u>44,031</u>

Other changes

Net Asset / Fund Balance at End of Year 220,317

Reconciliation of Revenue

Total revenue per financial statements	<u> </u>		
Less:			
Unrealized gains	<u> </u>		
Donated services	<u> </u>		
Recoveries	<u> </u>		
Other	<u> </u>		
Plus:			
Investment expenses	<u> </u>		
Other	<u> </u>		
Total revenue per return	<u><u> </u></u>		

Reconciliation of Expenses

Total expenses per financial statements	<u> </u>		
Less:			
Donated services	<u> </u>		
Prior year adjustments	<u> </u>		
Losses	<u> </u>		
Other	<u> </u>		
Plus:			
Investment expenses	<u> </u>		
Other	<u> </u>		
Total expenses per return	<u><u> </u></u>		

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>176,286</u>	<u>220,317</u>	
Liabilities			
Net assets	<u><u>176,286</u></u>	<u><u>220,317</u></u>	<u><u>44,031</u></u>

Miscellaneous Information

Amended return	<u> </u>
Return / extended due date	<u>4/15/10</u>
Failure to file penalty	<u> </u>



5020-A College Corner Pike, Oxford, Ohio, 45056 (513) 523-1100
925-A Deis Drive, Fairfield, Ohio, 45014 (513) 858-6040
9100 Centre Point Drive Suite 180, West Chester, Ohio 45069

Filing Instructions

United States Swimming Inc. -Ohio

Short Form Exempt Organization Tax Return

Taxable Year Ended August 31, 2009

- Date Due:** April 15, 2010
- Remittance:** None is required. Your Form 990-EZ for the tax year ended 8/31/09 shows no balance due.
- Mail To:** Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027
- If a private delivery service is used, mail to:
OSPC
1973 N. Rulon White Blvd.
Ogden, UT 84404
- Signature:** The return should be signed and dated on Page 4 by an officer representing the organization.
- Other:** Initial and date the copy of the return, and retain it for your records.

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2008

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black 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 \$1,000,000 and total assets less than \$2,500,000 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.

Department of the Treasury
Internal Revenue Service

**Open to Public
Inspection**

A For the 2008 calendar year, or tax year beginning **9/01/08**, and ending **8/31/09**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization UNITED STATES SWIMMING INC. -OHIO		D Employer identification number 31-1016588
		Number and street (or P.O. box, if mail is not delivered to street address) 5020-B COLLEGE CORNER PIKE	Room/suite	E Telephone number 513-523-2181
		City or town, state or country, and ZIP + 4 OXFORD OH 45056		F Group Exemption Number <input checked="" type="checkbox"/> 5367

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify)

I Website: **SWIMOHIO.COM**

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one)— 501(c) (**3**) **t** (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ \$ **507,351**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																										
	2	Program service revenue including government fees and contracts																										
	3	Membership dues and assessments SEE STATEMENT 1																										
	4	Investment income																										
	5a	Gross amount from sale of assets other than inventory																										
	5b	Less: cost or other basis and sales expenses																										
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.)																										
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																										
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)																										
	6b	Less: direct expenses other than fundraising expenses																										
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																											
7a	Gross sales of inventory, less returns and allowances																											
7b	Less: cost of goods sold																											
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																											
8	Other revenue (describe SEE STATEMENT 2)																											
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																											
Expenses	10	Grants and similar amounts paid (attach schedule) SEE STATEMENT 3																										
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits																										
	13	Professional fees and other payments to independent contractors																										
	14	Occupancy, rent, utilities, and maintenance																										
	15	Printing, publications, postage, and shipping																										
	16	Other expenses (describe SEE STATEMENT 4)																										
17	Total expenses. Add lines 10 through 16																											
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																										
	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)																										
	20	Other changes in net assets or fund balances (attach explanation)																										
	21	Total net assets or fund balances. Add lines 18 through 20																										

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	176,286	220,317
23	Land and buildings		
24	Other assets (describe SEE STATEMENT 4)		
25	Total assets	176,286	220,317
26	Total liabilities (describe SEE STATEMENT 4)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	176,286	220,317

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

Form **990-EZ** (2008)

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		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		X
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		X
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 your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. <input type="checkbox"/> 37a		
b	Did the organization file Form 1120-POL for this year?		X
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 unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> _____; section 4912 <input type="checkbox"/> _____; section 4955 <input type="checkbox"/> _____		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____		
d	Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
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		X
41	List the states with which a copy of this return is filed. <input type="checkbox"/> NONE		
42a	The books are in care of <input type="checkbox"/> KRISTI PRINCELL Telephone no. <input type="checkbox"/> 513-523-2181 5020-B COLLEGE CORNER PIKE Located at <input type="checkbox"/> OXFORD, OH ZIP + 4 <input type="checkbox"/> 45056		
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)? If "Yes," enter the name of the foreign country: <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: <input type="checkbox"/> _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
49b	If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the 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."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$100,000 ▶

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

Sign Here
 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.
 Signature of officer _____ Date _____
 Type or print name and title. _____

Paid Preparer's Use Only
 Preparer's signature ▶ _____ Date _____ Check if self-employed
 Preparer's Identifying Number (See instr.) **P00446324**
 Firm's name (or yours if self-employed), address, and ZIP + 4 **KIRSCH CPA GROUP, LLC**
925 DEIS DR STE A
FAIRFIELD, OH 45014-8140
 EIN **51-0442395**
 Phone no. **513-858-6040**

May the IRS discuss this return with the preparer shown above? See instructions ▶ **Yes** **No**

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
MEMBERSHIPS/DUES	\$ 377,600
TOTAL	\$ <u>377,600</u>

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

<u>Description</u>	<u>Amount</u>
OTHER INCOME - MISC	\$ 1,000
OUTREACH INCOME	155
TOTAL	\$ <u>1,155</u>

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name and Address	Relationship to Organization			Class of Activity	Date of Gift	
Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation	Purpose
USA SWIMMING DUES TO NATIONAL A ONE OLYMPIC PLAZA COLORADO SPRINGS, CO 80909	303,055					
TOTAL	303,055					

Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
EXPENSES	\$
TRAVEL FUND-LONG COURSE	15,749
TRAVEL FUND-SHORT COURSE	11,750
TRAVEL FUND-ZONE	37,755
CONVENTIONS/CLINICS/DUES	9,967
SUPPLIES	17,393
AWARDS	12,438
CHAMPIONSHIP FACILITIES	27,900
BANK CHARGES	209
SWIM CONNECTION	3,750
WEB MASTER	1,800
CONTRACT LABOR	10,600
OUTREACH	4,168
MISCELLANEOUS EXPENSES	431
OPERATIONS DUES	25
TOTAL	<u>\$ 153,935</u>

Statement 5 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

MEMBERSHIP DUES PAID TO NATIONAL AFFILIATE

Federal Statements

Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
ALBERT KURTH 4036 BOWEN ROAD TOLEDO, OH 45840	EX-OFFICIO	2	0	0	0
CAROLYN STRUNK PO BOX 793 BOWLING GREEN, OH 43402	SECRETARY	2	0	0	0
CHRIS WOLFORD 399 CIRCLEWOOD LN CINCINNATI, OH 45215	TREASURER	5	0	0	0
DICK BOETTCHER 590 CODY PASS CINCINNATI, OH 45215	GEN CHAIR	10	0	0	0
JOHN REYNOLDS 266 GURGUN LN WESTERVILLE, OH 43801	VICE CHAIR	2	0	0	0
CHRIS BLACK 310N PENNSYLVANIA AVE FREMONT, OH 43420	VICE CHAIR	2	0	0	0
DAVE BACK 2372 WHITLOCK PL DAYTON, OH 45420	VICE CHAIR	2	0	0	0
MARK DAVIS 148 GOLDENGATE DR CENTERVILLE, OH 45459	COACHES CHAI	2	0	0	0
MARY WUNDERLE 7578 HEDGEWOOD CE MASON, OH 45040	SR ATH REP	2	0	0	0
MEGAN FOSTER 6068 MITCHELL DR	JR ATH REP	2	0	0	0

Federal Statements

Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
SYLVANIA, OH 43560					
JOHN PRISTASH 4417 TAMWORTH SYLVANIA, OH 43560	SAFETY COORD	2	0	0	0
DIANNA MACDONALD 5919 IRON CT WATERVILLE, OH 43566	SCHED COORD	2	0	0	0
BRENT PEADEN 3000 IDAHO FALLS DR BEAVERCREEK, OH 45431	REC CHAIR	2	0	0	0
PEGGY EWALD 2310 S STATE ROUTE 100 TIFFIN, OH 44883	ADAP CHAIR	2	0	0	0
MIKE BOCKSTIEGEL 6245 LAKOTA DR CINCINNATI, OH 45243	OFF CHAIR	2	0	0	0
ERIN SCHWAB 1800 GARRETT HOUSE LANE FAIRFIELD, OH 45014	REG COORD	15	0	0	0
STEVE NYE 266 CLIFFVIEW DR GAHANNA, OH 43230	TECH CHAIR	2	0	0	0
DAVE OLSEN 4299 ASHLEY OAKS DR CINCINNATI, OH 45227	GENL COUNSEL	2	0	0	0
CHRIS PIERSON 4615 VICKSBURG SYLVANIA, OH 43560	CLUB DEV	6	0	0	0

Federal Statements

Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
TAMMI KARN-MORRIS 196 RICHARDSON PL CINCINNATI, OH 45233	OUTREACH CH	2	0	0	0
DAN PETERKOSKI 2360 YAGGER BAY DR HILLIARD, OH 43026	HS REP	2	0	0	0
PAT LUNSFORD 1 HOLYOKE CT FAIRFIELD, OH 45014	EX-OFFICIO	2	0	0	0
TODD BILLHIMER 4722 TURFWAY TRAIL BATAVIA, OH 45103	CAMP COORD	2	0	0	0
JASON ROBERTS 663 SYCAMORE DR INDEPENDENCE, KY 41051	OPEN-WATER	2	0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public
Inspection

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

U Attach to Form 990 or Form 990-EZ. U See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED STATES SWIMMING INC. -OHIO

Employer identification number

31-1016588

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: (Please check only **one** organization.)

- 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)**. (Attach Schedule H.)
- 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 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % 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 33 1/3 % 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 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
- e 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 (ii) and (iii) 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 organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) \cup	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) \cup	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3 % support test—2008. 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		<input type="checkbox"/>
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2008. 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 meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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 meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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) \cup	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	235,741	102,937	337,278	332,700	377,600	1,386,256
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	235,741	102,937	337,278	332,700	377,600	1,386,256
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)	235,741	102,937	337,278	332,700	377,600	1,386,256

Section B. Total Support

Calendar year (or fiscal year beginning in) \cup	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	235,741	102,937	337,278	332,700	377,600	1,386,256
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			3,066	5,790	5,040	13,896
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b			3,066	5,790	5,040	13,896
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	15,702	61,246	87,828	10,149	1,155	176,080
13 Total support. (Add lines 9, 10c, 11, and 12.)	251,443	164,183	428,172	348,639	383,795	1,576,232

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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	87.9475 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	82.0661 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.8816 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.2538 %

19a **33 1/3 % support tests—2008.** 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

b **33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

PART III, LINE 12 - OTHER INCOME DETAIL

OTHER INCOME \$ **176,080**