Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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 \$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.

, 2009, and ending

OMB No. 1545-1150

2009

Open to Public Inspection

, 20

				C Name of organization	D Employ	er identi	fication nu	mber
3		applicable:	Please use IRS	Mater Ecclesiae Fund for Vocations, Inc.		51-0	612966	
╡		s change	label or	Number and street (or P.O. box, if mail is not delivered to street address) Room/su	iite E Telepho	ne numb	er	
닉	Name of	-	print or type.			703-5	36-1995	
닉	Termina		See	P.O. 7433	f Group	Exemp	tion	
╡	Amend	ed return	Specific Instruc-	City of terms	Numb			n/a
╡	Analias	nibree centing	tions.	Falls Church, VA 22040	Accounting Met		Coah	***
_	• Se	etion 501(ci/3i organi	zations and 4947(a)(1) honexempt charteness that	Accounting Met Other (specify)			
		,	a co	mnisted Schedille A (fulli) 390 or 390 bc/.				
_				· · · · · · · · · · · · · · · · · · ·	Check ▶ ☐ if	the org	anization i	5 NOL
	Mobe	site: ► _	undforvec	arions ord	required to atta		equie B (F	энн ээс,
•	Toy-e	vemnt sta	. / 1 1.	= 1.000 $= 17.501(c) (-3.)$ $= 1.0000$ (insert no.) $= 1.000$ $= 1.000$ $= 1.000$	990-EZ, or 990			
_				-ttion is not a postion 500(a)(3) supporting organization and its gross receipt	s are normally n	ot more	than \$25.	,000. A
	_	000 57	Farm 000 r	aturn is not required, but if the organization chooses to file a return, be sure	to me a comple	te retur	<u>n. </u>	
-	POILIT				1111 000-64	- 60		272,265
		Des 30, 00,	and 70, to m	penses, and Changes in Net Assets or Fund Balances (Se	e the instruc	tions 1	or Part	
	Part	nev	tertions of	ifts, grants, and similar amounts received	, , , , ,	1		271,085
	1	Contr	butions, g	revenue including government fees and contracts		2		0
	2	! Progra	am service	Teverille illiciation dovorantion 1999 and 1999		3		0
	3			es and assessments		4		1,180
	4	Invest	ment inco	me	o			
	5	a Gross	amount f	rom sale of assets other than inventory 5a	0	1		
	İ	b Less:	cost or of	her basis and sales expenses		_		0
		c Gain	or (loss) fre	om sale of assets other than inventory (Subtract line 5b from line 5a)		5c		
	일 6	Specia	l events and	activities (complete applicable parts of Schedule G). It any amount is from gaming, che	ck nere ► 📋			
		a Gross	revenue i	not including \$ of contributions		1		
	Revenue	renor	ted on line	(1) 6a	0			
-	oc.	h Loon	direct evr	penses other than fundraising expenses	0	1		
		b Less:	11001 CA	loss) from special events and activities (Subtract line 6b from line 6a	i)	6c		0
	١.	C Net I	COME OF	nventory, less returns and allowances	G			
					0			
		b Less:	cost of go			7c		0
				(loss) from sales of inventory (Subtract line 7b from line 7a)		8		0
	[-	8 Othe	r revenue	describe none		9		272,265
		9 Tota	l revenue.	Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		10		92,967
-	1	0 Gran	ts and sim	ilar amounts paid (attach schedule)				0
	1	1 Bene	fits paid to	or for members		11		76,670
		o Sala	ripe other	compensation, and employee benefits		12		
	2 4	3 Profe	essional fe	es and other payments to independent contractors		13		0
	61	4 Occi	inancy re	nt, utilities, and maintenance		14		0
		15 Print	ina public	ations, postage, and shipping		15		49,287
	"	ie Otho	ur ovnonce	s (describe > See Attachment 2)	16		34,287
		6 Othe	i expense	s. Add lines 10 through 16	, <i>.</i> >	17		253,211
		7 Tota	H EXPENSE	icit) for the year (Subtract line 17 from line 9)		18		19,054
	\$]	18 Exce	ess or (dell	fund balances at beginning of year (from line 27, column (A)) (mus	st agree with			
	Se l	19 Net	assets or	pure reported on prior year's return)		19		-48,592
	۲ ا	ena-	or-year ng	gure reported on prior your stroken.		20		0
	Net Assets			s in net assets or fund balances (attach explanation)		21		-29,538
		21 Net	assets or 1	fund balances at end of year. Combine lines 18 through 20 1eets. If Total assets on line 25, column (B) are \$1,250,000 or more	file Form 990	instea	d of Form	n 990-EZ.
	Par	till B	alance Si	1eets. If Total assets of line 25, column (b) are \$1,250,000 or the	(A) Beginning	f year	(B) E	nd of year
				(See the instructions for Part II.)		40,468	22	74,094
	22	Cash, s	avings, an	d investments	-		23	0
	23	Land at	nd building	(S.		453		272
	24	Other a	ssets (des	cribe ► See Attachment 3	-	40,921		74,366
	25	Total a	ssets					103,904
	26		1 71*41 /-	Loans payable		89,513		-29,538
	27	Net as	sets or ful	nd balances (line 27 of column (B) must agree with line 21)	<u></u>	48,592		-29,530 90-EZ (2009

e organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed betien of each activity	33		1
e organization engage in any activity has provided by the prov	33		,
anach a comonico or γ	ļ		
otion of each activity any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of any changes made to the organizing or governing documents?	34		-
anges rganization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but rganization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
		!	
a) notice reporting and proxy tax requirements:			+
	330	 	1
ne organization undergo a liquidation, dissolution, termination, or digitalization undergo a liquidation undergo a liquidati	36	ļ	-
amount of political expenditures, direct or indirect, as described in the instructions.	37h		1
	310	\ <u></u>	 •
uch loans made in a prior year and still outstanding at the end of the period of the	38a	<u> </u>	- ✓
s." complete Schedule L, Part II and enter the total amount involved	-		
sorto(Z) organizations Enter	ŀ	-	
tion fees and capital contributions included on line 9	1		
	1		-
0 section 4912 ▼ 5 section 4912 ▼			
	•		١,
os 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40	ь	
ing sot(a)(2) and 501(a)(4) organizations. Enter amount of tax imposed on		.	.
nization managers or disqualified persons during the year under sections 4512.			
tion 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c		-	
the proprietion		Ì.	
organizations. At any time during the tax year, was the organization a party to a profibited tax sheller saction? If "Yes," complete Form 8886-T.	40	е	
the states with which a copy of this return is filed. Virginia	702	E26.1	005
organization's books are in care of ► Katherine L. Huber			
Light N. Ostantico St. Arlington, VA			
iny time during the calendar year, did the organization have an interest in or a signature of other duditions		Y	es N
r a financial account in a foreign country (such as a bank account, seconds	42	2b	
the femilian acceptor in 1/2	_ [
res, enter the hame of the foreign soundy.	۲] .	
(Financia) Accounts	- 1		
any time during the calendar year, did the organization maintain an office outside of the U.S.?	4:	2c	
v = 1	_		•
wise 4047/av(4) popovemot charitable trusts filing Form 990-EZ in lieu of Form 1041 - Oneck field	i .		
d enter the amount of tax-exempt interest received or accrued during the tax year			
		Y	es l
the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	of		
AAA F7		14	-+
any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?			EZ (2
one she is the side of its of the sure of a first the second of the seco	ored on Form 990-T, attach a statement expanding with the organization have unrelated business gross income of \$1,000 or more or was it subject to section e organization have unrelated business gross income of \$1,000 or more or was it subject to section e organization have unrelated business gross income of \$1,000 or more or was it subject to section e organization undergo a liquidation, dissolution, termination, or significant disposition of net assets the year? If "Yes," complete applicable parts of Schedule N amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	orded on Form 990-T, attach a statement expanding with the organization have unrelated business gross income of \$1,000 or more or was it subject to section a organization have unrelated business gross income of \$1,000 or more or was it subject to section a photice, reporting, and proxy tax requirements? 35a organization undergo a liquidation, dissolution, termination, or significant disposition of net assets the enganization file form 1120-POL for this year? anount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0 anount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0 anount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0 anount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0 anount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0 anount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0 anount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0 anount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0 are organization before with a disparation or an organization file form 120-POL for this year? a organization borrow from. or make any loans to, any officer, director, trustee, or key employee or were used to a organizations. Enter amount involved and suring the year under: an 501c(3) and 501c(3) and 501c(3) organizations. Enter amount of tax imposed on any of the organization's prior as 990 or 990-E27 if "Yes," complete Schedule L, Part 1. and 4958. and 4958. and 4958. by the organization organization. Enter amount of tax on line 40c organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter assection? While adjaced in the party or a prohibited tax shelter and turning the calendar year, did the organization have an interest in or a signature	orted on Form 990-T, attach a statement explaning with organization or more or was it subject to section of organization have unrelated business gross income of \$1,000 or more or was it subject to section of organization have unrelated business gross income of \$1,000 or more or was it subject to section of organization have unrelated business gross income of \$1,000 or more or was it subject to section of profit organization disposition of net assets that the year? "has it filed a tax return on Form 990-T for this year? "complete applicable parts of Schedule N arount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a

а	ection 501(c)(3) organizations and se 01(c)(3) organizations and section 494 nd complete the tables for lines 50 and	Wise amonion activi	ties on heh	alf of or	in opposition to		Yes	No
Did the	nd complete the tables for lines so and e organization engage in direct or indirect lates for public office? If "Yes," complete S	political campaign activi				46		1
candid	lates for public office? If "Yes, Complete of	a 14 "Vac " complete Sch	edule C. Pi	art II	A Commence	47		√
Did the	e organization engage in lobbying activities organization a school as described in section	n 170/h)/1\/A\/ii\? If "Yes."	complete S	Schedule i	E	48		√
Is the	organization a school as described in section e organization make any transfers to an ex	empt non-charitable rela	ted organiz	ation?		49a	4	✓,
Did the	e organization make any transfers to all ex-	27 organization?				49b		<u> </u>
o If "Yes	e organization make any deviation a section 5." was the related organization a section 5 lete this table for the organization's five his	er organization	laveage Lath	ar than o	fficers, directors,	truste	es ar	id ke
Comp	lete this table for the organization's five his yees) who each received more than \$100,	000 of compensation from			f there is none, er	nter "!	vone.	·
	· · · · · · · · · · · · · · · · · · ·		(c) Com	pensation	jemployee benefit plans	ĕj a∈	CCOUNT	ano
	ne and address of each employee paid more than \$100,000	hours per week devoted to position			deferred compensation	othe	er allow	ances
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Com \$100	plete this table for the organization's five 1,000 of compensation from the organization	on. If there is notice, enter	ndependen "None."		tors who each re		d mo	
1 Com \$100	plete this table for the organization's five 0,000 of compensation from the organization. (a) Name and address of each independent contractors.	highest compensated in one. If there is none, enter	ndependen "None."					
\$100	0,000 of compensation from the organization	highest compensated in one. If there is none, enter	ndependen "None."					
\$100 one	(a) Name and address of each independent contractor	highest compensated in on. If there is none, enter or paid more than \$100,000	ndependen "None."					
\$100	0,000 of compensation from the organization	highest compensated in on. If there is none, enter or paid more than \$100,000	ndependen "None."					
\$100	(a) Name and address of each independent contractor	highest compensated in on. If there is none, enter or paid more than \$100,000	ndependen "None."					
\$100	(a) Name and address of each independent contractor	highest compensated in on. If there is none, enter or paid more than \$100,000	ndependen "None."					
\$100	(a) Name and address of each independent contractor	highest compensated in on. If there is none, enter or paid more than \$100,000	ndependen "None."					
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\$100 ne	(a) Name and address of each independent contractor	highest compensated in on. If there is none, enter or paid more than \$100,000	ndependen "None."					
\$100	(a) Name and address of each independent contractor	highest compensated in on. If there is none, enter or paid more than \$100,000						
\$100	(a) Name and address of each independent contractor	highest compensated in on. If there is none, enter or paid more than \$100,000						
\$100	(a) Name and address of each independent contractor	highest compensated in on. If there is none, enter or paid more than \$100,000	00,000	(d) T	ype of service	(c) (Comper	nsatio
\$100	(a) Name and address of each independent contractor	highest compensated in on. If there is none, enter or paid more than \$100,000	00,000	(d) T	ype of service	(c) (Comper	nsatio
\$100	(a) Name and address of each independent contractor	highest compensated in on. If there is none, enter or paid more than \$100,000	00,000	(d) T	ype of service	(c) (Comper	nsatio
s 100	(a) Name and address of each independent contractor	highest compensated in on. If there is none, enter or paid more than \$100,000	00,000	(d) T	ype of service	(c) (Comper	nsatio
\$100 one d Total	(a) Name and address of each independent contractors at number of other independent contractors and belief, it is true, correct, and complete. Declarate the contractors are the contractors and belief, it is true, correct, and complete.	highest compensated in on. If there is none, enter or paid more than \$100,000	00,000	(d) T	ype of service	(c) (Comper	rsatio
\$100 one d Tota	(a) Name and address of each independent contractors all number of other independent contractors under penalties of perjury, I declare that I have examined belief, it is true, correct, and complete. Declarate	highest compensated in on. If there is none, enter or paid more than \$100,000	00,000	(d) T	statements, and to the	(c) (Comper	risation
\$100 one d Tota	(a) Name and address of each independent contractors all number of other independent contractors under penalties of perjury, I declare that I have examined belief, it is true, correct, and complete. Declarate Signature of other Corey F. Huber, President	highest compensated in on. If there is none, enter or paid more than \$100,000	00,000	(d) T	statements, and to the ion of which preparer	best on has any	f my kn	owled dedge.
\$100 one d Tota	(a) Name and address of each independent contractors all number of other independent contractors Under penalties of perjury, I declare that I have exame and belief, it is true, correct, and complete. Declarate Signature of other Corey F. Huber, President Type or print name and title	highest compensated in on. If there is none, enter or paid more than \$100,000	DO,000	edules and all informat	statements, and to the	best on has any	f my kn	owled-
d Total	(a) Name and address of each independent contractors all number of other independent contractors Under penalties of perjury, I declare that I have exame and belief, it is true, correct, and complete. Declarate Signature of officer Corey F. Huber, President Type or print name and title Preparer's	highest compensated in on. If there is none, enter or paid more than \$100,000 are paid more than including accoon of preparer (other than office	200,000 . mpanying sch er) is based on	edules and all informat	statements, and to the ion of which preparer	best on has any	f my kn	owledge.
\$100	(a) Name and address of each independent contractors all number of other independent contractors Under penalties of perjury, I declare that I have exame and belief, it is true, correct, and complete. Declarate Signature of other Corey F. Huber, President Type or print name and title Preparer's signature	highest compensated in on. If there is none, enter or paid more than \$100,000 are paid more than including accoon of preparer (other than office	200,000 . mpanying sch er) is based on	edules and all informat	statements, and to the ion of which preparer	best on has any	f my kn	owledge.

Mater Ecclesiae Fund for Vocations, Inc.

EIN: 51-0612966

Form 990-EZ

Year Ended December 31, 2009

Attachment 1 - Part I, Line 10 -- Grants and similar amounts paid

St. Joseph Debt Relief Grant Program for Religious Life

Sr. Veronica Mary, O.P.	\$ 5,511
Sr. Karol Joseph, O.P.	5,568
Fr. Ephrem	6,713
1 1: Epinoni	

48 additional grants under \$5,000 71,091

St. John Vinney Debt Relief Grant Program for Parish Priests

2 grants under \$5,000 4,084 \$ 92,967

Mater Ecclesiae Fund for Vocations

EIN: 51-0612966 Form 990-EZ

Year Ended December 31, 2009

Attachment 2 - Part I, Line 16 -- Other expenses

Advertising	\$ 1,560
Bank service charges	997
	7,500
Copywriting and design	2,600
Database	182
Depreciation	
Dues and subscriptions	325
Interest expense	3,909
Licenses and permits	595
Mailing list rental	8,764
Payroll taxes	4,949
Travel	1,506
Website	1,400
11000.10	
Total	\$ 34,287
· · · · ·	

Mater Ecclesiae Fund for Vocations, Inc.

EIN: 51-0612966 Form 990-EZ

Year Ended December 31, 2009

Attachment 3 - Part II, Line 24 -- Other assets

	Beginni	ing of γear	End of year		
Computer equipment Accumulated depreciation	\$	796 (343)	\$	796 (524)	
Total	\$	453_	\$	272	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 0612966

				n A					<u> </u>		
			for Vocations, I	ito Status (All Orda	nizations	s must c	omplete	this pa	rt.) See	instruction	on <u>s.</u>
ar		_		v baaayaa itict∫E¢	or lines 1	through	ii. Checr	COLLIA OF	10 0000.7		
e c	rgar	nization is not	a private tounda	nes, or association of	churches	s describ	ed in sec	tion 170	(b)(1)(A)(i).	
2				170(b)(1)(A)(ii). (Attac spital service organiza			section 1	170(b)(1)	(A)(iii).		
}	∐ ′	A hospital or a	cooperative no	spital service organiza on operated in conjur	etion wit	h a hosp	ital descr	ibed in s	section 1	70(b)(1)(/	A)(iii). Enter the
•											
	_ '	nospital s riai i	e, city, and state	e: ne benefit of a college	or unive	rsity own	ed or ope	erated by	y a govern	nmental u	unit described in
5		470/h	MAMAMisk (Comi	olete Part II.)							
_	_		11	amont or dovernment	tal unit de	escribed	in sectio i	n 170(b)	(1)(A)(v).		
) -		A recerat, stat	e, or local gover	receives a substantial	part of its	support	from a ge	overnme	ntal unit o	or from th	ne general public
7		departhed in s	ection 170(b)(1)	I(A)(vi). (Complete Pa	п. н.)						
8				·	MM (1 : 0	mplete P	art II.)				
9	H							contribu	tions, me	mbership	tees, and gross
7											
			investme	ot income and Unitela	itea busii	ness taxo	IDIO IIICOI	116 (1633	30000	(גמוונט)	HOITI DUSHICASES
		acquired by t	he organization :	after June 30, 1975. 🤻	see secu	on ousta	J(2). (COII	ibiere i r	ar t 111.,		
0		An organization	on organized and	d operated exclusively	y to test i	for public	safety. 5	See sect	ion 509(2	9)(4 }, 	to corn, out the
1											(O Carry out the

		509(a)(3). Ch		describes the type of	t support	ung orgai	iizalion a	ina comp		- □	Type III-Other
		a 🗌 Type I	ь 🗆	Type II C	∐ Type	III-Func	tionally in	ntegrated	l iroatlu bu		
е		By checking	this box, I certi	fy that the organizati	on is not	controlle	en plieta e	y or inai	recuy by Lorganiza	ations des	scribed in section
		persons othe	r than foundation	ty that the organization managers and other	than one	or more	publicity s	opported	a Organizi	u.i.oii.b	0011000
		509(a)(1) or s	ection 509(a)(2).					Tunal	Tupe II	or Type	III supporting
f		If the organiz	zation received	a written determinatio	on from t	ne IRS ti	natitis a	атурет.	, type ii,	Oi Type	in supporting
		organization,	check this box		otod onv	aift or co	antribution	n from a	nv of the		
ç	J			he organization acce	pted any	girt or oc	A KI IDGE O		,		
		following per	sons?	indirectly controls, e	ither alor	ne or togi	ether with	n person	s describ	ed in (ii)	Yes No
		(i) A person	who directly or	indirectly controls, en ning body of the supp	norted or	ganization	1?			,	
		and (III) b	elow, the govern	ang body of the supp	bove?	J					11g(ii)
		(ii) A family	member of a pe	rson described in (i) a of a person described	Lin (i) or ((ii) above	?				11g(iii)
	L	(iii) A 35% C	following informa	ation about the suppo	orted orga	anization(s).		<u> </u>		
	h il Nan	ne of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Did yo			s the	(viii) Amount of support
1		rganization	(,	(described on lines 1–9 above or IRC section		sted in your document?	the organization in col. (i) of your		organization in col. (i) organized in the		Support
				(see instructions))	governing		supp			\$.? <u></u>	
					Yes	No	Yes	No _	Yes	No .	
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			*** **********************************	V 19 - 77 (4) (1) (1) (1) (1) (1) (1) (1)	* T. V. (18)	4-77	1	 	7-7-7-		
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Total

art	The state of the contract of t	mizations I)	FUNDFUL son line 5, 7, or	iections me	(₩){ • }{• }{• }		
	n A. Public Support						(f) Total
ectic	dar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(i) Total
Çaler	dar year (or nacar year wearming /			ł			
m	ifts, grants, contributions, and embership fees received. (Do not clude any "unusual grants.")		750	180,047	178,592	271,085	630,474
b	ax revenues levied for the organization's enefit and either paid to or expended on s behalf						0
f	he value of services or facilities urnished by a governmental unit to the rganization without charge				172 500	271 005	630,474
	otal. Add lines 1 through 3		750	180,047	178,592	271,085	030,474
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						266,917
	shown on line 11, column (f)		 				363,557
6 _	Public support. Subtract line 5 from line 4.			<u> </u>			
Se <u>ct</u>	on B. Total Support	(-) DOOE	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale	ndar year (or fiscal year beginning in) >	(a) 2005	750	180,047	178,592	271,085	630,474
	Amounts from line 4		+	100,011			
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			160	928	1,180	2,268
	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						632,742
11	Total support. Add lines 7 through 10 .				<u> </u>	Plan to Marie Value	1 002,174
12	- to fire material and initiation of	c. (see instruct	tions)			12	
13	First five years. If the Form 990 is for organization, check this box and stop h	r the organizat ere	tion's first, seco	nd, third, fourt	h, or fifth tax	year as a secti	on 501(c)(3)
<u>Sec</u>	tion C. Computation of Public S	upport Perc	ептаде	(4)		14	
14	Public support percentage for 2009 (line	e 6, column (f)	divided by line	it, column (i))		15	%
15	Public support percentage from 2008 S	chedule A, Par	t II, line 14				
16a	331/4 % support test—2009. If the orga	nization did no	t check the box	on line 13, and] III e 14 is 55/3	ya or more, an	[
	and stop here. The organization qualification and stop here. The organization qualification and support test—2008. If the organization qualification is support test—2008.	es as a publici	y supported org	anization	and line 15 is		e check this
	2214.94 cupport test - 2008. If the orga	nization did no	т спеск а вох о	miline is or its	z, and mie 15 iš	1 00/3 /4 OF HIGH	.,
b	30/3 /6 Support test Poor in the sign	ualifiae ae a ni	ibliciv supported	l organization -			
	box and stop here. The organization q 10%-facts-and-circumstances test—:	ualifies as a Du	ibliciy supported	i organiza¤on ⊸			

	(Complete only if you checked	tite box or	1 11110 0 01 1 41	<u> </u>			
ecti	on A. Public Support			(c) 2007	(d) 2008	(e) 2009	(f) Totai
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	- (0) 2001	(_,		
2 (Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
2	organization's tax-exempt purpose				<u> </u>		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5					<u> </u>	
6 7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
с 8	Add lines 7a and 7b				7 .		
Sec	tion B. Total Support	<u>. L </u>					m Tabel
C	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	g (f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 11	Add lines 10a and 10b 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.)						
13	Total support. (Add lines 9, 10c, 11,						
14	organization, check this box and sto	pnere .	· <u>· · · · · · · · · · · · · · · · · · </u>	cond, third, fou	irth, or fifth tax	year as a	section 501(c)(3) ▶ □
Se	etion C. Computation of Public S	Support Per	centage	lino 12 police		15	%
15	2001	(line 8, colum 8 Schedule 4	n (t) divided by Part II) line 1			16	%
16	Public support percentage from 2000 ection D. Computation of Investm	ent Income	Percentage				
		009 (line 10c	column (f) divi	ded by line 13	, column (f)) .	17	
17						_18	
	 33½% support tests – 2009. If the of 17 is not more than 33½%, check this 33½% support tests – 2008. If the org 	rganization d s box and sto ganization did	p here. The org	e box on line in panization quality on line 14 or l	fies as a publici ine 19a, and line	16 is more	than 33/3 %, and dorganization
20	line 18 is not more than 33% %, check	on did not ch	eck a box on li	ne 14, 19a, or	19b, check this	box and sichedule A (F	ee instructions ➤ orm 990 or 990-EZ) 2009

chedule A (F	orm 990 or 990-EZ) 200 Supplemental	9 MATER EL	CCLESINE FU	(N) FUR	wide the ev	<u>/ № ⊃ /</u> planations f	equired by	Part II, line 10;
Part IV	Supplemental Part II, line 17a	Information. or 17b; and I	Complete this Part III, line 12	Provide a	ny other add	ditional infor	mation. See	instructions.
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