

Form **990-EZ**

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 \$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

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

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 Law Project for Psychiatric Rights		D Employer identification number 55 ; 0805233	
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 406 G Street 206		E Telephone number (907) 274-7686	
		City or town, state or country, and ZIP + 4 Anchorage, Alaska 99501		F Group Exemption Number . . . ▶ N/A	

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

I Website: ▶ <u>http://psychrights.org</u>	G Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶
J Organization type (check only one)— <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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 ▶ \$ **30,118**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1		21,758
	2	Program service revenue including government fees and contracts	2		7,797
	3	Membership dues and assessments	3		0
	4	Investment income	4		541
	5a	Gross amount from sale of assets other than inventory	5a		0
	5b	Less: cost or other basis and sales expenses	5b		0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c		0
	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)	6a		0
	6b	Less: direct expenses other than fundraising expenses	6b		0
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		0	
7a	Gross sales of inventory, less returns and allowances	7a		0	
7b	Less: cost of goods sold	7b		0	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		0	
8	Other revenue (describe ▶ <u>Royalties from Amazon.Com</u>)	8		22	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ▶	9		30,118	
Expenses	10	Grants and similar amounts paid (attach schedule)	10		2400
	11	Benefits paid to or for members	11		0
	12	Salaries, other compensation, and employee benefits	12		276
	13	Professional fees and other payments to independent contractors	13		11,182
	14	Occupancy, rent, utilities, and maintenance	14		0
	15	Printing, publications, postage, and shipping	15		2003
	16	Other expenses (describe ▶ <u>See Schedule for Line 16</u>)	16		28,112
	17	Total expenses. Add lines 10 through 16 ▶	17		43,974
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18		(13,855)
	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)	19		44,387
	20	Other changes in net assets or fund balances (attach explanation)	20		0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21		30,532

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	44,387	22 30,131
23 Land and buildings	0	23 0
24 Other assets (describe ▶ _____)	0	24 0
25 Total assets	44,387	25 30,131
26 Total liabilities (describe ▶ <u>Prepaid Expenses (i.e. asset)</u>)	0	26 -401
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	44,387	27 30,532

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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
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		<input checked="" type="checkbox"/>
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
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.		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶ <u>None</u>		
42a	The books are in care of ▶ <u>Jim Gottstein</u> Telephone no. ▶ <u>(907) 274-7686</u> Located at ▶ <u>406 G Street, Suite 206, Anchorage, Alaska 99501</u> ZIP + 4 ▶ <u>99501</u>		
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: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			<input checked="" type="checkbox"/>
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 checked="" type="checkbox"/>
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 ▶ 43 <input type="checkbox"/>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>

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.

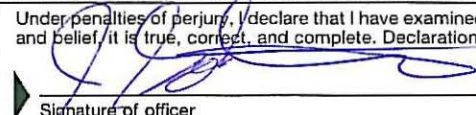
- | | | Yes | No |
|---|-----|--------------------------|-------------------------------------|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization(s) a section 527 organization? | 49b | <input type="checkbox"/> | <input type="checkbox"/> |
- 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: 5/14/2009

Jim Gottstein, President
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's Identifying Number (See instructions): _____

EIN: _____ Phone no.: () _____

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

2:32 PM
05/14/09
Cash Basis

Law Project for Psychiatric Rights, Inc.
Transaction Detail By Account
January through December 2008

Line 10, Form 990EZ

	<u>Date</u>	<u>Name</u>	<u>Memo</u>	<u>Paid Amount</u>
Organization Support				
Contributions				
	05/05/2008	MindFreedom	Contribution: MFI Directory	100.00
	06/19/2008	NARPA	Scholarship Fund Contribution	0.00
	08/20/2008	NARPA	Scholarship Fund Contribution	2,200.00
Total Contributions				<u>2,300.00</u>
Project Support				
	05/05/2008	Celia Brown	Reception Celebrating ratification of CRPD	100.00
Total Project Support				<u>100.00</u>
Total Organization Support				<u>2,400.00</u>
TOTAL				<u><u>2,400.00</u></u>

2:41 PM
05/14/09
Cash Basis

Law Project for Psychiatric Rights, Inc.
Line 16 Form 990 EZ
January through December 2008

Jan - Dec 08

Expense	
Bank Service Charges	98.77
Computer Equipment	367.01
Continuing Legal Education	110.00
Dues and Subscriptions	1,271.00
Fees	
Filing Fees	150.00
Registration Fees	590.00
Service Fees	1,504.00
Transcription Fees	10,693.81
Witness Fees	470.00
Total Fees	<u>13,407.81</u>
Insurance	
Liability Insurance	1,692.00
Total Insurance	<u>1,692.00</u>
Internet	240.95
Library	1,748.00
Meeting Expense	
Meals	50.00
Total Meeting Expense	<u>50.00</u>
NorthEast Coordinator Expenses	400.00
Professional Fees	
Accounting	2,650.87
Computers and Network	2,360.74
Expert Witness Fees	1,750.00
NorthEast Coordinator	4,420.00
Total Professional Fees	<u>11,181.61</u>
Reimbursed Litigation Expenses	254.14
Research	
PACER	29.20
Westlaw	4,050.58
Research - Other	476.09
Total Research	<u>4,555.87</u>
Travel	
Lodging	2,955.25
Per Diem	650.00
Transportation	311.65
Total Travel	<u>3,916.90</u>
Other Expenses	<u>28,112.45</u>

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 Cash Basis

Law Project for Psychiatric Rights, Inc.
Transaction Detail By Account
 January through December 2008

Type	Date	Num	Name	Memo	Paid Am...
Travel					
Lodging					
General Journal	9/9/2008	FZHGX	Orbitz	NY, Windsor Hotel, 10-5 to 10-8-08	783.99
Bill	11/20/2008	East Coast Trip/Oct.	Jim Gottstein - exp	Marriott 10/11 - 10/16/07	535.69
Bill	11/20/2008	East Coast Trip/Oct.	Jim Gottstein - exp	L/D phone charge at hotel	37.59
Bill	11/20/2008	East Coast Trip/Oct.	Jim Gottstein - exp	Clarion Hotel 10/22 - 10/23/07	57.32
Bill	11/20/2008	ICSPP Hotel	Jim Gottstein - exp	Hotel, Tampa, FL from 10/8 to 10/12	609.54
Bill	11/20/2008	NARPA Hotel	Jim Gottstein - exp	Hotel, Austin, TX From 9/30 to 10/05	931.12
Total Lodging					<u>2,955.25</u>
Per Diem					
Check	9/5/2008	1502	Daniel Hazen	Gulf of Mexico Travel Expenses	250.00
Check	10/20/2008	1513	Daniel Hazen	UN in NY and Alternatives	400.00
Total Per Diem					<u>650.00</u>
Transportation					
General Journal	9/9/2008	FZSNT	Orbitz	Shuttle From & To Airport	36.00
Bill	11/20/2008	East Coast Trip/Oct.	Jim Gottstein - exp	Alamo Rental 10/16 - 10/19/07	108.51
Bill	11/20/2008	East Coast Trip/Oct.	Jim Gottstein - exp	Alamo Rental 10/23/07	137.14
Bill	11/20/2008	Cab	Jim Gottstein - exp	Cab from Airport to Hotel, Austin, TX	30.00
Total Transportation					<u>311.65</u>
Total Travel					<u>3,916.90</u>
TOTAL					<u><u>3,916.90</u></u>

4:01 PM
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Cash Basis

Law Project for Psychiatric Rights, Inc.
Transaction Detail By Account
January through December 2008

<u>Type</u>	<u>Date</u>	<u>Name</u>	<u>Memo</u>	<u>Clr</u>	<u>Paid Amount</u>
NorthEast Coordinator Expenses					
Check	11/17/2008	Daniel Hazen	Conference Expenses		400.00
Total NorthEast Coordinator Expenses					400.00
TOTAL					400.00

4:02 PM
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Cash Basis

Law Project for Psychiatric Rights, Inc.
Transaction Detail By Account
January through December 2008

Type	Date	Name	Memo	Clr	Paid Amount
Professional Fees					
NorthEast Coordinator					
Bill	3/6/2008	Daniel Hazen	Feb. Activity - NE Coordinator		940.00
Bill	4/3/2008	Daniel Hazen	March Activity - NE Coordinator		1,480.00
Check	5/5/2008	Daniel Hazen	April NW Coordinator		720.00
Bill	8/21/2008	Daniel Hazen	July '08 Activity - NE Coordinator		320.00
Check	9/2/2008	Daniel Hazen	August NW Coordinator		560.00
Check	11/17/2008	Daniel Hazen	Time MHEP Albany Conference		400.00
Total NorthEast Coordinator					<u>4,420.00</u>
Total Professional Fees					<u>4,420.00</u>
TOTAL					<u><u>4,420.00</u></u>

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Cash Basis

Law Project for Psychiatric Rights, Inc.
Transaction Detail By Account
January through December 2008

Type	Date	Name	Memo	Paid Amount
Organization Support				
Contributions				
Check	5/5/2008	MindFreedom	Contribution: MFI Directory	100.00
Check	6/19/2008	NARPA	Scholarship Fund Contribution	0.00
Check	8/20/2008	NARPA	Scholarship Fund Contribution	2,200.00
Total Contributions				<u>2,300.00</u>
Project Support				
Check	5/5/2008	Celia Brown	Reception Celebrating ratification of CRPD	100.00
Total Project Support				<u>100.00</u>
Total Organization Support				<u>2,400.00</u>
TOTAL				<u><u>2,400.00</u></u>

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization Law Project for Psychiatric Rights	Employer identification number 55 0805233
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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?

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

h Provide the following information about the organizations the organization supports.

(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) ▶	(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.")	18,035	32,035	31,173	101,717	29,555	212,515
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1-3	18,035	32,035	31,173	101,717	29,555	212,515
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)						57,071
6 Public support. Subtract line 5 from line 4.						155,156

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	18,035	32,035	31,173	101,717	29,555	212,515
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	5,410	541	5,951
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	41	49	50	25	22	187
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	0
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	73 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33% support test—2008. If the organization did not check the box on line 13, and line 14 is 33% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33% support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33% 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) ►	(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 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						
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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a 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 Add lines 10a and 10b						
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.)						
13 Total support. (Add lines 9, 10c, 11, 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

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

Section D. Computation of Investment Income Percentage

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

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 ►

