Form 990-EZ

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.

OMB No. 1545-1150

2009

Open to Public Inspection

			year, or t	ax year beginn	ing	, 200	9, and	i ending		<u>u</u> se		, 20
B Ch	eck if	e:	C Nam	e of organization	n, number and str	eet, city, town, sta	te, and	ZIP co	de DE	mplo	yer ider	ntification number
Ad	dress o	change Please use IRS	8									
□ Na	ime cha	ange label or print or							20	-25	5702	73
tru	ual retu	300 Sept. 100 Se	The	Global	Mountain	Fund Inc			ET	eleph	one nur	mber
Te	minate	See Specific								197		9808
HA	nended	return Instruc-	3	Madison	NE				· ·		Exempt	
Hå₅	plicatio	tions.	ALB	UOUEROUE	NM 87108	3-				lumbe		entre
_					1) nonexempt cha		ıst atta	ach	G Accounting			Cash Accrual
					Form 990 or 990				Other (spec			
I We	bsite				,		10 00					ation is not required
		and the same of th	heck only ne) -	X 501(c)(3) ◀ (insert no.)	4947(a)(1) or	52	27	_			90, 990-EZ, or 990-PF).
	eck				n 509(a)(3) suppo					_		<u></u>
			171 m		ooses to file a retu					ilaliyee	ot more	ulai) \$25,000.
85					\$500,000 or more, file Fo				▶ \$	_		199,243.
Pa					nges in Net As				(See the in	etaic	ione \	133,243.
ı a										Suuci	ions.)	199,243.
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_					r than inventory(S					. 5c		
Revenue	6				arts of Schedule G). If ar	£2 575		eck here	▶∐			
96							100 march 19				1	
č		reported on I	ne 1) .		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	_			_	1	
					aising expenses	THE SECTION OF STREET, SALES OF STREET, SALES			2017	20		
					ts and activities (6a)		. 6c		
	7	a Gross sales	of invento	ry, less returns a	and allowances		7a			_		
		b Less: cost of	goods so	ld			7b			_		
		c Gross profit	or (loss) fr	om sales of inve	entory (Subtract lin	e 7b from line 7a)				. 7c		
	8	Other revenu	e (descrit	e▶)	8		
	9	Total revenu	e Add line	s 1, 2, 3, 4, 5c.	6c, 7c, and 8 .			· · · · · · · ·		9		199,243.
	10	Grants and s	imilar am	ounts paid (atta	ch schedule)					10	_	
	11	Benefits paid	to or for i	members					<i></i>	. 11		
98	12	Salaries, oth	er compe	nsation, and em	ployee benefits .					. 12		5,271.
ans	13	Professional	fees and	other payments	to independent co	ontractors				. 13		
Expenses	14	Occupancy,	ent, utiliti	es, and mainten	ance					. 14		1,800.
ш	15	Printing, pub	lications,	postage, and sh	ipping					. 15		
	16	Other expen	ses (desc	ribe ▶SEE S	TMT)	. 16		166,619.
	17	Total expen	ses. Add li	nes 10 through	16					17		173,690.
	18	Excess or (d	eficit) for t	he year (Subtra	ct line 17 from line	9)				. 18		25,553.
Net Assets	19	Net assets of	r fund bala	ances at beginn	ing of year (from li	ne 27, column (A) (mus	st agree	with	107		ASSESSED TO STUTISM SERVICES OF THE SERVICES O
Ass		end-of-year	igure repo	orted on prior ye	ar's return)			<i></i>		. 19		40,420.
ě	20	Other chang	es in net a	assets or fund ba	alances (attach ex	planation)	<i></i>			. 20		
	21	Net assets o	r fund bala	ances at end of	year. Combine line	es 18 through 20		<u></u> .	<u></u> <u></u>	21		65,973.
Pa	rt II	Balance S	heets.	If Total assets	on line 25, colun	nn (B) are \$1,250	000 or	more,	e Form 990 ins	tead o	of Form	990-EZ
			(Sec	the instruction	s for Part II.)			(A)	Beginning of y	ear	(B) End of year
22 (Cash,	, savings, and i	nvestmen	ts					16,398		22	18,798.
								8.0	24,022		23	47,175.
24	Other	assets (descri	e ►))			24	3 28 28 28 28
									40,420		25	65,973.
26	Total	liabilities (des))	165 - 617 - 246 - 1		26	
			-1	ing 27 of oak	n (P)must agree i	with line 21)			40 420		27	65 973

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Part III Statement of Program Service Accommodate What is the organization's primary exempt purpose? see Describe what was achieved in carrying out the organization's describe the services provided, the number of persons benefit	attached des s exempt purposes. In a d	scription ear and concise manne	er,	501(c)(3) organizat	Expenses If for section and 501(c)(4) ions and section) trusts; optional
see attached description					
(Grants \$) If this amount includ	les breign grants, check h	ere	<u>• • • • • • • • • </u>	28a	167,369.
(Grants \$) If this amount includ	les breign grants, check h	ere	. ▶	29a	
(Grants \$) If this amount include 31 Other program services (attach schedule)	les foreign grants, check h			30a	
2014년 - 일본 : 2014년 2월 교통 : 1012년 1212년	les foreign grants, check h			31a	
32 Total program service expenses (add lines 28a through				32	167,369.
Part IV List of Officers, Directors, Trustees, a				33.50	
(a) Name and address	(b) Title & average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Con employee	tributions to benefit plans red comp.	(e) Expense account and other allowance:
Robert Doak DVM	Pres				
139 Madiso ALBUQUERQU NM 87108		00			
Scott MacLennan 139 Madiso ALBUQUERQU NM 87108	Exec Dir	2,500.			
Dorothy Kammerer-Doak	Director	2,500.			
139 Madiso ALBUQUERQU NM 87108	The production of the producti	0	i		
David Diaz	Director		 		
139 Madiso ALBUQUERQU NM 87108		0			
Ari Stern MD	Director				
139 Madiso ALBUQUERQU NM 87108	1	0			1
Amanda Padoan	Director				
139 Madiso ALBUQUERQU NM 87108	11	0			
Scott Max MacLennan	Treasurer				
139 Madiso ALBUQUERQU NM 87108	1	0_	-	W 24	<u> </u>
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			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		-0.53000	
	description of each activity	33		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of	(I		
	the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			8
а	Did the organization have unrelated business gross income of\$1,000 or more or was it subject to section 6033(e) notice,	W		
	reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return onForm 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the par? If "Yes,"			
	complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	, ,		
b	Did the organization file Form1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or keyemployeeor were	١.		
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, br public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	}		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	١.		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on anyof the organization's prior Forms			
	990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization			
	managers or disqualified persons during the year under sections 4912, 4955, and 4958 >			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			
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	40e		X
41	List the states with which a copy of this return is filed.		S 400	
42a		-83	0-9	808
		06-		
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		Yes	No
	account)?	42b	845.2	X
	If "Yes," enter the name of the foreign country: ▶	-11		5
	See the instructions for exceptions and filing requirements foForm TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С		42c	x	1
	If "Yes," enter the name of the foreign country. ► NP			
43	Section 4947(a)(1) nonexempt charitable trusts fling Form 990-EZ in lieu oForm 1041 - Check here			• [
	and enter the amount of tax-exempt interest received or accrued during the taxyear			
		-0).	E-14 - 14	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			1
100	Form 990-EZ	44	150025 58	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes,"	98 16	RG.	
53571	Form 990 must be completed instead of Form 990-EZ	45		l x
		990-	E7 /	2009)

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F 000 F	Z(2009) The Global Mc	untain Fund	īnc.		20-25	7027:	≀ n	ogo A
Part VI	Section 501(c)(3) organiza			xemp			All secti	age 4
	501(c)(3) organizations and section		3 515 E	0.00		(T)		
	for lines 50 and 51.	an taga tatahanan m	72 YES					
46 Did th	ne organization engage in direct or in	direct political campaign a	ctivities on behal	lfof or in	opposition to	_	Yes	No
	dates for public office? If "Yes," comp						6	X
	ne organization engage in lobbying ac						7	X
	e organization a school as described						8	X
	ne organization make any transfers to	V7	2760					X
	s," was the related organization a sec				Sacra diseaters tourisms		9b	<u> </u>
annua enmanida	plete this table for the organization's f received more than \$100,000 of com-		전에 발생된 100mm HTM 발생님이 1000m HTM HTM HTM			na keyer	mpioyees	s) wno
Bacii	received filore mail \$ 100,000 crcom	pensauon nom me organi	Zation. Il there is	none, e	siner None.			
- <u> </u>		(b) Title and average	(c) Compensa	ation	(d) Contributions to	(e)	Expense	
(a) Nar	me and address of each employee	hours per week	(o) companie		employee benefit plans &		count and	
1116	paid more than \$100,000	devoted to position			deferred compensation		allowand	
NONE								
48 VIII 75 T 742	2 2 2	<u></u>)						
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		-						
- T-1-1		- 6400 000						_
f Total	number of other employees paid over							
51 Comple	ete this table for the organization's five	e biobest compensated in	denendent contra	actors v	ho each received more tha	n \$100 0	nn of	
	nsation from the organization. If there		aependent winte	ocioia v	TIO CACITICOCIVED IIIOIC IIIA	11 \$ 100,0	ou ui	
	ame and address of each independen		n \$100,000	(b) Type of service	(c) Co	mpensat	ion
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o lota	number of other independent contra	ctors each receiving over	\$100,000		-			_
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	Under penalties of perjury, I declare that I have and belief, it is true, correct, and complete. De	기계 20대 (18대 18대 18대 18대 18대 18대 18대 18대 18대 18대			FOR BUILDING AND STANDS OF STREET OF STREET			
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	address, and ZIP + 4 Cente	ennial CO 801	12-		Phone no.▶30	3-770	0-335	6

Form 990-EZ (2009)

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

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

► Attach to Form 990 or Form 990-EZ.

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

► See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Employer identification number

1	ne Grobar Mo	untain run	id Inc				20	-25/	02/3			
Par	35 - 10 a	Public Charity					See ins	structions	3			
The or	rganization is not a priva	te foundation becaus	se it is: (For lines 1 through 11,	check o	nlyone b	ox.)						
1	A church, convention	of churches, or asso	ciation of churches described in	section	170(b)(1)(A)(I).						
2	A school described ins	section 170(b)(1)(A)	(II). (Attach Schedule E.)									
3	A hospital or a cooper	ative hospital servic	e organization described insecti	on 170(b)(1)(A)(I	li).						
4	A medical research or	ganization operated	in conjunction with a hospital d	escribed	isection	170(b)	(1)(A)(iii). Enter t	he hosp	tal's na	me,	
3	city, and state:					80 80						
5	An organization opera	ted for the benefit of	a college or university owned	or operat	ed by a	governm	ental ur	it descri	bed sect	ion		
_	170(b)(1)(A)(iv). (Com		270	76	3350	5132						
6			vernmental unit described isec	tion 170	(b)(1)(A)	(v).						
7			ubstantial part of its support fro				from the	e general	Dublic			
	described in section 1											
8			(b)(1)(A)(vi). (Complete Part II	.)								
9 🗵			more than 33 1/3 % ofits supp	5	contribu	tions. m	embersi	nin fees	and ares	8		
			t functions - subject to certain							•		
	- 1974-1471-1471		d unrelated business taxable inc									
			, 1975. Sessection 509(a)(2). (,	303m030				
10	This continues and the first program and the		xclusively to test for public safe									
11		왕(2000년) 1986년 1985년 1980년 1984년 1982년 1982 1982년 - 1982년	xclusively for the benefit of, to				or to can	ry out the	•			
			d organizations described in se									
	S S	N 51 (818)	e type of supporting organization						01.011			
	a Type I	b ∏ Type II	c ∏ Type III - Fu		0.00		d	1	II - Other	2		
e [- Biji 1 - Biji 22 - Biji		nization is not controlled direct						•			
٠ ـ			and other than one or more put						section			
	509(a)(1) or section 5			,,		3						
f			mination from the IRS that it is	a Type I	Type II	or Type I	II suppo	ortino				
•	1875			255	1000		- 8	- 5				Γ
			on accepted any gift or contribu									L
g		1942	trols, either alone or together v								Yes	No
	[(2) 사람들은 사람들이 하면 보고 있다면 사람들이 되었다면 하는데	he supported organization?							11g(i)		-110
		1997 - Carlo C 1997 - Carlo Ca	d in (i) above?						A A MANAGEMENT OF THE PARTY OF	11g(li)		
			scribed in (i) or (ii) above?							11g(iii)		
h	(Si) (i)	T: 6	supported organization(s).							rig(iii)		
<u>h</u> //) Name of supported	(ii) EIN	(III) Type of organization	no co		(4)	id you	full t	s the	Aut .	Amour	nt of
Į,	organization	(11) 2114	(described on lines 1-9	ization	ne organ-	1 1 1			zation in	\$400 3 00	upport	
	Organization		above or IRC section		in your	netify		100000		31	ipport	1
			(see Instructions))	gove		8000		col	A CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM			
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Total												

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Pa	rt	t																																							ĺ	l	l	l	l	l	l	l	l	l	l	l	l	ı	١	١	1	1	1	1	ľ	ľ	ĺ	ĺ	ĺ	1	į	ä	ć	i	١)	2		ł	1		ĺ	ĺ	ı	ĺ	Ì	ū	Ċ	(i	ı	Ì	ł	٤	į	1	į	3	Ē	1	i	١	r	i	i	i	1			ì	١	٢	ı	J	3	ū	C	Ì		Ć	١)	٥	C	1	b	l		ŧ	8	ŧ	H	1	h	Ì	u	t	t	1		ı	1	d	¢	3	E	ŧ	Ì	C	¢
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Sec	tion A. Public Support					5 . 	
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	,	į			,	
	include any "unusual grants.")	8972.	71380.	97635.	127535.	197243.	502765.
2	Gross receipts from admissions, merchan-						- N
	dise 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		1			95.5	
4	Tax revenues levied for the organization's						-
	benefit and either paid to or expended on						
	its behalf		1				
5	The value of services or facilities			na 22 - 23 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	furnished by a governmental unit to the						
	organization without charge					The second secon	
6	Total. Add lines 1 through 5	8972.	71380.	97635.	127535.	197243.	502765.
7 a	Amounts included on lines 1, 2, and 3			PAMeRE DE		2 422 -	
	received from disqualified persons						
b	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						<u></u>
C	Add lines 7a and 7b		<u> </u>			ļ	
8	Public support (Subtract line 7c from line 6.)					: No.	502765.
	tion B. Total Support				000000000000000000000000000000000000000		***************************************
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	8972.	71380.	97635.	127535.	197243.	502765.
10a	Gross income from interest, dividends,						
	payments received on securities loans,					1	
	rents, royalties and income from similar						
020	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30,1975						
	Add lines 10a and 10b						
11	Net income from unrelated business					0)	
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or					8	
	loss from the sale of capital assets					, e , i	
2020	(Explain in Part IV.)	2070	71200	07.605	107575	107010	500055
	Total support. (Add lines 9, 10c, 11, & 12.)	8972.	71380.	97635.	127535.		502765.
14	First five years. If the Form 990 is for the orga			507			
	organization, check this box and stop here						▶
	Ction C. Computation of Public Suppo			- (A)		15	100.00 %
	Public support percentage for 2009 (line 8, col						100.00 %
$\overline{}$	Public support percentage from 2008 Schedul tion D. Computation of Investment In					16	100.00 %
	Investment income percentage 5r2009 (line 1)			column (ft)		17	0.00 %
			A TO CONTRACT TO STATE OF THE S			18	0.00 %
18	a 33 1/3 % support tests - 2009. If the organizat						
198	not more than 33 1/3 %, check this boxandsto						
_	33 1/3 % support tests - 2008. If the organizate		-				
	is not more than 33 1/3 %, check this boxands						and line 18
20	Private foundation. If the organization did not	- 157) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E				
	THE OGNICATION OF STREET	WICON & DUXUII		on, wiew tills t	Chang see Hist		

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2009

Employer identification number

20-2570273 The Global Mountain Fund Inc Organization type (check one): Filers of: Section: X 501(c)(3 Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trustnot treated as a private bundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private fundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules K For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received frm any one contributor, during the year, a contribution of the greater of) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year. aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete anyof the parts unless the General Rule applies to this organization because it received nonexclusively religious. charitable, etc., contributions of\$5,000 or more during the year) ▶ \$ Caution. Organization that are not covered by the General Rule and/or the Special Rules do not fle Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the boxin the heading of their Form 990-EZ, or on line 2 of their Form 990-PF. to certify that they do not meet the fling requirements of Schedule B (Form 990, 990-EZ, or 990-PF). For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule B (Form 990, 990-EZ, or 990-PF) (2009) These instructions will be issued separately.