For	m 99	0-EZ		Short Form Return of Organization Exempt From Inco Under Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	ome Tax	۲ ۲		<u>o. 1545-1150</u> 2009
inte	rnal Reve	of the Treasury mue Service		(except black lung benefit truit or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defini S12(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,00 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 requ	00 and total		-	to Public pection
A	For the	2009 calenda	r year, o	r tax year beginning , 2009, and end			, 20	}
В	Check If a	applicable:	_	C Name of organization	D	Employer	identificat	ion number
	Address	change	Please use IRS	International Remote Viewing Assoc.		04-3	782270	
	Name ch	ange	label or print or	Number and street (or P.O. box, if mail is not delivered to street address) Room	n/sulte E	Telephon	è number	
	Initial retu	IT1	type.					
:	Terminate	əd	Specific	PO Box 381			882-123	.0
	Amended	return	instruc- tions.	City or town, state or country, and ZIP + 4	F	Group Exi	emption	
		n pending		East Windsor Hill, CT 06028		Number		
	e Sec	tion 501(¢)(3)		ations and 4947(a)(1) nonexempt charitable trusts must attach		nting Meth		ish Accrual
			a con	pleted Schedule A (Form 990 or 990-EZ).		(specify)		
	Mahalés		·					ation is not
		e: 🕨 www.j			-			B (Form 990,
				y one) - X:501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 on is not a section 509(a)(3) supporting organization and its gross recei		Z, or 990-P		
				in is not required, but if the organization chooses to file a return, be sur				5,000. A
				e 9 to determine gross receipts; if \$500,000 or more, file Form 990 instr			m. ►S	
	art I			enses, and Changes in Net Assets or Fund Balances			+	05,400
	1			rants, and similar amounts received				6,050
	2			enue including government fees and contracts		2	2	47,564
	3			d assessments		3		9,864
	4	Investment in				4		2
	5a	Gross amour	nt from s	ale of assets other than inventory				
	ь	Less: cost or	other ba	asis and sales expenses				
R				ale of assets other than inventory (Subtract line 5b from line 5a)		54		
e v	6			is (complete applicable parts of Schedule G). If any amount is from gaming, check hi			-	
e	a			cluding \$ of contributions				
n u							1	
e	Ь	Less: direct e	xpenses	s other than fundraising expenses				
	C	Net income o	r (loss) t	rom special events and activities (Subtract line 6b from line 6a)		60	2	
	7a	Gross sales o	of invent	ory, less returns and allowances				
	ь	Less: cost of	goods s	old				
	¢	Gross profit o	r (loss) f	from sales of inventory (Subtract line 7b from line 7a)	• • • • • • •	••• 70	:	
	8	Other revenue	e (descr	lbe 🕨) 8		· · ·
	9	Total revenue	a. Add fi	ines 1, 2, 3, 4, 5c, 6c, 7c, and 8 • • • • • • • • • • • • • • • • • •		. 🕨 🧕		63,480
_	10	Grants and si	milar an	nounts paid (attach schedule)		10		
Е	11			members • • • • • • • • • • • • • • • • • • •				
x p	12			ensation, and employee benefits				
0	13			other payments to independent contractors				12,563
n S	14			ies, and maintenance		14		378
e 5	15			postage, and shipping		15		4,897
-	16			oribe 🕨 STM130) 16		37,541
	17			lines 10 through 16		P .		55,379
A	18			the year (Subtract line 17 from line 9)		- 18		8,101
N ⁵ e e t t	19			lances at beginning of year (from line 27, column (A)) (must agree with				
t e	00			Orted on prior year's return)			_	18,920
ŝ	20			assets or fund balances (attach explanation)				<u> </u>
	21			ances at end of year, Combine lines 18 through 20				27,021
	urt il			5. If Total assets on line 25, column (B) are \$1,250,000 or more, file f See the instructions for Part II.)	3			
22	Cash	savinos and		softs	(A) Beginnir	19 of year 18,920		End of year 27,021
23		and buildings				20,920	23	27,721
24		assets (descri					23	
25)	<u></u>	18,920		27,021
26		liabilities (des				.,	26	
27				s (line 27 of column (B) must agree with line 21)		18,920		27,021
For					EA	i		990-EZ (2009)

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Form 990-EZ (2009) International Remot	e Viewing Assoc.		04-	37822	70 Page 2
Part III Statement of Program Service Acc		e instructions for Part I	[.)		Expenses
What is the organization's primary exempt purpose? Remote			•		lired for section
Describe what was achieved in carrying out the organization's	exempt purposes. In a clea	ar and concise	• •)(3) and 501(c)(4)
manner, describe the services provided, the number of person					izations and section (a)(1) trusts; optional
each program title.				for ot	
28 Published two issues of the organizati	onal newsletter,				
Aperture, distributed to approximately			· · · · · · · · · · · · · · · · · · ·		
	<u> </u>		·····	1 1	
(Grants \$) If this an	nount includes foreign grant	a, check here	· · · · >	28a	4,794
29 Maintenance of two websites: one for c	onference informati	<u>Ó</u> D.	F		-,/
plus a forum for information exchange		,			
	; .				
(Grante \$	nount includes foreign grant	chack here		29a	1 110
30 2009 Remote viewing conference June 19-	-21 Hondorson WV			284	1,112
attended by approximately 180 people.				1 1	
detended by approximatery 100 people.		· · · · ·			
(Grants \$) if this arr		•			** **-
<u>, , , , , , , , , , , , , , , , , , , </u>	ount includes foreign grants		- • • • • •	30a	28,465
31 Other program services (attach schedule) • • • • • • • • • • • • • • • • • • •					
	ount includes foreign grants			31a	····
32 Total program service expenses (add lines 28a through 3	<u> </u>			32	34,371
Part IV List of Officers, Directors, Trustees, and Key E	_	···	. (See the Instruc	ctions fo	or Part IV.)
(a) Name and address	(b) Title and average hours per week	 (c) Compensation (if not paid, 	(d) Contributions employes benefit pla		(e) Expense account and
	devoted to position	enter -0)	deferred compensa		other allowances
John B Alexander PhD	Director				· ··· -
PO Box 381 East Windsor Hill CT, 06028	1	o		q	0
William P Eigles	Director				
PO Box 381 East Windsor Hill CT, 06028	1	(o		q	0
William F Higgins	Director				
PO Box 381 East Windsor Hill CT, 06028	1	0		a	0
Stephan A Schwartz	Director	i			
PO Box 381 East Windsor Hill CT, 06028	1	0		d	0
Paul H Smith PhD	President				
PO Box 381 East Windsor Hill CT, 06028	4	0		o	0
Sandy G Ray	Treasurer	•			
PO Box 381 East Windsor Hill CT, 06028	2	o			0
John P Stahler	Vice President				
PO Box 381 East Windsor Hill CT, 06028	4	o		4	Ó
Russell Targ	Director		· · · · ·	4	
PO Box 381 East Windsor Hill CT, 06028					•
Jessica Utts PhD	l Director	V			0
PO Box 381 East Windsor Hill CT, 06028					
Cheryle L Hopton	1	0		0	0
	Secretary	-		_	
FO Box 381 East Windsor Hill CT, 06028	2	Ŷ		0	0
					<u>.</u>
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-				_	
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•		EEA		⊢¢	rm 990-EZ (2009)

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Pa	rt V Other Information (Note the statement requirements in the Instructions for Part V.)			_
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
34	description of each activity	· <u>33</u>	-	<u> </u>
	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes			
36		· 34	-	<u> </u>
30	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.			
¢	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			
ь	6033(e) notice, reporting, and proxy tax requirements?			X
36	If "Yes," has it filed a tax return on Form 990-T for this year?	- 36b		
20	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			1
	during the year? If "Yes," complete applicable parts of Schedule N	· 36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	- 37b		<u>X</u>
5¥ Ø	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 outstanding at the end of the period covered by this return?	• <u>38a</u>		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved		ļ	
19	Section 501(c)(7) organizations. Enter:	i	Ì	1
	Initiation fees and capital contributions included on line 9		1	i
	Gross receipts, included on line 9, for public use of club facilities			
0 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		l	
	section 4911 🕨; section 4912 🕨; section 4955 🕨	1		
	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 any of the organization's prior		ĺ	
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part ?	- 40Ь		X
	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 • • • • • • • • • • • • • • • • • • •	Ì		
ď	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
1	List the states with which a copy of this return is filed.			
2 a	The organization's books are in care of > Cheryle L. Hopton Telephone no. > 860~	382-12	210	
	Located at > PO Box 381 East Windsor Hill, CT ZIP+4 > 060			
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	1	Yes	No
	account)? ••••••••••••••••••••••••••••••••••••	42b		х
	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.			
c	At any time during the calendar year, dld the organization maintain an office outside of the U.S.?	42c	·	x
	If "Yes," enter the name of the foreign country:			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		🕨	1
	and enter the amount of tax-exempt Interest received or accrued during the tax year ••••••••••••••••••••••••••••••••••••			
		[Yes	No
	DId the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Ţ	
	Form 990-EZ • • • • • • • • • • • • • • • • • • •	44		X
	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	46		Х
_	EEA F	orm 990	-EZ (2	

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5 6 Did the candida 7 Did the of 8 Is the of 9 a Did the b If "Yes," 0 Completed employed	Section 501(c)(3) organizations a i01(c)(3) organizations and section 4947(a)(ind complete the tables for lines 50 and 51. organization engage in direct or indirect poli- tes for public office? If "Yes," complete Schr- organization engage in lobbying activities? If ganization a school as described in section organization make any transfers to an exem- was the related organization a section 527 of the this table for the organization's five highes easy who each received more than \$100,000 me and address of each employse paid more than \$100,000	1) nonexempt charitable tru tical campaign activities on edule C, Part I ••••• If "Yes," complete Schedule 170(b)(1)(A)(ii)? If "Yes," co pt non-charitable related or organization? •••••• at compensated employees	sts must answer que behalf of or in oppos C, Part II mplete Schedule E ganization?	directors, trustees a	and key ne."	46 47 48 49a 49b	Yes pense nt and	No X X X X
8 Did the candida 7 Did the 8 Is the or 9 a Did the b If "Yes," 0 Compley employe (a) Nat	organization engage in direct or indirect politites for public office? If "Yes," complete Schoorganization engage in lobbying activities? If ganization a school as described in section organization make any transfers to an exem was the related organization a section 527 of the transfer the organization is five highesters) who each received more than \$100,000 me and address of each employee paid more	edule C, Part I • • • • • • • • • • • • • • • • • •	C, Part II mplete Schedule E ganization? (other than officers, organization. If there	directors, trustees a a is none, enter "No (d) Contributions employee benefit pi	ne." to ans &	47 48 49a 49b	opense nt and	X X X X
candida 7 Did the 8 Is the or 9 a Did the b If "Yes," 0 Complet employe (a) Nat	tes for public office? If "Yes," complete Sch organization engage in lobbying activities? I ganization a school as described in section organization make any transfers to an exem was the related organization a section 527 of the this table for the organization's five highes ees) who each received more than \$100,000 me and address of each employee paid more	edule C, Part I • • • • • • • • • • • • • • • • • •	C, Part II mplete Schedule E ganization? (other than officers, organization. If there	directors, trustees a a is none, enter "No (d) Contributions employee benefit pi	ne." to ans &	47 48 49a 49b	opense nt and	X X X X
7 Did the of 8 Is the of 9 a Did the b If "Yes," 0 Complet employe (a) Nat	organization engage in lobbyIng activities? If ganization a school as described in section organization make any transfers to an exem- was the related organization a section 527 of the this table for the organization's five highes ses) who each received more than \$100,000 me and address of each employee paid more	if "Yes," complete Schedule 170(b)(1)(A)(ii)? If "Yes," co pt non-charitable related or organization? at compensated employees of compensated employees of compensation from the (b) Title and average hours per week	C, Part II • • • • • • • • • • • • • • • • • •	directors, trustees a a is none, enter "No (d) Contributions employee benefit pi	ne." to ans &	47 48 49a 49b	nt and	X X X
8 Is the or 9 a Did the b If "Yes," 0 Complet employe (a) Nat	rganization a school as described in section organization make any transfers to an exem was the related organization a section 527 of the this table for the organization's five highes ses) who each received more than \$100,000 meand address of each employee paid more	170(b)(1)(A)(ii)? If "Yes," co pt non-charitable related or organization?	opplete Schedule E ganization? (other than officers, organization. If there	directors, trustees a a is none, enter "No (d) Contributions employee benefit pla	ne." to ans &	48 49a 49b (e)E> 80000	nt and	X
9 a Did the b If "Yes," 0 Complet employe (a) Nat	organization make any transfers to an exem, was the related organization a section 527 of the this table for the organization's five highes ees) who each received more than \$100,000 meand address of each employee paid more	pt non-charitable related orgonization?	organization? (other than officers, organization. If there	directors, trustees a a is none, enter "No (d) Contributions employee benefit pli	ne." to ans &	49a 49b	nt and	X
b If "Yes," O Comple employe (a) Nat	was the related organization a section 527 of the this table for the organization's five highes ees) who each received more than \$100,000 me and address of each employee paid more	organization? at compensated employees of compensation from the (b) Title and average hours per week	(other than officers, organization. If there	directors, trustees a a is none, enter "No (d) Contributions employee benefit pli	ne." to ans &	(e) Ex 80000	nt and	
0 Comple employe (a) Nat	te this table for the organization's five highes es) who each received more than \$100,000 me and address of each employee paid more	at compensated employees of compensation from the ((b) Title and average hours per week	(other than officers, organization. If there	directors, trustees a is none, enter "No (d) Contributions employee benefit pla	ne." to ans &	(e) Ex	nt and	
employe (a) Nat	ees) who each received more than \$100,000 no and address of each employee paid more	of compensation from the ((b) Title and average hours per week	organization. If there	d) Contributions employee benefit pla	ne." to ans &	BCCOU	nt and	1
(a) Na:	ne and address of each employee paid more	(b) Title and average hours per week		(d) Contributions employee benefit pla	to ans &	BCCOU	nt and	,
ONE								
						-		
							-	
	mber of other employees paid over \$100,00							
\$100,00	e this table for the organization's five highes 0 of compensation from the organization. If Name and address of each independent contractor paid	there is none, enter "None.	*	pa of service		Compens	ation	
ONE						-		
d Total nu	mber of other independent contractors each	receiving over \$100,000	··· >					
ign Iere	Under penalties of parjury. I declare that i have exa and beller, it is have, correct, and complete. Declar Signature of officer	ation of preparer (other than officer)		n of which preparer has 8/14 Date				
	Type or print name and title					ing bla (Casier	
aid	Preparer's signature	eff o	0 14 0010	employed X	eparer's Identify	, (I	000 H18	
	Firm's name (or yours	UPCHURCH, CPA		EIN				
	addross and 7i0 + 4	TERN AVENUE			779-800			
	, Chicago, 1		North March 1997 Street at 1997 a	Phone no.	773-509-			h1c
ay the IRS d	iscuss this return with the preparer shown at	ove? See instructions -					X	
			EEA		F	orm 990	-EZ ()	:009

		Public Charity 8	Status	and P	ublic S	uppoi	rt		OMB No.	, 1545-00)4/
(Form 990 or 990-EZ)	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.							2009 Open to Publ			
Department of the Treasury Internal Revenue Service	► A1	ttach to Form 990 or For				e instructi	ons.		Inspection		
Name of the organization International Remot	a Viewing As:	soc.						eridentificatio 3782270			
Part I Reason fo	or Public Char	ity Status (All organi				.) See inst					
he organization is not a priv			-	-	-						
		association of churches		in section	170(Ь)(1)(.	A)(i).					
		(1)(A)(II). (Attach Schedu									
		ervice organization desc									
	n organization oper	rated in conjunction with	a hospital	described i	n section	170(Ь)(1)(A)(iii). Ent	er the hosp	ital's nan	ne,	
city, and state:		- A - A				······					
		ofit of a college or univer-	sity owned	or operate	d by a gov	rernmenta	il unit desc	ribed In			
	A)(Iv). (Complete P										
		or governmental unit des s a substantial part of its									
		(Complete Part II.)	supporting	ош я болес	nmental u	nit or from	i the gener	al public			
		on 170(b)(1)(A)(vi). (Com	niete Port i	шХ							
		s: (1) more than 33 1/3%			ontribution	e membo	rchin face	and arose			
		xempt functions - subject									
		e and unrelated business									
		e 30, 1975. See section				i i tasiyina	in babilibe	,,,,,,			
		ted exclusively to test for				a)(4).					
		ted exclusively for the be					carry out th	e			
		oorted organizations des									
		es the type of supporting									
a Type I	b 🦳 Tyj			I-Functiona			-	Туре	II-Other		
p Decembra al decembra de la seconda de l											
		organization is not contro		ly or Indired	ctly by one	or more a	disqualified	1			
persons other than	foundation manag	organization is not contro ers and other than one o		ly or Indired	ctly by one	or more a	disqualified	1			
persons other than 509(a)(1) or section	foundation manag n 509(a)(2).	ers and other than one o	r more put	ly or Indired blicly suppo	ctly by one inted organ	or more d nizations d	disqualified lescribed in	1			
persons other than 509(a)(1) or section f If the organization	foundation manag n 509(a)(2). received a written o		r more put	ly or Indired blicly suppo	ctly by one inted organ	or more d nizations d	disqualified lescribed in	1			
persons other than 509(a)(1) or section f If the organization organization, check	foundation manag n 509(a)(2). received a written o k this box	ers and other than one o letermination from the IR	r more put S that it is	ly or Indired blicly suppo a Type I, T	otly by one inted organ ype II, or T	or more d nizations d	disqualified lescribed in	1		•••	
persons other than 509(a)(1) or section f If the organization organization, check g Since August 17, 2	foundation manag n 509(a)(2). received a written c < this box 006, has the organ	ers and other than one o	r more put S that it is	ly or Indired blicly suppo a Type I, T	otly by one inted organ ype II, or T	or more d nizations d	disqualified lescribed in	1	••••		
persons other than 509(a)(1) or section f If the organization organization, check g Since August 17, 2 following persons?	foundation manag n 509(a)(2). received a written o < this box 006, has the organ	ers and other than one o letermination from the IR ization accepted any gift	r more put S that it is or contribu	ly or Indired blicly suppo a Type I, T ution from s	otly by one inted organ ype II, or any of the	or more o hizations d Type III su	disqualified lescribed in	1		•••	
persons other than 509(a)(1) or section f If the organization organization, check g Since August 17, 2 following persons? (I) A person who	foundation manag n 509(a)(2). received a written o < this box 006, has the organ directly or indirectl	ers and other than one o letermination from the IR ization accepted any gift y controls, either alone o	r more put S that it is or contribu	ly or Indired blicly suppo a Type I, T ution from s with persor	ype II, or any of the	e or more a bizations d Type III su • • • • • • ed in (ii)	disqualified lescribed in	1	· · · · ·	Yes	No
persons other than 509(a)(1) or section f If the organization organization, check g Since August 17, 2 following persons? (I) A person who and (iii) below	foundation manag n 509(a)(2). received a written o k this box 006, has the organ directly or indirectl r, the governing boo	ers and other than one o letermination from the IR ization accepted any gift y controls, either alone o ly of the supported organ	r more put S that it is or contribu r together nization?	ly or Indired blicly suppo a Type I, T ution from s with persor	ype II, or any of the	e or more a bizations d Type III su • • • • • • ed in (ii)	disqualified lescribed in	1	1190	•••	 No
persons other than 509(a)(1) or section f If the organization organization, check g Since August 17, 2 following persons? (I) A person who and (iii) below (ii) A family memi	foundation manag n 509(a)(2). received a written o k this box 006, has the organ directly or indirectly t, the governing boo ber of a person des	ers and other than one o letermination from the IR ization accepted any gift y controls, either alone o dy of the supported organ scribed in (i) above?	r more put S that it is or contribu r together nization?	ly or Indired blicly suppo a Type I, T ution from s with persor	ype II, or any of the	e or more a bizations d Type III su • • • • • • ed in (ii)	disqualified lescribed in	1	119@ 119@	•••	No
persons other than 509(a)(1) or section f If the organization organization, check g Since August 17, 2 following persons? (I) A person who and (iii) below (ii) A family memil (iii) A 35% control	foundation manag n 509(a)(2). received a written of k this box 006, has the organ directly or indirectly the governing boo ber of a person des lied entity of a perso	ers and other than one o letermination from the IR ization accepted any gift y controls, either alone o dy of the supported organ scribed in (i) above?	r more put S that it is or contribu r together v nization?	ly or Indired blicly suppo a Type I, T ution from s with persor	ype II, or any of the	e or more a bizations d Type III su • • • • • • ed in (ii)	disqualified lescribed in	1	1190	•••	No
persons other than 509(a)(1) or section if lif the organization organization, check g Since August 17, 2 following persons? (I) A person who and (iii) below (ii) A family memil (iii) A 35% control	foundation manag n 509(a)(2). received a written of c this box 006, has the organ directly or indirectl r, the governing boo ber of a person des lied entity of a person og information abou	ers and other than one o letermination from the IR ization accepted any gift y controls, either alone o dy of the supported organ icribed in (i) above?	r more put S that it is or contribu nization? above? tion(s).	ly or Indired blicly support a Type I, T ution from a with persor	otly by one orted organ ype II, or any of the as describe	or more of nizations d Type III su ed in (ii)	disqualified lescribed in pporting		119(0) 119(0) 119(0)	Yes	
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			amote Viewin			04-37822	
P	art II Support Schedule for Or (Complete only if you checked the	ganizations [box on line 5. 7.	Described in \$ or 8 of Part I.)	Sections 170(I	b)(1)(A)(iv) an	d 170(b)(1)(A)(vi)
Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Totai
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 through 3						
5	The portion of total contributions by each		1				
	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 In 4						
Sec	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·				
Cale	ndar year (or fiscel year beginning in) 🕨 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						-
8	Gross income from interest, dividends, payments received on securitles 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. (s	ee instructions)		* • • • • • • • •		• 12	1
13	First five years. If the Form 990 is for the or organization, check this box and stop here			th, or fifth tax year	as a section 501(=)(3)	•••••
<u>Sec</u>	tion C. Computation of Public Su	pport Percen	tage				
14	Public support percentage for 2009 (line 6,						%
15	Public support percentage from 2008 Sched						%
16a	33 1/3% support test - 2009. If the organization						
	and stop here. The organization qualifies as						••••• • []
Ь	33 1/3% support test - 2008. If the organization						
	box and stop here. The organization qualifie						🕨 📜
17a							
	more, and if the organization meets the "fac						
_	organization meets the "facts-and-circumsta						•••• • •
þ	10%-facts-and-circumstances test - 2008. It						
	more, and if the organization meets the "fac						
18	organization meets the "facts-and-circumsta Private foundation. if the organization did n						•••••• ••••••

Schedule A (Form 990 or 990-EZ) 2009

Şç	hedule A (For	n 990 or 990-EZ) 2009 Inte	rnational Rem	ote Viewing	Assoc.		04-3782270	Page 3
F	ar <u>t III</u>	Support Schedule for Or (Complete only if you checked the	ganizations De box on line 9 of Pa	escribed in Se art I.)	ction 509(a)(2)		
		Public Support						
Ca	llendar yes	r (or fiscal year beginning in) 🛛 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	member	ants, contributions, and ship fees received. (Do not include sual grants.")	9,018	12,315	13,178	6,129	15,914	56,554
2	dise solo lities furr	ceipts from admissions, merchan- l or services performed, or fac- hished in any activity that is related ganization's tax-exempt purpose	11,653	35,189	45,303	10,901	47,564	150,810
3	Gross re an unrela	ceipts from activities that are not ated trade or bus, under sec 513						
4	benefit a	nues levied for the organization's nd either paid to or expended on						
5	furnished	e of services or facilities I by a governmental unit to the Ion without charge						
6	Total. Ad	d lines 1 through 5 • • •	20,871	47,504	58,481	17,030	63,478	207,364
7a		included on lines 1, 2, and 3 from disqualified persons		2,000	2,500		589	5,089
ţ	ed from o that exce	included on lines 2 and 3 receiv- ther than disqualified persons ed the greater of \$5,000 or 1% ount on line 13 for the year					5 000	
c		7a and 7b		2,000	2,500		5,000	5,000
8	Public su	ipport (Subtract line 7c from						197,275
Se	ction B.	Total Support						
Cal	•	(or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Gross inc payments rents, roy	from line 6 orne from interest, dividends, recaived on securities loans, alties and income from similar	20,871	47,504	58,481	17,030	63,478	207,364
	section 5 acquired	l business taxable income (less 11 taxes) from businesses after June 30, 1975						
	Net incom activities whether c	10a and 10b the from unrelated business not included in line 10b, or not the business is regularly					2	2
12	loss from	ome. Do not include gain or the sale of capital assets n Part IV.)						
13		port. (Add lines 9, 10c, 11,						207,366
14	organizati	years. If the Form 990 is for the org on, check this box and stop here	• • • • • • • • • • •	<u> </u>	or fifth tax year as a	a section 501(c)(3)		<u></u>
		Computation of Public Sur						
15 16		port percentage for 2009 (line 8, co	-					95.13 %
		pport percentage from 2008 Schedu Computation of Investmen				· · · · · · · · · · · ·	16	97.50 %
17		t income percentage for 2009 (line				í –	17	0.00 %
18		it income percentage from 2008 Sch					18	%
	17 is not r 33 1/3% s	upport tests - 2009. If the organizati nore than 33 1/3%, check this box a upport tests - 2008. If the organizati	nd stop here. The o on did not check a l	organization qualifi box on line 14 or li	es as a publicly su ne 19a, and line 16	pported organizati 3 is more than 33 1	on •••••••	• • • • X
20	line 18 is i	not more than 33 1/3%, check this b oundation: If the organization did no	ox and stop here. 7	The organization qu	alifies as a publici	y supported organ	ization • • • • • •	

Name(s) as shown on roturn International Remote Viewing Assoc.	2009 FEIN 04-3782270
Form 990EZ, Part I, Line 16 Other Expenses Schedule 2	01 5/62210
DescriptionAmountAdvertising256Bank fees2,452Books3,206Remote viewing conference28,465Merchandise2,611Travel551Total37,541	

Form 8868
(Rev. April 2008)
Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
 Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Туре	or	Name of Exempt Organization Empl	oyer i	dentification number
print		International Remote Viewing Association 04	1	3782270
File by due dat		Number, street, and room or suite no. If a P.O. box, see instructions.		
filing yo	our	3235 Turning Bridge Street		
return. instruct		City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
		Las Vegas, NV 89135, US		
Chec	k type	of return to be filed (file a separate application for each return):		
🗌 Fo	orm 990) Form 990-T (corporation)		Form 4720
🗌 Fo	orm 990	D-BL 🗌 Form 990-T (sec. 401(a) or 408(a) trust)		Form 5227
🗹 Fo	orm 99	D-EZ		Form 6069
🗌 Fo	orm 99	D-PF 🗌 Form 1041-A		Form 8870
		Sandra Ray		
• The	e books	are in the care of > 200 Moraine Dr, Elkhart Lake, WI 53020, US		
Tala	nhana	No. ▶ 920-781-5027 FAX No. ▶		
		No. ► <u>920-781-5027</u> FAX No. ►		
	-	•		
		r a Group Return, enter the organization's four digit Group Exemption Number (GEN) group, check this box $\ldots \ldots \triangleright \Box$. If it is for part of the group, check this box $\ldots \ldots$		
		e names and EINs of all members the extension will cover.		
1	l reau	est an automatic 3-month (6 months for a corporation required to file Form 99) 90-T)	extension of time
		8/15/2010 to file the exempt organization return for the organization named above.		
		organization's return for:		
		calendar year 2009 or		
I		tax year beginning, and ending		
2	If this t	ax year is for less than 12 months, check reason: Initial return Final return Ch	ange	in accounting period
		application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		
		y nonrefundable credits. See instructions.	3a	\$
		pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax		
ļ	payme	nts made. Include any prior year overpayment allowed as a credit.	3b	\$
c	Balanc	e Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment		
). See instructions.	3c	\$
		ou are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EC instructions.	and	Form 8879-EO
	-			

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.