## 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$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.

OMB No. 1545-1150 2010

**Open to Public** 

Inspection

Α	For the	2010 calenda	r year, or tax year beginning ,	2010, an	d ending			, 20
В	Check if a	applicable:	C Name of organization			D Employ	yer ide	entification number
Ц	Address c	hange	INTERNATIONAL REMOTE VIEWING ASSOC.			04-	37822	70
Ш	Name cha	inge	Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	E Telepho	one nui	mber
	Initial retu	ırn						
	Terminate	ed	PO BOX 381			(86	0)882	-1210
Ц	Amended	return	City or town, state or country, and ZIP + 4			F Group E	Exemp	tion
Ш	Applicatio	n pending	EAST WINDSOR HILL, CT 06028			Numbe	_	
G	Account	ting Method:	☐ Cash ☐ Accrual Other (specify)		Н	Check ▶	∑ ift	he organization is <b>not</b>
I	Websit	е: ▶ <u>www.</u> ı	RVA.ORG			required to a	attach (	Schedule B
J	Tax-exe		, , , , , , , , , , , , , , , , , , , ,	4947(a)(1)		,		Z, or 990-PF).
K	Check		ganization is not a section 509(a)(3) supporting organization and	<b>d</b> its gross	s receipts are	normally <b>not</b>	more	than \$50,000. A
	Form 99	0-EZ or Form	990 return is not required though Form 990-N (e-postcard) may be re	equired (s	ee instructions)	. But if the or	ganiza	tion chooses
	to file a r	eturn, be sure	to file a complete return.					
L	Add lines	s 5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,00				_	
			ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<u>ÈÈÈÈÈÈ</u>			
P	art I		e, Expenses, and Changes in Net Assets or Fund					
			e organization used Schedule O to respond to any question in this Pa					<u> EÈÈÈÈÈÈÈÈ</u>
	1		, gifts, grants, and similar amounts received				1	1,460
	2	•			ÈÈÈÈÈÈ:		2	44,190
	3	•	dues and assessments ÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈ				3	7,921
	4	Investment in			EEEEEE!	EEEEE	4	
			nt from sale of assets other than inventory ÈÈÈÈÈÈÈÈÈÈ					
			other basis and sales expenses ÈÈÈÈÈÈÈÈÈÈÈÈÈ					
	1 _		from sale of assets other than inventory (Subtract line 5b from line 5	5a) 1	ÈÈÈÈÈÈ	EEEEE	5c	
R	6	Gaming and						
e v	а		e from gaming (attach Schedule G if greater than	مادده	1			
e n	١.	,	<u> </u>	ян <b>ба</b>	- <b>f h</b> - ill <b>k</b>	_		
u	b		e from fundraising events (not including \$		of contribution	IS		
е			ing events reported on line 1) (attach Schedule G if the	اه اه د	1			
		`	gross income and contributions exceeds \$15,000)					
	a		r (loss) from gaming and fundraising events (add lines 6a and 6b an È È È È È È È È È È È È È È È È È È È				C-1	
	70	,		1		E E E E E	6d	
	1	Less: cost of			<u>l</u> ÈÈÈÈÈÈÈ	के के के के के	7c	
			e (describe in Schedule O) ÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈ				8	
	9		<b>Je.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ÈÈÈÈÈÈÈÈÈÈ				9	53,571
	10		milar amounts paid (list in Schedule O) ÈÈÈÈÈÈÈÈÈÈÈ				10	33,371
_	11		to or for members $\hat{E}\hat{E}\hat{E}\hat{E}\hat{E}\hat{E}\hat{E}\hat{E}\hat{E}\hat{E}$				11	
E x	12		er compensation, and employee benefits ÈÈÈÈÈÈÈÈÈÈ				12	
p e	13		, , ,		ÈÈÈÈÈÈ		13	12,618
n	14		ent, utilities, and maintenance $\hat{E} \hat{E} \hat{E} \hat{E} \hat{E} \hat{E} \hat{E} \hat{E} $				14	487
s e	15		ications, postage, and shipping ÈÈÈÈÈÈÈÈÈÈÈÈÈÈ				15	2,065
s	16	• .	es (describe in Schedule O) ÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈ				16	37,520
	17	•	ses. Add lines 10 through 16 È È È È È È È È È È È È È È È È				17	52,690
	18		eficit) for the year (Subtract line 17 from line 9) ÈÈÈÈÈÈÈÈ				18	881
NS e e t t	19		fund balances at beginning of year (from line 27, column (A)) (must	agree witl	า			
e s	5		gure reported on prior year's return) ÈÈÈÈÈÈÈÈÈÈÈÈÈ	-		ÈÈÈÈÈ	19	27,021
t	20			ÈÈÈÈÈ	ÈÈÈÈÈÈ	ÈÈÈÈÈ	20	
S	21	Net assets or	fund balances at end of year. Combine lines 18 through 20 È	ÈÈÈÈÈ	ÈÈÈÈÈÈ	ÈÈÈ ▶	21	27,902

Part II Balance Sheets. (see the instructions for Part II.) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 22 Cash, savings, and investments 27,021 22 27,902 23 n 0 24 Other assets (describe in Schedule O) ÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈ 24 0 0 25 25 Total assets 27,021 27,902 26 Total liabilities (describe in Schedule O) ÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈ 26 0 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) ÈÈÈÈÈÈÈÈÈÈÈ 27 27,021 27,902 Statement of Program Service Accomplishments (see the instructions for Part III.) **Expenses** (Required for section Check if the organization used Schedule O to respond to any question in this Part III ÈÈÈÈÈÈÈÈÈÈÈ \_\_ 501(c)(3) and 501(c)(4) What is the organization's primary exempt purpose? REMOTE VIEWING EDUCATION organizations and section Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe 4947(a)(1) trusts; optional the services provided, the number of persons benefited, and other relevant information for each program title for others.) 28 PUBLISHED ONE ISSUE OF THE ORGANIZATIONAL NEWSLETTER, APERTURE, DISTRIBUTED TO APPROXIMATELY 400 PEOPLE èèèèèèèè ▶ (Grants \$ ) If this amount includes foreign grants, check here 28a 2,023 29 MAINTENANCE OF TWO WEBSITES: ONE FOR GENERAL EDUCATIONAL PURPOSES, ONE FOR CONFERENCE INFORMATION, PLUS A FORUM FOR INFORMATION EXCHANGE èèèèèèèè ▶ ) If this amount includes foreign grants, check here 29a (Grants \$ 736 30 2010 REMOTE VIEWING CONFERENCE JUNE 18-20, HENDERSEN, NV ATTENDED BY APPROXIMATELY 180 PEOPLE. èèèèèèèè ▶ 30a (Grants \$ ) If this amount includes foreign grants, check here 30,197 31 Other program services (describe in Schedule O) èèèèèèèè ▶ ) If this amount includes foreign grants, check here (Grants \$ 31a 32,956 Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.) Check if the organization used Schedule O to respond to any question in this Part IV (b) Title and average (c) Compensation (d) Contributions to (a) Name and address hours per week (If not paid, empl. benefit plans & account and devoted to position enter -0-.) deferred compensation other allowances WILLIAM P EIGLES DIRECTOR PO BOX 381, EAST WINDSOR HILL CT 06028 0 0 0 1 DIRECTOR WILLIAM F HIGGINS PO BOX 381, EAST WINDSOR HILL CT 06028 0 0 0 1 STEPHAN A SCHWARTZ DIRECTOR PO BOX 381, EAST WINDSOR HILL CT 06028 n O 0 1 PAUL H SMITH PHD DIRECTOR PO BOX 381, EAST WINDSOR HILL CT 06028 2 O n 0 SANDY G RAY TREASURER PO BOX 381, EAST WINDSOR HILL CT 06028 2 0 O 0 JOHN P STAHLER PRESIDENT PO BOX 381, EAST WINDSOR HILL CT 06028 4 0 0 0 RUSSELL TARG DIRECTOR PO BOX 381, EAST WINDSOR HILL CT 06028 1 0 0 0 DIRECTOR JESSICA UTTS PHD PO BOX 381, EAST WINDSOR HILL CT 06028 0 0 1 0 CHERYLE L HOPTON VICE PRESIDENT PO BOX 381, EAST WINDSOR HILL CT 06028 0 0 0

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

Check if the organization used Schedule O to respond to any question in this Part V Part V

	Check if the organization used Schedule O to respond to any question in this Part V	ÈÈÈÌ	ÈÈÈ	È
			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 in Schedule O ÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈ	33		V
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions) ÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈ	34		V
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
	<b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4),			
	501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? $\hat{E} \hat{E} \hat{E} \hat{E} \hat{E} \hat{E} \hat{E} \hat{E} $	35a		V
	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets  during the year? If "Yes," complete applicable parts of Schedule N ÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈ	00		7.7
27.0		36		V
	Enter amount of political expenditures, direct or indirect, as described in the instructions ĒĒĒĒ ▶ 37a 5 1 20 20 20 20 20 20 20 20 20 20 20 20 20	37b		V
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were	3/0		V
50 a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? $\hat{E} \hat{E} \hat{E} \hat{E} \hat{E} \hat{E} \hat{E} \hat{E} $	38a		V
b	If "Yes," complete Schedule L, Part II and enter the total amount involved ÈÈÈÈÈÈÈÈÈÈ À	Jour		, , , , , , , , , , , , , , , , , , ,
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 ÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈ À 39a			
b	Gross receipts, included on line 9, for public use of club facilities $\hat{E} \hat{E} \hat{E} \hat{E} \hat{E} \hat{E} \hat{E} \hat{E} $			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911			
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 did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V
С	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 ÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈ			
a	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈ			
_	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		V
41	List the states with which a copy of this return is filed.	100		V
	The organization's books are in care of SANDY G. RAY  Telephone no.	860-8	82-12	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		Yes	No
	account)? ÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈ	42b		V
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? ÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈ	42c		V
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041-</b> Check here ÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈ		EE 🟲	
	and enter the amount of tax-exempt interest received or accrued during the tax year ÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈ À € 43			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		168	INO
. T U	completed instead of Form 990-EZ ÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈ	44a		V
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	· ru		
~	completed instead of Form 990-EZ ÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈ	44b		V
С		44c		V
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
_	explanation in Schedule O ÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈ	44d		
	FFA	orm 99	0-F7	(2010)

					<u> </u>			Yes	No
45	Is any r	elated organization a controlled entity of the organizati	on within the meaning of se	ection 512(b)(13)?	ÈÈÈÈÈÈ	ÈÈÈ	45		V
а									
	meanin	g of section 512(b)(13)? If "Yes," Form 990 and Scheo	dule R may need to be com	pleted instead of					
	Form 9	90-EZ (see instructions) ÈÈÈÈÈÈÈÈÈÈÈÈ	`EÈÈÈÈÈÈÈÈÈÈÈ	ÈÈÈÈÈÈÈÈÈ	ÈÈÈÈÈÈÈÈ	ÈÈÈ	45a		V
46		organization engage, directly or indirectly, in political c	• •	• • • • • • • • • • • • • • • • • • • •					
D		idates for public office? If "Yes," complete Schedule C	<u>'</u>	ÈÈÈÈÈÈÈÈÈ			46		V
Par		Section 501(c)(3) organizations and section 4045		-		-			
		501(c)(3) organizations and section 4947 and 52, and complete the tables for lines		ianiable irusis n	iust ariswer que	SUONS	47-4	90	
		Check if the organization used Schedule		question in this	Part VI ដដ្ឋដ	र से से से ह	र से से र	र्स से से	Пя́
		Check if the organization used conteduc	o to respond to any	question in this	I CIT VI EEEEI			Yes	No
47	Did the	organization engage in lobbying activities? If "Yes," or	omplete Schedule C. Part II	ÈÈÈÈÈÈ	ÈÈÈÈÈÈÈÈ	èèè [	47		V
48		rganization a school as described in section 170(b)(1)	•		ÈÈÈÈÈÈÈÈÈ	ÈÈÈ	48		V
49 a	<b>9 a</b> Did the organization make any transfers to an exempt non-charitable related organization? $\vec{E} \ \vec{E} \ E$								V
b	<b>b</b> If "Yes," was the related organization a section 527 organization? $\dot{E} \stackrel{.}{E} \stackrel$						49b		
50	Comple	ete this table for the organization's five highest compen	sated employees (other tha	an officers, directors, t	rustees and key				
	employ	ees) who each received more than \$100,000 of compe			1				
	(a) Na	ame and address of each employee paid more	(b) Title and average hours per week	(c) Compensation	(d) Contributions employee benefit pla			Expens ount ar	
		than \$100,000	devoted to position		deferred compensa	ition	other	allowar	ices
NONE									
f		1 3 1	èèèèè ►						
51	•	ete this table for the organization's five highest compen	•	tors who each receive	ed more than				
		00 of compensation from the organization. If there is n							
-	(a)	Name and address of each independent contractor paid mor	e than \$100,000	(b) Type of	service	(c) C	comper	sation	
NONE									
HORE									
									-
d		umber of other independent contractors each receiving	, ,	È 🕨					
52		organization complete Schedule A? Note: All sections				± ₹7			
		mpt charitable trusts must attach a completed Schedu		ÈÈÈÈÈÈÈÈÈ			Yes		No
		of perjury, I declare that I have examined this return, including complete. Declaration of preparer (other than officer) is ba				and belief	, it is		
		JOHN P. STAHLER			1				
Sigr		Signature of officer			Date				
Here	9	JOHN P. STAHLER, PRESIDENT							
		Type or print name and title							
		Print/Type preparer's name Preparer'	s signature	Date	Check X if	PTIN	1		
Paid		JEFFREY L UPCHURCH, CPA		05-05-2011	self-employed				
Prepa	arer	Firm's name JEFFREY L UPCHURCH CPA			Firm's EIN				
Use (	Only	Firm's address 3725 N WESTERN AVENUE							
		Chicago IL 60618			Phone no.	773-	509-	8855	
May t	he IRS o	discuss this return with the preparer shown above? Se	ee Instructions ÈÈÈ	<u>ÈÈÈÈÈÈÈÈÈ</u>	<u>EÉÈÈÈÈÈÈ</u>	È► V	Yes		No

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

## **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

Employer identification number

2010

Open to Public Inspection

INT	ERNA	TIONAL REMOTE V								782270			
Pa	rt I	Reason for	Public Charity	<b>/ Status</b> (All organiza	tions must	complete th	nis part.) Se	ee instructi	ons.				
The	orgar	nization is not a private	foundation because	e it is: (For lines 1 through	11, check	only one bo	ox.)						
1		A church, convention	n of churches, or a	ssociation of churches d	lescribed ir	section 1	70(b)(1)(	A)(i).					
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3		A hospital or a coop	erative hospital ser	vice organization descri	bed in <b>sec</b>	tion 170(b	)(1)(A)(iii)						
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	П	. , , , ,		governmental unit desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(v	·).					
7	П		-	substantial part of its supp				•	neral public	3			
-		described in <b>section</b>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	90.0		o go	rioral pasin				
8	П			170(b)(1)(A)(vi). (Com	nlete Part	11.)							
9	$\nabla$			I) more than 33 1/3% of its			itions mar	nharchin fe	age and ar	nee			
•	LV	=		ipt functions - subject to ce					-	000			
		·		nd unrelated business tax			• •						
				30, 1975. See <b>section</b>		•		) IIOIII bus	11103503				
10	П						,	o)/4)					
	H	-	•	ed exclusively to test for p exclusively for the benefit		-			ıt tha				
11	ш	•	•	•				-		aastian			
				orted organizations desc			, , ,			section			
		⊢``		s the type of supporting	¬ ~		-		•	□ T.mo.I	II Othor		
	П	a ∐ Type I	<b>b</b> ∐ Type			Functionall	_		d	iype i	II-Other		
е	Ш			anization is not controlled									
				and other than one or mo	ore publicly	supported	organizatio	ns describ	ed in sectio	on			
_		509(a)(1) or section 5											
f		_		ermination from the IRS th									
		organization, check the		ÈÈÈÈÈÈÈÈÈÈÈ				EEEEE	EEEEE	EEEEE.	EEEE	EEE	F: F:
g		=	6, has the organiza	tion accepted any gift or c	ontribution	from any o	f the						
		following persons?											
		• •		ontrols, either alone or tog	-							Yes	No
				of the supported organizat					ÈÈÈÈÈ		11g(i)		
			er of a person descri	( )	ÈÈÈÈÈ						11g(ii)		
		(iii) A 35% controlle	d entity of a person	described in (i) or (ii) abov	ve? E	EEEEE!	EEEEE:	ĒĒĒĒĒ	ÈÈÈÈÈ	EEEEE	11g(iii)		
h		Provide the following	information about th	ne supported organization	(s).								
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	1 ' '	organization	(v) Did y			Is the		Amoun	of
		organization		above or IRC section	in col. (i) lis	document?	the organ			tion in col. zed in the		support	
				(see instructions) )		1	sup	port?	U.	S.?			
					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(O)													
(C)													
(D)								1					
(E)													

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 or if the organization failed to qualify under

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Sec</u>	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	( <b>e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") $\grave{E}\grave{E}\grave{E}\grave{E}$						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf $\stackrel{.}{E}$						
3	The value of services or facilities furnished by a governmental unit to the organization without charge $\stackrel{.}{\to} \stackrel{.}{\to} \stackrel{.}$						
4	Total. Add lines 1 through 3 ÈÈÈÈÈÈ						
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) ÈÈÈÈÈÈ						
6	Public support. Subtract line 5 from In 4						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d</b> ) 2009	(e) 2010	(f) Total
7	Amounts from line 4 ÈÈÈÈÈÈÈÈÈÈ						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources $\stackrel{.}{E} \stackrel{.}{E} \stackrel{.}{$						
9	Net income from unrelated business activities, whether or not the business is regularly carried on $\stackrel{.}{\to} \stackrel{.}{\to} \stackrel$						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ÈÈÈÈÈÈÈÈÈÈÈ						
11	<b>Total support.</b> Add lines 7 through 10 $\stackrel{.}{\mathrm{E}}$						
12	Gross receipts from related activities, etc. (see	instructions)	ÈÈÈÈÈÈÈÈ	ÈÈÈÈÈÈÈ	ÈÈÈÈÈÈÈÈ	12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	ÈÈÈÈÈÈÈÈ	<u>ÈÈÈÈÈÈÈÈ</u>	rth, or fifth tax yea ÈÈÈÈÈÈÈÈÈ	r as a section 501(c ÈÈÈÈÈÈÈÈÈ	c)(3) ÈÈÈÈÈÈÈÈÈÈ	èèèèè ▶□
	tion C. Computation of Public Su	• •				T I	
14	Public support percentage for 2010 (line 6, co	• •			ÈÈÈÈÈÈÈÈ		%
15	Public support percentage from 2009 Schedu				ÈÈÈÈÈÈÈÈ		%
16a	33 1/3% support test - 2010. If the organiz			-,			
	and <b>stop here</b> . The organization qualifies a						EEEEE 🕨 📋
b	33 1/3% support test - 2009. If the organiz						
	box and <b>stop here.</b> The organization qualif						EEEEE 🕨 🗌
17a	10%-facts-and-circumstances test - 2010	_					
	more, and if the organization meets the "fac	ts-and-circumstar	nces" test, check th	nis box and <b>stop h</b>	ere. Explain in Par		
	organization meets the "facts-and-circumstane	ces" test. The orga	nization qualifies as	a publicly supporte	d organization	ÈÈÈÈÈÈ:	èèèèè ▶∐
b	10%-facts-and-circumstances test - 2009	). If the organization	on did not check a	box on line 13, 16	a, 16b, or 17a, and	line 15 is 10% or	
	more, and if the organization meets the "fac	cts-and-circumstar	nces" test, check th	nis box and <b>stop h</b>	<b>ere.</b> Explain in Par		_
18	organization meets the "facts-and-circumstand <b>Private foundation.</b> If the organization did	-			-		èèèèè ▶□ èèèèè ▶□

04-3782270

#### 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 or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	( <b>e</b> ) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ÈÈÈÈÈÈÈÈÈÈ	12,315	13,178	6,129	15,914	1,460	48,996
2	Gross receipts from admissions, merchan- dise sold or services performed, or faci- lities furnished in any activity that is related to the organization's tax-exempt purpose	35,189	45,303	10,901	47,564	52,111	191,068
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf $\stackrel{.}{E}$						
5	The value of services or facilities furnished by a governmental unit to the organization without charge   È È È È È È						
6	Total. Add lines 1 through 5 ÈÈÈÈÈÈÈ	47,504	58,481	17,030	63,478	53,571	240,064
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons $\stackrel{.}{\to}\stackrel{.}{\to}\stackrel{.}{\to}\stackrel{.}{\to}\stackrel{.}{\to}$	2,000	2,500		589	475	5,564
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 ÈÈÈ				5,000		5,000
С	Add lines 7a and 7b ÈÈÈÈÈÈÈÈÈÈ	2,000	2,500		5,589	475	10,564
8	<b>Public support</b> (Subtract line 7c from line 6.) È È È È È È È È È È È È È È È È È						229,500
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	( <b>e</b> ) 2010	(f) Total
9	Amounts from line 6 ÈÈÈÈÈÈÈÈÈÈ	47,504	58,481	17,030	63,478	53,571	240,064
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources $\stackrel{\cdot}{E}$				2		2
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ÈÈÈÈÈ						
С	Add lines 10a and 10b ÈÈÈÈÈÈÈÈÈ				2		2
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on ÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈÈ						
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.) ÈÈÈÈÈÈÈÈÈÈÈÈÈÈ	47,504	58,481	17,030	63,480	53,571	240,066
14	First five years. If the Form 990 is for the or organization, check this box and stop here I	<u>ĔÊÊÊÊÊÊÊÊ</u> Ê	<u>ÈÈÈÈÈÈÈÈ</u>	h, or fifth tax year a ÈÈÈÈÈÈÈÈÈÈÈ	as a section 501(c È È È È È È È È È	)(3) ÈÈÈÈÈÈÈÈÈÈ	èèèèè ▶ 🗌
	ction C. Computation of Public Su					Г	
15	Public support percentage for 2010 (line 8, colu	•			ÈÈÈÈÈÈÈÈ		95.60 %
16	Public support percentage from 2009 Schedule			ÈÈÈÈÈÈÈÈ	EEEEEEEE	16	95.13 %
	ction D. Computation of Investmer			-1	22222222	47	• • • • • • • • • • • • • • • • • • • •
17 18	Investment income percentage for <b>2010</b> (line Investment income percentage from <b>2009</b> Section 1.1)						0.00 %
	33 1/3% support tests - 2010. If the organiz 17 is not more than 33 1/3%, check this box	and <b>stop here.</b> Th	ne organization qua	alifies as a publicly	supported organiz	zation ÈÈÈÈÈÌ	èèèèè ▶ 🏹
D	33 1/3% support tests - 2009. If the organize line 18 is not more than 33 1/3%, check this	box and stop here	e. The organization	n qualifies as a pub	olicly supported org	ganization ÈÈÈI	
20	Private Foundation: If the organization did	not check a box or	n line 14, 19a, or 1	9b, check this box	and see instructio	<u>ns ÈÈÈÈÈÈ</u>	ÈÈÈÈÈ 🕨 🗌

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public Inspection

Employer identification number

04-3782270 INTERNATIONAL REMOTE VIEWING ASSOC. 01. Description of other expenses (Part I, line 16) DESCRIPTION AMOUNT ADVERTISING 292 BANK FEES 2,554 BOOKS 1,905 REMOTE VIEWING CONFERENCE 30,197 MERCHANDISE 1,366 OFFICE SUPPLIES 470 WEB HOSTING 736