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ENVELOPE POSTMARK DATE JUN 21 2011

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

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

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 God's Provision, Inc. c/o God's Provision Thrift Shop		D Employer identification number 56-2593190
		Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number (509) 477-3875
		132 Sunrise Hill		F Group Exemption Number ▶
		City, town, or country State ZIP + 4	Newport WA 99156	G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶

I Website: ▶

J Organization type (check only one)— 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

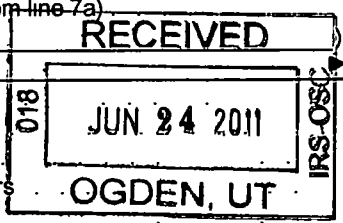
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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 ▶ \$ 26,674

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

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21										
Revenue	1															3,307																						
	2																																					
	3																																					
	4															0																						
	5a															0																						
	b															0																						
	c																	0																				
	6																																					
	a																		2,453																			
	b																	0																				
c																				2,453																		
7a																					20,914																	
b																																						
c																							20,914															
8																																						
9																																						
Expenses	10																																					
	11																																					
	12																																					
	13																																					
	14																																					
	15																																					
	16																																					
	17																																					
Net Assets	18																																					
	19																																					
	20																																					
	21																																					



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	3,210	2,477
23	Land and buildings	0	0
24	Other assets (describe ▶)	0	0
25	Total assets	3,210	2,477
26	Total liabilities (describe ▶)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	3,210	2,477

SCANNED JUL 07 2011

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? <u>To provide low income clothing & household items to the</u> Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	----- ----- (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29	----- ----- (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30	----- ----- (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	Total program service expenses. (add lines 28a through 31a)	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (See the instructions for Part IV)				(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances	
(a) Name and address								
Name	Carolyn Sherman	Str	132 Sunrise Hill	Title	Director			
City	Newport	ST	WA ZIP 99156	Hr/WK	25.00	0	0	0
Name		Str		Title				
City		ST	ZIP	Hr/WK	00	0	0	0
Name		Str		Title				
City		ST	ZIP	Hr/WK	00	0	0	0
Name		Str		Title				
City		ST	ZIP	Hr/WK	00	0	0	0
Name		Str		Title				
City		ST	ZIP	Hr/WK	00	0	0	0
Name		Str		Title				
City		ST	ZIP	Hr/WK	00	0	0	0
Name		Str		Title				
City		ST	ZIP	Hr/WK	00	0	0	0
Name		Str		Title				
City		ST	ZIP	Hr/WK	00	0	0	0
Name		Str		Title				
City		ST	ZIP	Hr/WK	00	0	0	0
Name		Str		Title				
City		ST	ZIP	Hr/WK	00	0	0	0
Name		Str		Title				
City		ST	ZIP	Hr/WK	00	0	0	0
Name		Str		Title				
City		ST	ZIP	Hr/WK	00	0	0	0
Name		Str		Title				
City		ST	ZIP	Hr/WK	00	0	0	0
Name		Str		Title				
City		ST	ZIP	Hr/WK	00	0	0	0
Name		Str		Title				
City		ST	ZIP	Hr/WK	00	0	0	0
Name		Str		Title				
City		ST	ZIP	Hr/WK	00	0	0	0

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		X
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		X
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		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
36	36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 0		
37b	37b Did the organization file Form 1120-POL for this year?		X
38a	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?		X
38b	38b If "Yes," complete Schedule L, Part II and enter the total amount involved 0		
39	39 Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	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		
40b	40b 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		X
40c	40c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
40d	40d Enter amount of tax on line 40c reimbursed by the organization ▶		
40e	40e 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		X
41	41 List the states with which a copy of this return is filed. ▶ ID, WA		
42a	42a The books are in care of ▶ Name Carolyn Sherman Telephone no. ▶ (509) 477-3875 Located at ▶ 132 Sunnse Hill City Newport ST WA ZIP + 4 ▶ 99156		
42b	42b 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.		X
42c	42c 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 ▶		X
43	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 N/A		X
44	44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	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		X

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"/> |
| 49 a 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 checked="" 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
Name <u>Dianne Cobb</u> Str <u>542 Riverside Road</u> City <u>Priest River</u> ST ID ZIP <u>83856</u>	Title <u>Clerk</u> Hr/WK <u>25.00</u>	970	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK <u>.00</u>	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK <u>.00</u>	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK <u>.00</u>	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK <u>.00</u>	0	0	0
Total number of other employees paid over \$100,000 ▶		0	0	0

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
Name <u>None</u> Str _____ City _____ ST ZIP _____		0
Name _____ Str _____ City _____ ST ZIP _____		0
Name _____ Str _____ City _____ ST ZIP _____		0
Name _____ Str _____ City _____ ST ZIP _____		0
Name _____ Str _____ City _____ ST ZIP _____		0
Total number of other independent contractors each receiving over \$100,000 ▶		0

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: Carolyn Sherman Date: 6-20-2011

Type or print name and title: CAROLYN SHERMAN, MANAGER, TREASURER

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____

Firm's name (or yours if self-employed), address, and ZIP +4: SELF-PREPARED RETURN

Check if self-employed: Preparer's Identifying Number (See instructions): _____

EIN: _____ Phone no: _____

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events		
		Style Show (event type)	Nacho Booth (event type)	1 (total number)	(Add col (a) through col (c))		
Revenue	1	Gross receipts	547	806	1,100	2,453	
	2	Less. Charitable contributions	0	0	0	0	
	3	Gross revenue (line 1 minus line 2)	547	806	1,100	2,453	
Direct Expenses	4	Cash prizes	0	0	0	0	
	5	Non-cash prizes	0	0	0	0	
	6	Rent/facility costs	0	0	0	0	
	7	Other direct expenses	0	0	0	0	
	8	Direct expense summary Add lines 4 through 7 in column (d)					0
	9	Net income summary. Combine lines 3 and 8 in column (d)					2,453

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))	
Revenue	1	Gross revenue			0	
Direct Expenses	2	Cash prizes			0	
	3	Non-cash prizes			0	
	4	Rent/facility costs			0	
	5	Other direct expenses			0	
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d)				0
	8	Net gaming income summary Combine lines 1 and 7 in column (d)				0

	Yes	No
9		
9a		
10a		
11		
12		

9 Enter the state(s) in which the organization operates gaming activities _____
 a Is the organization licensed to operate gaming activities in each of these states?
 b If "No," Explain _____

 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
 b If "Yes," Explain _____

 11 Does the organization operate gaming activities with nonmembers?
 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

		Yes	No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
c	If "Yes," enter name and address		
	Name ▶		
	Address ▶		
16	Gaming manager information.		
	Name ▶		
	Gaming manager compensation ▶ \$ 0		
	Description of services provided ▶		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

2008

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

Name of the organization

Employer identification number

God's Provision, Inc. c/o God's Provision Thrift Shop

56-2593190

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
			0	0						
			0	0						
			0	0						
			0	0						
			0	0						
			0	0						
			0	0						
Total			▶ \$	0						

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
		0			
		0			
		0			
		0			
		0			
		0			

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	3,307
2	NonCash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	3,307

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

6,849

	Class of activity	Grantee's name	Check (X) if grantee is a business	Address	City	State	Zip code	Foreign Country	Amount of cash grant
1	Food Bank	Priest River Food Bank		1047 Peninsula Road	Priest River	ID	83856		1,667
2	Outreach	Simply His		PO Box 1012	Priest River	ID	83856		400
3	Outreach	Wycliffe Bible Translators		PO Box 628200	Orlando	FL	32862		200
4	Medical Assistance	Dianne Cobb		542 Riverside Road	Priest River	ID	83856		210
5	Ministry	Gardell, CCCC		8941 Hwy 5	Lake Elmo	MN	55042		400
6	Outreach	Radio TGNA, CAM International		8625 LaPrada Drive	Dallas	TX	75228		200
7	Ministry	Life Choices		PO Box 2360	Sandpoint	ID	83864		200
8	Outreach	Bright Star Baby Home		PO Box 400	Tornillo	TX	79853		1,194
9	Ministry	World Vision		PO Box 70102	Tacoma	WA	98481		300
10	Ministry	New Life Border Ministry		PO Box 400	Tornillo	TX	79853		390
11	Outreach	Seabury's Mission to Unreached		PO Box 30947	Seattle	WA	98103		200
12	Assistance	Lou Koch		PO Box	Priest River	ID	83856		300
13	Assistance	Don Jones		PO Box	Sagle	ID	83860		203
14	Medical Assistance	Roger Dobbins		PO Box	Priest River	ID	83856		200
15	Outreach	Imani Agape African Orphans		PO Box 784	Newport	WA	99156		200
16	Ministry	Joy in the Morning		PO Box 988	Priest River	ID	83856		565

Part I, Line 16 (990-EZ) - Other Expenses

1,757

1	Travel, Meals and Entertainment		
	a Travel	1a	
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	
5	Depreciation, depletion, etc	5	
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	
9	Telephone	9	485
10	Unrelated business income taxes	10	1,272
11		11	
12		12	
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

Line 31 (990-T) - Net Operating Loss Carryover

Carryover Period	Beginning Loss Period (M/D/YYYY)	Ending Loss Period (M/D/YYYY)	Amount of Net Operating Loss	Amount Used in Prior Years/Carrybacks	Adjustment Under Sec 170(d)(2)(B)	Adjustments	Amount Available This Year	Amount Used This Year	Expiring Losses	Net Operating Loss Available for Carryover	Cumulative Unused Net Operating Loss
15th Preceding Period			0	0	0		0	0	0	0	0
14th Preceding Period			0	0	0		0	0	0	0	0
13th Preceding Period			0	0	0		0	0	0	0	0
12th Preceding Period			0	0	0		0	0	0	0	0
11th Preceding Period			0	0	0		0	0	0	0	0
10th Preceding Period			0	0	0		0	0	0	0	0
9th Preceding Period			0	0	0		0	0	0	0	0
8th Preceding Period			0	0	0		0	0	0	0	0
7th Preceding Period			0	0	0		0	0	0	0	0
6th Preceding Period			0	0	0		0	0	0	0	0
5th Preceding Period			0	0	0		0	0	0	0	0
4th Preceding Period			0	0	0		0	0	0	0	0
3rd Preceding Period			0	0	0		0	0	0	0	0
2nd Preceding Period			0	0	0		0	0	0	0	0
1st Preceding Period			0	0	0		0	0	0	0	0
Current Period	1/1/2008	12/31/2008	0				0	0		0	0

Taxable Income Before Net Operating Loss: 0

Total Net Operating Loss Used This Year: 0

Part V, Line 41 (990-EZ) - States with Which a Copy of this Return is Filed

<input type="checkbox"/>	Armed Forces the Americas	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	Palau
<input type="checkbox"/>	Armed Forces Europe	<input type="checkbox"/>	Massachusetts	<input type="checkbox"/>	Rhode Island
<input type="checkbox"/>	Alaska	<input type="checkbox"/>	Maryland	<input type="checkbox"/>	South Carolina
<input type="checkbox"/>	Alabama	<input type="checkbox"/>	Maine	<input type="checkbox"/>	South Dakota
<input type="checkbox"/>	Armed Forces Pacific	<input type="checkbox"/>	Marshall Islands	<input type="checkbox"/>	Tennessee
<input type="checkbox"/>	Arkansas	<input type="checkbox"/>	Michigan	<input type="checkbox"/>	Texas
<input type="checkbox"/>	American Samoa	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>	Utah
<input type="checkbox"/>	Arizona	<input type="checkbox"/>	Missouri	<input type="checkbox"/>	Virginia
<input type="checkbox"/>	California	<input type="checkbox"/>	Commonwealth of the Northern Mariana Islands	<input type="checkbox"/>	U S Virgin Islands
<input type="checkbox"/>	Colorado	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	Vermont
<input type="checkbox"/>	Connecticut	<input type="checkbox"/>	Montana	<input checked="" type="checkbox"/>	Washington
<input type="checkbox"/>	District of Columbia	<input type="checkbox"/>	North Carolina	<input type="checkbox"/>	Wisconsin
<input type="checkbox"/>	Delaware	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>	West Virginia
<input type="checkbox"/>	Florida	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	Wyoming
<input type="checkbox"/>	Federated States of Micronesia	<input type="checkbox"/>	New Hampshire		
<input type="checkbox"/>	Georgia	<input type="checkbox"/>	New Jersey		
<input type="checkbox"/>	Guam	<input type="checkbox"/>	New Mexico		
<input type="checkbox"/>	Hawaii	<input type="checkbox"/>	Nevada		
<input type="checkbox"/>	Iowa	<input type="checkbox"/>	New York		
<input checked="" type="checkbox"/>	Idaho	<input type="checkbox"/>	Ohio		
<input type="checkbox"/>	Illinois	<input type="checkbox"/>	Oklahoma		
<input type="checkbox"/>	Indiana	<input type="checkbox"/>	Oregon		
<input type="checkbox"/>	Kansas	<input type="checkbox"/>	Pennsylvania		
<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	Puerto Rico		
