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ENVELOPE
POSTMARK DATE JUN 10 2010

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 Jan 1, 2008, and ending Dec 31, 2008

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Termination
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
The Spaatz Association, Inc.

Number and street (or P O box, if mail is not delivered to street address) Room/suite
12381 Ridge Circle

City or town, state or country, and ZIP + 4
Los Angeles, CA 90049

D Employer identification number
6300 1183842

E Telephone number
(310) 440-2672

F Group Exemption Number . . . ▶

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

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ www.spaatz.org

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

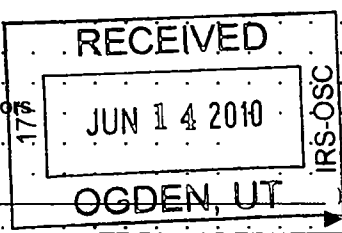
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **28209**

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

		1	12385
Revenue	1 Contributions, gifts, grants, and similar amounts received	2	
	2 Program service revenue including government fees and contracts	3	1735
	3 Membership dues and assessments	4	
	4 Investment income		
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	13457
	b Less: direct expenses other than fundraising expenses	6b	8652
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	4805	
7a Gross sales of inventory, less returns and allowances	7a	632	
b Less: cost of goods sold	7b	1404	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	(772)	
8 Other revenue (describe ▶ _____)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	18153	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	5726
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	1467
	16 Other expenses (describe ▶ _____)	16	
	17 Total expenses. Add lines 10 through 16	17	7193
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10960
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	31043
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	42003



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	31043	22 42003
23	Land and buildings		23
24	Other assets (describe ▶ _____)		24
25	Total assets	31043	25 42003
26	Total liabilities (describe ▶ _____)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	31043	27 42003

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

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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 description of each activity		✓
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		✓
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?		✓
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
37b	b Did the organization file Form 1120-POL for this year?		✓
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?		✓
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved		
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	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
40b	b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		✓
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
40d	d Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	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.		✓
41	List the states with which a copy of this return is filed. ▶ California		
42a	The books are in care of ▶ Bruce Krell Telephone no. ▶ (310) 440-2670 Located at ▶ 12381 Ridge Circle, Los Angeles, CA ZIP + 4 ▶ 90049		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		<input type="checkbox"/>
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
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		✓

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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.

- 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 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."

	Yes	No
46		✓
47		✓
48		✓
49a		✓
49b		✓

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000 . . ▶		

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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.

Sign Here Signature of officer: Bruce Krell Date: 4/1/2009

Type or print name and title: Bruce Krell, Treasurer

Paid Preparer's Use Only

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

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

EIN: _____ Phone no: () _____

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

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SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

The Spatz Association, Inc.

63 : 1183842

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
None									
Total									

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Part I Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▷	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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 1-3						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▷	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities 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. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▷ <input type="checkbox"/>		

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Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8167	10321	2525	16844	12385	50422
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	10850	8972	10959	10336	14089	55026
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	19017	19293	13484	27180	26474	105448
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						105448

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	19017	19293	13484	27180	26474	105448
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						105448

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	100 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	100 %

Section D. Computation of Investment Income Percentage

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

19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

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Area with horizontal dashed lines for supplemental information.

The Spatz Association, Inc.

63-1183842

Form 990-EZ

NonCash Grants and Allocations

Statement 2

<u>Classification</u>	<u>Donee's Name</u>	<u>Donee's Address</u>
Scholarship	Haley Blevins	22938 Gunston Dr. Lexington Park, MD 20653

<u>Relationship Of Donee</u>	<u>Description Of Property</u>	<u>Book Value</u>	<u>Amount Given</u>
None	Cash	75	75

<u>Classification</u>	<u>Donee's Name</u>	<u>Donee's Address</u>
Scholarship	Hamilton Evrard	747 Whitley Way Wendell, NC 27591

<u>Relationship Of Donee</u>	<u>Description Of Property</u>	<u>Book Value</u>	<u>Amount Given</u>
None	Cash	1153	1153

<u>Classification</u>	<u>Donee's Name</u>	<u>Donee's Address</u>
Scholarship	Ben Chase	128 Two Ponds Road Fair Haven, VT 05743

<u>Relationship Of Donee</u>	<u>Description Of Property</u>	<u>Book Value</u>	<u>Amount Given</u>
None	Cash	1998	1998

<u>Classification</u>	<u>Donee's Name</u>	<u>Donee's Address</u>
Scholarship	Felicia Vogele	3700 Willow Creek Rd. Prescott, AZ 86301

<u>Relationship Of Donee</u>	<u>Description Of Property</u>	<u>Book Value</u>	<u>Amount Given</u>
None	Cash	2500	2500

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The Spatz Association, Inc.

63-1183842

Form 990-EZ

Special Fundraising Events And Activities

Statement 3

<u>Event Description</u>	<u>Gross Receipts</u>	<u>Gross Revenue</u>	<u>Direct Expenses</u>	<u>Net Income</u>
2008 Winter Dinner	9819	9819	8651	1168
2009 Winter Dinner	3638	3638	0	3638
-----	-----	-----	-----	-----
To Form 990-EZ, Line 6	13457	13457	8651	4806

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- A. Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? [] Yes [X] No

- B. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? [] Yes [X] No

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**TSA General Fund
 Profit & Loss
 January through December 2008**

	No item	TOTAL
Income		
Membership Dues and Assessments		
2007 - 2008 Dues	1,695 80	1,695 80
2008 - 2009 Dues	40 00	40 00
Total Membership Dues and Assessments	1,735 80	1,735 80
Other Income		
2008 Winter Dinner	9,819 17	9,819 17
2009 Winter Dinner	3,638 03	3,638 03
Sale of TSA Coins	591.25	591.25
Sale of TSA pins	40 75	40.75
Total Other Income	14,089 20	14,089 20
Total Income	15,825 00	15,825 00
Expense		
Coin production	1,404 45	1,404 45
Management and General		
Postage and Shipping	315.75	315.75
Printing and Publications	14 84	14.84
Supplies	493 96	493 96
Total Management and General	824.55	824 55
Mug Production	643.20	643 20
Scholarship Fund Correction	165 00	165 00
Winter Dinner 2008		
Dinner – Food and Room	8,473 90	8,473.90
Dinner Supplies	178 04	178 04
Total Winter Dinner 2008	8,651.94	8,651.94
Total Expense	11,689.14	11,689 14
Net Income	4,135.86	4,135.86

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TSA Scholarship Fund
Profit & Loss
 January through December 2008

	No item	TOTAL
Income		
Contributions, Gifts, Grants...		
ALS Donation	12,385 64	12,385 64
Total Contributions, Gifts, Grants...	12,385.64	12,385 64
Other Income		
2009 Winter Dinner		
Balance Incorrect Dinner Charge	-203.31	-203 31
2009 Winter Dinner - Other	203 31	203 31
Total 2009 Winter Dinner	0.00	0 00
Total Other Income	0 00	0 00
Total Income	12,385 64	12,385 64
Expense		
Aerospace Leadership Scholarshi		
2007 - Haley Blevins	75.26	75 26
2008 - Hamilton Evrard	1,153 03	1,153 03
2008 Ben Chase	1,998 55	1,998 55
2008 Felicia Voegele	2,500 00	2,500 00
Total Aerospace Leadership Scholarshi	5,726 84	5,726.84
Bank Charge	165 00	165 00
Returned Scholarship Check	-1,687 30	-1,687 30
Winter Dinner 2009		
Balance Incorrect Dinner Charge	-2,500 00	-2,500 00
Dinner Food And Room	2,500 00	2,500 00
Total Winter Dinner 2009	0 00	0 00
Total Expense	4,204 54	4,204 54
Net Income	8,181.10	8,181.10

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Form 990-EZ

Part IV – List of Officers, Directors,
Trustees, and Key Employees

Statement 1

Name And Address	Title, Avg Hrs/Wk	Compensation	Emp. Ben Plan Contrib	Expense Account
Stephen W. Austen 1628 Winthrop Lane Monroe, NC 28112	President, 5	0	0	0
Ted Bowlds 5 Andrews Circle Hanscom AFB, MA 01731	Vice President, 5	0	0	0
Dr. Bruce Krell 12381 Ridge Circle Los Angeles, CA 90049	Treasurer, 5	0	0	0
Michael Provencher PO Box 1272 Minot, ND 58702	Secretary, 5	0	0	0
Totals Included On Form 990-EZ, Part IV		0	0	0

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