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Form **990-EZ** 

# Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The arrest the growth are for the growth of this parties to statisfy that the production are the growth of the parties to statisfy the most true are considered.



Open to Public

i		The organization may have to use a copy of this return to satisfy state reporting requirements											inspe	etion			
7	A F	or the	2008 calend	lar year,	or tax y	ear beg	inning		1	1	, 20	008, and e	nding	12/3	<u> </u>	, 2	20 o <b>2</b>
	B C	heck if ap	plicable	Please	C Name	of organi	zation							D Emple	oyer id	entification	number
[		Address c	hange	use IRS	The	Uni	J (	hu	20	, at	NoR	YL 5.	oo kane	91	116	015a	200
[	<u> </u>	Name cha	nge	label or print or	Numb	or and st	root for F	O box	of mod	is not deli		eet address)					
[	ا [_	nıtıal retur	m	type.	11.15						_ 1\	eel address)	HOOHVSuite				1011
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Į	=	Amended		Instruc-		r town, st		ountry, ar	id ZIP i		0						562920
Į		Application	n pending	tions.	<u>ာစ</u> ္	Kan	e_	<u>AW</u>		992	128			Numb	er .	► <u>5</u>	01(a)
	•	Section	on 501(c)(3)	organiza	ations ar	nd 4947(	a)(1) no	nexem	ot cha	ritable t	rusts mus	st attach	G Acc	ounting me	ethod	Cash	Accrual
				a con	npleted \$	Schedule	e A (Fo	rm 990	or 990	)- <i>EZ)</i> .			Othe	er (specify)	•		
			•								· · · ·		H Che	ck ▶ □	of the	organizatio	in is not
;	ı V	Nebsit	e: ▶										1			chedule B (F	
	JO	Organiz	ation type (	check or	ılv one)-	- I <b>J</b> 501	(c) (3	) <b>⊲</b> (inse	ert no l	\ □4	347(a)(1) o	r □ 527		EZ, or 990		···	
ι ,													into oro no	rmally not	more	than \$25.00	
l '			ired, but if th										apis are no	imany not	111016	man \$25,00	0 A return is
•			s 5b, 6b, and										tead of For	m 990-F7	<b>▶</b> \$		
												· · · · · · · · · · · · · · · · · · ·					<u> </u>
i	٤	art I	Revenue		•		$\overline{}$				r Fullu E	balances	(See the	HISTIUC	$\overline{}$		<del>'</del>
		1	Contributio	_	-		,,								1_	110,	562
		2	Program s	ervice r	evenue	peludy	<b>13/9</b> 0/	ernmen	t fees	and co	ntracts				2	<u> </u>	
		3	Membersh	ip dues	and a	sessme	en <b>t</b> s .								3		
		4	Investment	t incom	<i>a ye</i> .	n									4		798
		5a	Gross amo	ount fro	m sale	ofesset	s other	r than i	nvent	ory .		5a					
		b	Less: cost									1 1			₩		
•			Gain or (los										(attach sc	hedule)	5c		0
	e	6	Special events	,								•	•		233		
_	Revenue		•		•							•	SHECK HEIE			1	
•	<u>§</u>	а	Gross reve	-		iing \$ _					HIDUHOUS	6a					
	<b>~</b>		reported o		•							6b			13857		
			Less: direc										0 . )		6-		7
		С	Net incom								tract line	1 _ 1	ine 6a) .		6c	<del>                                     </del>	$\overline{\mathcal{C}}$
		7a	Gross sale		-	less ret	urns a	nd allov	vance	es .		. 7a	$\frac{27}{27}$	<del></del>			
		b	Less: cost									. <b>7</b> b	54		<del></del>		_
		С	Gross prof	fit or (lo	ss) from	ı sales d	of invei	ntory (S	Subtra	ct line 7	b from li	ne 7a) .			7c		<u>O</u>
		8	Other reve											)	8	<u> </u>	
		9	Total reve	nue. A	<u>dd lines</u>	<u>1, 2, 3,</u>	4, 5c,	6c, 7c	, and	8				<u>., , ▶</u>	9		36
		10	Grants and	d sımıla	r amour	its paid	(attacl	sched	dule)			・ナげ	£.5		10	8:3	<u>88</u>
	- 1	11	Benefits pa	aid to o	r for me	embers									11	98	33
	S	12	Salaries, o	ther co	mpensa	tion, an	d emp	lovee b	enefit	s m	anse	allo	wand	€	12	14,6	20
	penses	13	Profession	al fees	and oth	er payn	nents t	o inder	ende	nt contr	actors				13	15.3	346
	8	14	Occupancy	v rent	utilities	and ma	aintena	nce i	200	Hana	e-int	prest	2135	5	14		266
	<u>~</u>	15	Printing, p	y, toric, ublicati	one no	ctane a	nd shi	nnina ,	NO.	2,2			,,	τ	15		49
		16	Other expe				nu snij	oping.							16	65	, ,
=		17	Total expe				rough :	16		<del></del>					17	862	
2011	_								<del></del>						18	250	^ ^
60	Assets	18	Excess or			•				-						ع جهر	) <i>  Q</i>
භ	SS	19	Net assets										(must ag	ree with	40	212	220
			end-of-yea												19	264	030
JAN.	Set	20	Other char												20	20-	0
∹.		21	Net assets												21	387	098
ام	Pa	rt II	Balance :	Sneets	3. If Tota	al assets	s on lir	ne 25, d	<u>mulo:</u>	n (B) ar	e \$2,500,	000 or mo					
				(S	ee the i	nstruction	ons for	Part II	.)				(A) B	eginning of		(B) End o	of year
SCANNED	22	Cash	i, savings, a	and inve	estment	s.							4=	3,671			<u> </u>
2	23		and buildii										ها ما	1,98			3,630
3	24		r assets (de												2	4	, <del>-</del>
药	25		l assets										70	5.65	3 2	5 678	3.701
	26		l liabilities !			•		• •	•	•			34	3 42		6 29 /	(603

Net assets or fund balances (line 27 of column (B) must agree with line 21)

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Cat No 106421

362,030 27 387,098

Form 990-EZ (2008)

Part III	Statement of Program Service Accom	plishments (See the instr	uctions for Part I	1.)		Expenses	
What is	the organization's primary exempt purpose?	Religious SER	vices + M	Mistry		ired for section	
passible with was active the services provided, the number of persons benefited, and other relevant information for 4947(a)(1) fursts; optic for others.)  28 Northwest Region of Markets Improved the content of the services provided, the number of persons benefited, and other relevant information for 4947(a)(1) fursts; optic for others.)  29 Northwest Region of Markets Improved the foreign grants, check here Improved the foreign grants and foreign							
each pro	gram title.	0 11 11					
What is the organization's primary exempt purpose? Religious Selvices + minimary 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, and other relevant information for the each program title.  28 No Rethwest Relia of Unity Churches more program title.  29 Association of this amount includes foreign grants, check here 28a (Grants \$ 3   9 8 ) If this amount includes foreign grants, check here 28a (Grants \$ 1 3 0 2 ) If this amount includes foreign grants, check here 5   30a 1							
_	ORGANIZES all Writy C	nurches in	MTI	OR			
<u> </u>	JA. ALaska		,	7		7	
(Gr		includes foreign grants, chi	eck here	. ▶ 🗆	28a		
29	Association of U	nity Chur	ches				
		<i>1</i>					
G	poverning Body of Un	ity Churche	<u>ج</u>			$\bigcirc$	
(Gr	ants \$ 1302 - ') If this amount	includes foreign grants, che	eck here	. ▶ □	29a		
30 🎞	he 'Unity Institut	e 41010-	(main C	enter		$\mathcal{O}$	
ک بد	Silent Unity 8302	- Prayer	-center	<u> </u>		0	
V	arious Unit Churc	hes \$2576	, – –			$\sim$	
(Gr	ants \$ ) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	30a		
31 Ott	ner program services (attach schedule)						
	ants \$ ) If this amount	includes foreign grants, che	eck here	. ▶ 🛛	31a	0	
				🕨			
Part IV	List of Officers, Directors, Trustees, and Key			<del>,</del>		<u> </u>	
	(a) Name and address					(e) Expense	
		devoted to position	enter -0)			other allowances	
-Duc	ine Broyles			_		<b>~</b>	
922	4 E Morgan Rd, Spokane WA C	19217 of BOARS		0		$\mathcal{O}$	
Darl	a Klovski - 2011 E Eloika					$\sim$	
<u>Dee</u>	R Park WA 99006		0			0	
Bec	Ky DORN 1204 W. Decitur	Scretary		$\sim$			
<u> </u>	xdne WA 99205	(3hrs)	U	-		$\mathcal{O}$	
Jan	et Stein 5107 N Wall	TREASURER	^			^	
<u>_Seo</u>	Kane WA 99205	(3hrs)				0	
Sha	ne Sterenson-2611 N	Board member		$\sim$			
NORD	nandie Spokane WA 99205	(3hrs)		0		0	
ייסת	g Beck 4510 N Flora	Board member	_	$\sim$		<u> </u>	
Spox	care Valley WA 99216.	(3hes)	$\mathcal{O}$	9		$\mathcal{O}$	
Kick	ard Broderhause	Mynister	111 -				
1808	W. Gordon, Spokane WA.	(25 hrs)	17,620				
-Kib	Ster Fehna 11117 E	Board Member	2	$\wedge$		$\overline{}$	
Late	-csse, Spekand WA 941206	(lhe)	0			<u> </u>	
Peg	34 Blckmeyer	Board Member	_			_	
Tha	TE Eloika Lake Rd	(hr	<u>U</u>	$\overline{}$		<u> </u>	
Deel	- Palak WH 99006						
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	*******						
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Pai	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	33		<u> </u>
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	34		
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, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓ 
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		•
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		<u> </u>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
	Did the organization file Form 1120-POL for this year?	37b		<u> </u>
	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?  If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		الند [اد]
39	Section 501(c)(7) organizations. Enter:		<sup>2</sup> *	` ` 1
	Initiation fees and capital contributions included on line 9	1,00		* '
	Gross receipts, included on line 9, for public use of club facilities		, .	.
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶; section 4912 ▶; section 4955 ▶			
h	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction			<del></del>
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule			/
	L. Part I	40b		
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			, <u>,</u>
d	Enter amount of tax on line 40c reimbursed by the organization ▶	1 180 1 180		
е	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	* ` * * * * * * * * * * * * * * * * * *	
41	List the states with which a copy of this return is filed. ▶			2 ~~
42a	The books are in care of ► Tanet Stein  Located at ► 5107 N Wall St. Spokane WA  ZIP + 4 ►	996	20.	5
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:	42b	Yes	No No
	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.?	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ □
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	Yes	No
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	45		<u> </u>
	F	orm 990	1-F7	(2000)

46	and complete the tables for lines 50 a  Did the organization engage in direct or indirect p		s on be	ehalf of or i	n opposition to		Yes	No		
70	candidates for public office? If "Yes," complete S					46		~		
47										
48										
	a Did the organization make any transfers to an exempt non-charitable related organization?									
50	If "Yes," was the related organization(s) a section Complete this table for the five highest compensate each received more than \$100,000 of compensate	ated employees (other tha	n office	ers, director		49b emplo	oyees)	wh		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) C	ompensation	(d) Contributions to employee benefit plans & deferred compensation	acc	(e) Expense account and other allowances			
	None									
				<del></del> -··						
Tota	I number of other employees paid over \$100,000									
51	Complete this table for the five highest compensation from the organization. If there is no		tors wh	o each rec	eived more than \$1	00,000	) of			
	(a) Name and address of each independent contractor	paid more than \$100,000		(b) Type of service			(c) Compensation			
	None									
							<del></del>			
		eceiving over \$100,000 .	_ 1							

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

Form **990-EZ** (2008)

.► 🗌 Yes 🗌 No

### SCHEDULE A

(Form 990 or, 990-EZ)

Department of the Treasury

Internal Revenue Service

# **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name	of t	he organization	) ^	\ 1	$C_{-}$	۸ ۸		ا يا ـ	Employe		tion number
$\mathbb{L}$	$\neg e$	L Wn	ity C	hurch o		Mago					<u> 2500 </u>
Pa				narity Status (All or						e instru	ctions)
				dation because it is:							
1	M			rches, or association			ribed in s	ection 1	70(b)(1)(A	<b>A)(i).</b>	
2	$\vdash$			on 170(b)(1)(A)(ii). (Att				470//-)/	(4) / <b>4</b> \ C !!\	/A44 C	Nata adoda 1110
3				nospital service organ							
4	Ш			ation operated in conj ate:						170(0)(1	)(A)(III). Enter the
5	$\Box$			the benefit of a colle						ernmenta	Lunit described in
5	ш		(b)(1)(A)(iv). (Co		ge or arm	versity ov	*******	poracoa	o, a gov	Jimmonta	. anne accompce m
6				ernment or governme	ental unit	describe	d in sect	ion 170(b	o)(1)(A)(v)		
7		•		receives a substantia							the general public
				(1)(A)(vi). (Complete F				•			_
8			•	d in section 170(b)(1)		-					
9				receives: (1) more that							
		receipts from	n activities relate	ed to its exempt func- ent income and unre	tions—su	bject to d	certain ex	ceptions	, and (2)	no more	than 33% % of its
				ent income and unre after June 30, 1975.						SII lax	) Ironi Dusinesses
10	П	•	<del>-</del>	nd operated exclusive						a)(A) (ca	e instructions)
10 11	H			and operated exclusive							
	_			blicly supported organ							
				at describes the type							
		a 🗌 Type	ı ь □	] Type II	: 🗌 Тур	e III-Fun	ctionally	integrate	d	d□	Type III-Other
е				tify that the organizat							
		•		on managers and othe	r than on	e or more	publicly	supporte	d organiz	ations de	escribed in section
			section 509(a)(2)								
f		_		a written determinati	on from	the IRS	that it is	a Type I	, Type II,	, or Type	: III supporting
_			, check this box	the organization acce		 . aift or c	ontributio	 on from a	 inv of the		
g		following pe		the organization acce	spied any	giit oi c	Ontinbatic	)II IIOIII E	ary or the		
		• •		r indirectly controls, e	either alo	ne or toa	ether wit	th person	s describ	ed in (ii)	Yes No
				ning body of the supp							11g(i)
				erson described in (i) a							11g(ii)
				of a person described							11g(iii) /
<u>h</u>			<del></del>	ation about the organ	T .				(40) (	o tho	(vii) Amount of
(1)		e of supported janization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify nization in	organizat	s the ion in col	(vii) Amount of support
				above or IRC section (see instructions))	governing	document?		of your port?		zed in the S?	
				(555 11.511 25115115))	Yes	No	Yes	No	Yes	No	
							İ				
					ļ — —			-			
			<del>                                     </del>								
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Tr. A			5 - 1 - 1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1			Signal .		100			

Feli	(Complete only if you chec	ked the box	on line 5, 7, o	or 8 of Part I.	)  \O/_		)(A)(VI)
Sec	tion A. Public Support				<del></del>		
Ca	lendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</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	<b>Total.</b> Add lines 1-3						<u> </u>
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)		· · · · · · · · · · · · · · · · · · ·	o N o All	u 🚜 4.	* * * * *	
6	Public support. Subtract line 5 from line 4.	9.	40 may 180 m	多學 更 少衛人	2 11 31 13 3	- : '	
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	<b>(b)</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.)			~ 0 % ab			
11	Total support. Add lines 7 through 10 .	\$ . Sec. 1	* . r	j. L. 44.	Salaria A. S.	/ - "	
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First five yearsIf-the-Form 990 is for organization, check this box and stop he	re			-	ear as a sectio	n 501(c)(3)
Sec	tion C. Computation of Public Su					ı — ı	
14	Public support percentage for 2008 (line	6, column (f) di	vided by line 1	I, column (f))		14	<u>%</u>
15	Public support percentage from 2007 Sci	hedule A, Part	IV-A, line 26f			15	%
16a	33% % support test – 2008. If the organiand stop here. The organization qualifies				line 14 is 331/35	% or more, che	ck this box▶ □
b	33% % support test – 2007. If the organic box and stop here. The organization qua	ilifies as a publ	icly supported (	organization .			▶ 🗆
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstantes" organization	acts-and-circur	nstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2007 more, and if the organization meets the "forganization meets the "facts-and-circumstance Private foundation. If the organization did	acts-and-circum ances" test. The	nstances" test, o organization qua	heck this box a difies as a public	and <b>stop here.</b> cly supported or	Explain in Part ganızatıon	IV how the

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.) we are Section A. Public Support (c) 2006 (d) 2007 Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (e) 2008 (f) Total grants, contributions, membership fees received. (Do not include any "unusual grants.") . . 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. Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5 . 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 Public support (Subtract line 7c from されのでは4 まとせてきませま。でも30mのである。 ファイス はなな 「元本会会主义 A line 6) Section B. Total Support (b) 2005 (d) 2007 (f) Total Calendar year (or fiscal year beginning in) (a) 2004 (c) 2006 (e) 2008 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . Total support. (Add lines 9, 10c, 11, The state of the s 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)) . . . Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . 16 % Section D. Computation of Investment Income Percentage <u>%</u> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . 17 17 18 % Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 19a 331/3 % support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 331/3 %, and line 17 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🗌 331/3 % support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 %, and line 18 is not more than 33%%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

Schedule A (F	orm 990 or 990-EZ) 200	8						Page 4
Part IV	Supplemental	Information.	Complete to the total time to the time to	this part to 2. Provide	provide the any other	he explanational inf	on required by formation. (see	Part II, line 10; instructions)
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#### SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Part I Excess Benefit Transactions To be completed by organizations								m 990	)- <u>EZ,</u> F	Part V,	line 4	0b.	
1 (a) Name of disqualified person	•				December -		_				(c) Correct		
1 (a) Name of disqualified person			<u></u>		Description o	Transactio	n 				Yes	No	
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2 Enter the amount of tax imposed on tunder section 4958	_		-	-	•		-	e yea	r ▶ \$				
3 Enter the amount of tax, if any, on line									▶ \$				
Part II Loans to and/or From Interes To be completed by organizations			res" on Fo	rm 990, Pa	rt IV, line 26	6, or Form	990-E	Z, Par	t V, lın	e 38a			
(a) Name of interested person and purpose		(b) Loan to or from the organization?		iginal (d) Balance amount		nce due			default? (f) App by bo comm			(g) Written agreement?	
	То	From	1				Yes	No	Yes	No	Yes	No	
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Part III Grants or Assistance Benefit To be completed by organizati	-				990, Part	IV, line 2	7.						
(a) Name of interested person	(b) Re	(b) Relationship between interested person and the organization (c)					c) Amount of grant or type of as				sistano	:е	
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Part IV Business Transactions Involv	ing Inte	rested	Parenne	<u></u>		<u> </u>							
To be completed by organization					990. Part I	V. line 28	3a. 28	b. or	28c.				
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(a) Name of interested person			on and the		saction	(4) 56	sscriptio	11 OI (18	ansacii	,,,	organiz reven	ation'	
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