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Short Form  
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public  
Inspection

Form 990-EZ

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 04-01, 2008, and ending 03-31, 20 09

B Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☒ Amended return  
☐ Application pending

C Name of organization: Oklahoma Religious Coalition for Reproductive Choice  
Number and street (or P O box, if mail is not delivered to street address): PO Box 35194  
City or town, state or country, and ZIP + 4: Tulsa, OK 74153-0194

D Employer identification number: 73 1447828

E Telephone number: (918) 486-6444

F Group Exemption Number:

G Accounting method: ☒ Cash ☐ Accrual  
Other (specify):

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

I Website: www.okrcrc.org

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 \$ 28,500

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

Revenue	Expenses	Net Assets
1 Contributions, gifts, grants, and similar amounts received	10 Grants and similar amounts paid (attach schedule)	18 Excess or (deficit) for the year (Subtract line 17 from line 9)
2 Program service revenue including government fees and contracts	11 Benefits paid to or for members	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)
3 Membership dues and assessments	12 Salaries, other compensation, and employee benefits	20 Other changes in net assets or fund balances (attach explanation)
4 Investment income	13 Professional fees and other payments to independent contractors	21 Net assets or fund balances at end of year. Combine lines 18 through 20
5a Gross amount from sale of assets other than inventory	14 Occupancy, rent, utilities, and maintenance	
5b Less cost or other basis and sales expenses	15 Printing, publications, postage, and shipping	
5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	16 Other expenses (describe: STM130)	
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	17 Total expenses. Add lines 10 through 16	
6a Gross revenue (not including \$ of contributions reported on line 1)		
6b Less direct expenses other than fundraising expenses		
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		
7a Gross sales of inventory, less returns and allowances		
7b Less cost of goods sold		
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8 Other revenue (describe: )		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		

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	47,868	50,256
23 Land and buildings		
24 Other assets (describe: )	32	32
25 Total assets	47,900	50,288
26 Total liabilities (describe: )		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	47,900	50,288

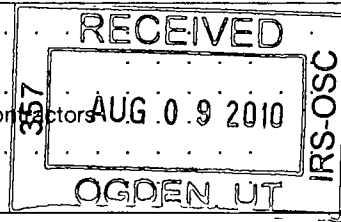
For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Cat No 106421

Form 990-EZ (2008)

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SCANNED AUG 26 2010



<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? <b>Religious voice to reproductive issues</b>			
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.			
<b>28</b>	<b>Roe V Wade ad and fund</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>28a</b>	<b>13,854</b>
<b>29</b>	<b>State Fair Event</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>29a</b>	<b>1,038</b>
<b>30</b>	<b>Seminar Speakers</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>30a</b>	<b>571</b>
<b>31</b>	<b>Other program services (attach schedule)</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>31a</b>	
<b>32</b>	<b>Total program service expenses (add lines 28a through 31a)</b>	<b>32</b>	<b>15,463</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(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
Suzanne Ames 3726 S Darlington Tulsa OK 74135	Co-Chair & Director 20	0	0	0
Rev Michael Barron 15966 S 297th E Ave Catoosa OK 74429	Director 0	0	0	0
Iris Chandler 2205 E 66th PI No 610 Tulsa OK 74136	Director 0	0	0	0
Gloria Dialectic 3921 E 37th PI Tulsa OK 74135	Director 0	0	0	0
Jessie Finch 178 E 31st PI Apt C Tulsa OK 74105	Director 0	0	0	0
Brenda Fletchall 1809 NW 176th PI Edmond OK 73012	Director 5	0	0	0
Lara Foley 3403 E 12th Street Tulsa OK 74112	Secretary and Director 5	0	0	0
Lynn Goldberg 2240 E 47th St Tulsa OK 74105	Director 1	0	0	0
Gail Harris 5511 S Columbia Ct Tulsa OK 74105	Director 1	0	0	0
Michelle Lamb 1140 S Oswego Ave Tulsa OK 74112	Director 2	0	0	0
Phyllis Levy 1529 E 75th St Tulsa OK 74136	Director 0	0	0	0
Jan Massey 5041 S 85th E Ave Tulsa OK 74145	Treasurer & Director 2	0	0	0
Rev Mary McAnally 76 N Yorktown Ave Tulsa OK 74110	Co-Chair & Director 10	0	0	0
Andrew Mulholland MD 48 E Woodward Blvd Tulsa OK 74114	Director 1	0	0	0
Sonia Sniderman 7634 E 77th Ct Tulsa OK 74133	Director 5	0	0	0
Jayne VanGilder 605 E C St Jenks OK 74037	Director 2	0	0	0
Vicki Weaver 2962 E 77th PI Tulsa OK 74136	Director 2	0	0	0
Nancy Hunt Wirth 5648 S 83rd E Ave Tulsa OK 74145	Director 1	0	0	0

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
<b>34</b> 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		✓
<b>35</b> 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.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		✓
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		✓
<b>38a</b> 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?		✓
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 ▶ <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities ▶ <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</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		✓
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization ▶		
<b>e</b> 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		
<b>41</b> List the states with which a copy of this return is filed. ▶ <b>Oklahoma</b>		
<b>42a</b> The books are in care of ▶ <b>Jan Massey</b> Telephone no. ▶ <b>( 918 ) 270-2108</b>		
Located at ▶ <b>5041 S 85th E Ave Tulsa, OK</b> ZIP + 4 ▶ <b>74145-</b>		
<b>b</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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> 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 ▶		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <b>43</b>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
<b>45</b> 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		✓

Form **990-EZ** (2008)



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b> <b>Total.</b> Add lines 1-3						
<b>5</b> 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)						
<b>6</b> <b>Public support.</b> 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
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11</b> <b>Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13</b> <b>First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	%
<b>16a 33⅓% support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33⅓% support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2008.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2007.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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"/>		

**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.")	20,851	27,621	17,275	22,377	10,928	99,052
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513				11,125	16,882	28,007
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 <b>Total.</b> Add lines 1-5	20,851	27,621	17,275	33,502	27,810	127,059
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 <b>Public support</b> (Subtract line 7c from line 6)						127,059

**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	20,851	27,621	17,275	33,502	27,810	127,059
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				44	690	734
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b				44	690	734
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 <b>Total support.</b> (Add lines 9, 10c, 11, and 12)						127,793
14 <b>First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	99.43 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	100.00 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	.57 %
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 ▶ ☐



**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)

[illegible]

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

2008

**Open To Public Inspection**

Name of the organization

**Oklahoma Religious Coalition for Reproductive Choice**

Employer identification number

73 : 1447828

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☒ Mail solicitations
- b** ☒ Email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☒ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

## Oklahoma

**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>Roe Ad, Fund</b> (event type)	(b) Event #2 <b>State Fair</b> (event type)	(c) Other Events <b>1</b> (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	16,882			16,882
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	16,882			16,882
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	13,854	1,038	571	15,463
	8 Direct expense summary Add lines 4 through 7 in column (d)				( 15,463 )
9 Net income summary Combine lines 3 and 8 in column (d)					1,419

**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				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	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)				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

		Yes	No
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? _____	9a	
b	If "No," Explain _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b	If "Yes," Explain _____		
11	Does the organization operate gaming activities with nonmembers? _____	11	✓
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? _____	12	✓

**13** Indicate the percentage of gaming activity operated in:

- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and recordsName ▶ Jan MasseyAddress ▶ 5041 S 85th E Ave Tulsa, OK 74145**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 ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer☐ Employee☐ 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 ▶ \$ \_\_\_\_\_

Yes No

15a

17a

## FEDERAL SUPPORTING STATEMENTS

2008

## Oklahoma Religious Coalition for Reproductive Choice

Form 990EZ, Part I, Line 16  
Other Expenses Schedule 2

<u>Description</u>	<u>Amount</u>
Computer Services	525
Insurance	252
Office Services	166
PO Box	<u>25</u>
Total	<u><u>968</u></u>

Form 990EZ, Part II, Line 24  
Other Assets Schedule 3

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Prepaid Mail Permit	<u>32</u>	<u>32</u>
Total	<u><u>32</u></u>	<u><u>32</u></u>

Statement 2  
Form 990EZ  
Page 1  
Part: B  
AMENDED RETURN

EMPLOYER IDENTIFICATION NUMBER CORRECTED

Page 1, Part D Employer Identification Number revised from 73-1447848 to 73-1447828

Page 2, Header, Employer Identification Number revised from 73-1447848 to 73-1447828

Page 3, Header, Employer Identification Number revised from 73-1447848 to 73-1447828

Page 4, Header, Employer Identification Number revised from 73-1447848 to 73-1447828

Form 990EZ  
SCHEDULE A  
Page 1  
Employer Identification Number  
73-1447828

Page 2, Header, Employer Identification Number revised from 73-1447848 to 73-1447828

Page 3, Header, Employer Identification Number revised from 73-1447848 to 73-1447828

Form 990EZ  
SCHEDULE G  
Page 1  
Employer Identification Number  
73-1447828

Page 2, Header, Employer Identification Number revised from 73-1447848 to 73-1447828

Page 3, Header, Employer Identification Number revised from 73-1447848 to 73-1447828