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OMB No 1545-1150

2008

Form **990-EZ**

DAA

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 organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

De Inte	partment of ternal Revenu	the Treasury ue Service	assets I	ess than \$2,500,00 nmay have to use	00 at the end of the y a copy of this return	ear may use the to satisfy state	is form reporting requirem	ents	Inspection
<u>A</u>			ar, or tax year beginning			6/30/0			<u>. – J</u>
В	Check if an		C Name of organization					D Emp	oloyer identification numb
	Address ch	nange use IRS	DIVISION ON	CAREER	DEVELOPM	ENT AND) I		, , , , , , , , , , , , , , , , , , , ,
П	Name char	label or	TRANSITION,					91	-1220306
П	Initial return	- Ipinitoi	Number and street (or			_	Room/suite		ephone number
П	Terminatio	n See	DEPAUL UNIV	•		,			3-844-7560
Н	Amended r	Specific	City or town, state or o						up Exemption
П	Application	ilisauc.	CHICAGO	odnay, dna zn	IL 6061	4			nber •
			nizations and 4947(a)(1)	nonexempt cha			G Accounting		X Cash Accrual
_			mpleted Schedule A (Fo	rm 990 or 990-l	EZ).		Other (specify)	♦	
ı		◆ <u>N/A</u>			· · · · · · · · · · · · · · · · · · ·		H Check ◆	X If the	e organization is not chedule B (Form 990,
J	Organiza	tion type (check or	nly one) X 501(c) (3) ♦ (insert no)	4947(a)(1)	or 527	required to 990-EZ, or	attach Sc 990-PF)	hedule B (Form 990,
Κ	Check ◆	∙	nization is not a section 50	9(a)(3) supportin	ng organization ar	nd its gross re	eceipts are norm	ally not n	nore than \$25,000 A retu
	is not req	uired, but if the org	ganization chooses to file	a return, be sure	e to file a complete	e return			
<u>L</u>	Add lines 5	b, 6b, and 7b, to line	9 to determine gross receipt	s, if \$1,000,000 or	more, file Form 990	instead of Form	1 990-EZ	♦ \$	<u> </u>
_ #	art I	Revenue, E	xpenses, and Chan	ges in Net A	Assets or Fun	d Balance	s (See the in	nstructi	ons for Part I.)
	1 C	ontributions, gifts, gra	ants, and similar amounts rec	eived	.			1	44,418
	2 P	rogram service re	veຖືບອີ້ ເກີດໃນຢູ່ເກີດ governme	nt fees and con	tracts			2	
	3 M	lembership dues a	and assessments					3	
	. 4 In	vestment income	anden, Ultill					4	1,559
			sale of assets other than	inventory		5a			· · · · · ·
	b Le	ess cost or other t	basis and sales expenses	-		5b			
	c G	ain or (loss) from sale	e of assets other than invento	ry (Subtract line 5	b from line 5a) (attac	ch sch)		5c	
Revenue					• •	•	neck here		
Ve		Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming , check here ▶ ☐ Gross revenue (not including \$ of contributions							
æ	l re	ported on line 1)	<u> </u>			6a			
			es other than fundraising	expenses		6b		- 1 1	
		•) from special events and	•	act line 6b from lin			- 6c	
	1		ntory, less returns and allo	•		7a		"	
	1	ess cost of goods				7b		┪ 1	
	1	-	s) from sales of inventory (Subtract line 7h	from line 7a)			7c	
	1	ther revenue (des		TEMENT 1) 8	2,225
	1	-	l lines 1, 2, 3, 4, 5c, 6c, 7c		<u> </u>		<u> </u>	9	48,202
_	I ———		amounts paid (attach sche	•				10	30,202
		enefits paid to or fo	•	adic)				11	
m		•	pensation, and employee	hanafite				12	2,000
868			nd other payments to inde		otors			-	
Expens			illities, and maintenance	pendem comiac	Ciois			13	
Ĕ		· •	is, postage, and shipping					14	• • • • • • • • • • • • • • • • • • • •
	1	• .	escribe ► SEE STA	пемехіп с)			15	67 267
	1		-	TEMENT 2	<u>-</u>) 16	67,367
99			dd lines 10 through 16	17.() 0				17	69,367
Assets	1		or the year (Subtract line	•	(4))			18	-21,165
As			ances at beginning of year (fro						174,039
Net	1	=	et assets or fund balances	•	•	EE STAT	EMENT 3	20	-1,079
			palances at end of year C					21	151,795
	Part II		eets. If Total assets on I	_	B) are \$2,500,000	1			
	<u>.</u> .		e the instructions for Part	н)		(A)	Beginning of year		(B) End of year
	Cash, savings, and investments 174,039						151,795		
	Land and buildings				23				
	Other assets (describe)				24				
	Total ass						174,03		151,795
		ilities (desc⊓be ►)		0 26	0
			es (line 27 of column (B)				174,03	9 27	151,795
Fo	r Privacy A	Act and Paperwoi	rk Reduction Act Notice	, see the Instru	ctions for Form !	990.			Form 990-EZ (2008

Form 990-EZ (2008) DIVISION ON						Page 2
Part III Statement of Program Se	rvice Accomplishmen	ts (See the insti	ructions for Pa	art III.)	Ex	rpenses
What is the organization's primary exempt purpos	e?				(Require	ed for 501(c)(3)
TO PROVIDE LEARNING STRATEGIES FOR	THE DISABLED.				and (4) o	organizations
Describe what was achieved in carrying out the oil	ganızatıon's exempt purposes	In a clear and conc	ise manner,		and 494	7(a)(1) trusts,
describe the services provided, the number of per	sons benefited, or other releva-	ant information for ea	ich program title	_	optional	for others)
28 PUBLICATIONS AND MAILINGS FOR T	HE COMMUNITY INVOLVED	IN				
THE EDUCATION OF EXCEPTIONAL IN	DIVIDUALS.	•				
(Grants\$) If this a	mount includes foreign grants,	check here		28	a	7,819
29 REBATES AND GRANTS TO STATE CHA	PTERS.					
			-	ł		
(Grants\$) If this a	mount includes foreign grants,	check here	•	☐ 29:	a	3,270
30 SPONSORSHIP OF COUNCIL MEETINGS				<u> </u>		
OF EXCEPTIONAL INDIVIDUALS AND						
or anomitional individual rate		025.				
(Grants\$) If this a	mount includes foreign grants,	chack hara	•	30:	_	4,731
31 Other program services (attach schedule)	nount includes loreign grants,	CHECK HEIE	<u>X</u> _	1 30	1	<u> </u>
	mount includes foreign grants	shook hara	•	$\Box \mid_{a_{\bullet}}$		30,276
1	mount includes foreign grants,	cneck nere		31:		
32 Total program service expenses (add lines Part IV List of Officers, Directors, Trust				♦ 32	<u> </u>	46,096
Part IV List of Officers, Directors, Trust	ees, and Key Employees. Lis		(c) Compensated (nstruction inbutions to	(e) Expense
(a) Name and addr	ess	hours per week	(If not paid,	employee b	enefit plans	account and
		devoted to position	enter -0)	deferred co	ompensation	other allowances
SHERRILYN FISHER	PRAIRIE VILLAGE	PRESIDENT]		
5614 W 79TH STREET	KS 66208	2	. 0		0	0
DALE MATUSEVICH	DOVER	PRES - ELECT				
DELAWARE DEPARTMENT OF EDUCATION	DE 19901	1	0		0	0
DAN ZHANG	COLLEGE STATION	VICE - PRES				
TEXAS A&M UNIVERSITY	TX 77843	1	0		0	0
DARLENE UNGER	CHICAGO	TREASURER	i			•
DEPAUL UNIVERSITY	IL 60614	2	0		o	0
ELIZABETH EVANS GETZEL	RICHMOND	SECRETARY				
VIRGINIA COMMONWEALTH UNIVERSITY	VA 23284	2	o		o	o
JANE RAZEGHI	CENTERVILLE	EXEC DIREC				
15174 STILLFIELD PL	VA 22020	2	2,000		o	0
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		1	_			

*********	1990-EZ (2008) DIVISION ON CAREER DEVELOPMENT AND 91-1220306		P	age 3
	art V Other Information (Note the statement requirements in the instructions for Part VI.)			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		Yes	No
••	description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"	- 55		
	attach a conformed copy of the changes	34	j	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	-		
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		X
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>
_	Enter amount of political expenditures, direct or indirect, as described in the instr	_		
b	3	37b		<u>X</u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			••
L	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 504(a)(7) appropriate Figure 5.			
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39a 39a	-		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	\dashv		
TOU	section 4911♦			
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	40b		X
C	Enter amount of tax imposed on organization managers or disqualified persons during			
	the year under sections 4912, 4955, and 4958	_		
d	Enter amount of tax on line 40c reimbursed by the organization			
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		X
41	List the states with which a copy of this return is filed. NONE			
42a	· ·	3-84	4-7	560
	DEPAUL UNIVERSITY			
	·	0614		
O	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1	V I	<u> </u>
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No X
	If "Yes," enter the name of the foreign country ◆	420		
	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	1	X
	If "Yes," enter the name of the foreign country ♦			
13	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			
			Yes	No
14	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		<u> </u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		Ī	v
	"Yes," Form 990 must be completed instead of Form 990-EZ	45 Form 99	10-F7	<u>X</u>
		LOUII 9.	, <u></u>	. (2000

Form	990-EZ	.(2008) DIVISION ON CAREER DEVELOPME	NT AND 91	-1220306		Page 4			
***********	rt VI	Section 501(c)(3) organizations only. All section 5			t answer ques				
		and complete the tables for lines 50 and 51.							
46		organization engage in direct or indirect political campaign activities	on behalf of or in o	opposition to		Yes No			
		ttes for public office? If "Yes," complete Schedule C, Part I				46 X			
47		organization engage in lobbying activities? If "Yes," complete Schedi				47 X 48 X			
48		e organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
49a		the organization make any transfers to an exempt non-charitable related organization?							
b		was the related organization(s) a section 527 organization?				49b			
50		te this table for the five highest compensated employees (other than ceived more than \$100,000 of compensation from the organization it		-	employees) who				
		(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 a deferred compensation				
NON	<u> </u>		GOVERN TO POSITION		dolored compensation	oner anovarious			
	·								
	_								
		•							
Total	number	of other employees paid over \$100,000							
51		te this table for the five highest compensated independent contractor sation from the organization. If there is none, enter "None."	rs who each receiv	ed more than \$10	0,000 of				
	(a) 1	Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	ompensation			
NO	NE								
									
Total	number	of other independent contractors each receiving over \$100,000							
· otal	- Turnber	Under penalties of perjury, I declare that I have examined this return, including	ng accompanying sch	nedules and statemer	nts, and to the best o	f my knowledge			
Sigr	1	and belief, this true correct, and complete Declaration of preparer (other that	an officer) is based or	n all information of wh	nich preparer has any	knowledge			
Here		Supporture of officer		Data Posts	11/10				
HICH		Signature of officer DARLENE UNGER TREASURER							
		Type or pnnt name and title			- 				
Paic	<u>.</u>	Preparer's signature	Date 10/11	Check if self-		itifying Number (See instr			
	parer's					2-1552029			
	Only	if self-employed), 444 N MICHIGAN AVE.,		TOES		2-1332029			
		address, and ZIP + 4 CHICAGO, IL 60611	JIH. 4/0		Phone	-670-6903			
Mav	the IRS	discuss this return with the preparer shown above? See instructions				X Yes No			
		and the state of t				om 990-EZ (2008			

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

			on DIVISION ON TRANSITION,	C/O DR.	DARLEN	E UNC	ER					oloyer identifi -12203		numb
P	art I	Reas	on for Public Charit	y Status (Al	l organizatio	ns mus	st comp	lete th	nis pai	rt) (se	e ins	tructions)		
	orga	nization is no A church, co A school des A hospital or A medical recity, and stal An organization and a community An organization acquired by Type By checking persons other 509(a)(1) or If the organization acquired by Since August following persons persons of the organization acquired by An organization acquired by Since August following persons of the organization acquired by An organization acquired by Since August following persons of the orga	son for Public Charitate a private foundation because the provided in section 170(b)(1) or a cooperative hospital services arch organization operative to the tion operated for the benefit (b)(1)(A)(iv). (Complete Palate, or local government or tion that normally receives a section 170(b)(1)(A)(vi). (If y trust described in section that normally receives an activities related to its exemple and operated to organization after Junetion organized and operated to organized and operated one or more publicly supposite the box that describes to be the box that describes to be the composition of the properties of the composition of the properties of the propert	y Status (Aluse it is (Please isociation of church (A)(ii). (Attach vice organization ed in conjunction of a college or it II) governmental una substantial part (Complete Part I 170(b)(1)(A)(vice (1) more than 30 mpt functions—and unrelated but 30, 1975. See so it exclusively for it is exclusively for its exclusively for	organization of check only on urches described Schedule E) in described in some of the controlled direction one or more particularly of the IRS that it any gift or controlled direction some or more particularly or controlled direction one or more particularly organization.	e organized in section 12 described or oper section from a go art II) upport from a go art II) upport from a go art II) upport from a go art II of a perform section 5 ation and ally Integently or incubicly su is a Type ibution from	ation) fon 170(b) fon 170(b) fon 170(b) for ated by a for ated fo	o)(1)(A)(iii). (A)(iii). (A)(iiii). (A)(iiii). (A)(iiiiiii). (A)(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	i). Attach S (b)(1)(A mental i member more that tax) fror 4). (see or to ca on 509(a 1e throu Typ more dittons de e III sup	schedula A)(iii). E unit des the gen- ship fee an 33 1, in busin instruc- arry out a)(2) Se gh 11h be III-O- isqualifiescribed	ee ins ee H) Enter the scribed eral put es, and /3 % of esses stions) the ee sect ther ed I in sect	e hospital's number of the control o	ame,	
		(i) A perso	n who directly or indirectly o	controls, either a	llone or togethe	r with per	sons des	cribed ii	า (แ)				Yes	No
		and (III)	below, the governing body	of the supported	d organization?							11g(i)	\perp	
		(ii) A famıly	member of a person descri	ıbed ın (ı) above	?							11g(ii)	
		(iii) A 35% d	controlled entity of a person	described in (i)	or (II) above?							11g(ii	<u> </u>	
h		Provide the	following information about	the organization	ns the organizat	tion supp	orts							
(i) I		of supported anization	(ii) EIN	(described above or I	organization on lines 1–9 RC section ructions))	in col (i) li governing	organization sted in your document?	the organ col (i) sup	rou notify nization in of your port?	organizat (i) organi U	zed in the S ?	(vii) Am sup		_
						Yes	No	Yes	No	Yes	No			
						 			<u></u>					
					_		-							
									-					
										-				
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Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) (c) 2006 (a) 2004 (b) 2005 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Total. Add lines 1-3 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) 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 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 Gross receipts from related activities, etc. (see instructions) 12 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 Section C. Computation of Public Support Percentage 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 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 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 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 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

Schedule A (Form 990 or 990-EZ) 2008 DIVISION ON CAREER DEVELOPMENT AND 91-1220306

Schedule A (Form 990 or 990-EZ) 2008 DIVISION ON CAREER DEVELOPMENT AND 91-1220306

Page 3

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 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 142,435 21,473 56,349 44,418 264,675 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 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 1-5 142,435 21,473 56,349 44,418 264,675 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Add lines 7a and 7b Public support (Subtract line 7c from 142,435 21,473 56,349 44,418 264,675 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 6 142,435 21,473 56,349 44,418 264,675 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 7,089 3,446 3,784 sources 14,319 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 3,446 7,089 3,784 14,319 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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, 142,435 24,919 63,438 48,202 278,994 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 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 94.8676 % Public support percentage from 2007 Schedule A, Part IV-A, line 27q 16 97.3259 Section D. Computation of Investment Income Percentage Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 17 5.1324 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 2.6741 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 19a 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

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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Schedule A (Form 990 or 990-EZ) 2008 DIVISION ON CAREER DEVELOPMENT AND 91-1220306 F

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

Federal Statements

10/11/2010 10.29 AM Page 1

FYE: 6/30/2009

Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	 Amount
SAGE PUBLICATIONS	\$ 2,225
TOTAL	\$ 2,225

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	 Amount		
EXPENSES	\$		
TRAVEL	6,822		
CONFERENCES/MEETINGS	23,454		
PUBLICATIONS	7,819		
CHAPTER REBATES AND GRANT	3,270		
COMMITTEES	4,731		
DIVISION MANAGEMENT	 21,271		
TOTAL	\$ 67,367		

Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

	 Amount	
UNCASHED CHECKS		\$ -1,079
TOTAL		\$ -1,079