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EOM 990.

## **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)

OMB No 1545-0047

Department of the Treasur

benefit trust or private foundation)

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

∠⊘UO Open to Public⊬

A	For th	ne 2008 calend	ar vear	or tax yea	ar beginn	ning O	CTOBER	1	, 2008, a	nd end	ina	SEPTE	MBEF	₹ 30 .	20 09	
		applicable Pleas	_			ATRONS C									identification r	number
		use II	RS Do			NE STATE							1 0	n i	602232	.0
	Name o	bonge print	or Nu	mber and stree	t (or PO b	ox if mail is not	delivered to	street ad	dress)	Room/s	suite		E Te	lephone	number	
_	nitial re	, ish	146	STATE S	TREET								( 20	<b>)7</b> )	623-342	:1
$\overline{}$	Termina	Speci		y or town, st	ate or cou	intry, and ZIP	' + 4		-							
		ed return	s. AU	GUSTA M		~							<b>G</b> Gro	oss receip	ots \$170,9	20.41
_		on pending F	lame and	address of	principal o	officer: JAI	MES A. C	OWEN	<u> </u>			H(a) is th	is a droup	return for	affiliates?☐Yes	<b></b> ✓ No
			MAIN:	STREET,	MADISC	ON, ME 04	950								uded? Tyes	□No
ī	Tax-ex	empt status:		( <b>5</b> ) <b>⊲</b> (inse	ert no )	4947(a)(1)	or 🔲	527							t (see instructio	
J	J Website: ▶ H(c) Group exemption number ▶															
K Type of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation 1947 M State of legal domicile: ME									E							
Part I Summary																
	1	Briefly descrit	e the	organizatio	on's mis	sion or mo	ost signif	icant a	ctivities	The	orga	nizatio	n brin	g <sup>°</sup> awar	reness of th	e
4		needs of the														
ĕ																
Ę	ļ															
Governance	2	Check this box	<b>▶</b> 🔲 ıf	the organiz	ation disc	ontinued its	operations	or disp	<u>os</u> ed.of.	more tha	an-259	%-of-rtsp	issets.			
<b>⊗</b>	3	Number of vo	ting me	embers of	the gov	erning boo	dy (Part	VI, line	(1a):	, '	144. ] 144.			3	·	5
Activities	4	Number of in-	bneget	ent voting	membe	ers of the	governin	gbod	(Part V	I, line	1b) .	101	. L	4		5
tivit	5	Total number	of emp	oloyees (P	art V, Iır	ne 2a)		ıΩ[	ARG	1.8.	2016	10	· -	5		3
Aci	6	Total number	of volu	ınteers (es	stimate i	f necessar	y)	88	Hee	 	F 0 10	Ś		6		200
		Total gross ur											•	7a		0
	b	Net unrelated	busine	ss taxable	ncome	from For	m 990-T	line 3	4001	N. N.	<u>ال:</u> ا	<u>r!</u>		7b		0
								<u> </u>		· ·		Prior Y			Current Yea	ir
ø	8	Contributions	and gr	ants (Part	VIII, line	∍1h)					<u> </u>	8	<u>3,424.</u>		84,0	<u>63.91</u>
Pun	9	Program serv	ce revo	enue (Part	VIII, line	e 2g)					<u></u>			.00		0.00
Revenue	1	Investment ın						•					<u>5,298.</u>			<u>52.43</u>
_		Other revenue								٠	<u> </u>		1,906.			05.04
_	12	Total revenue	<u>-add Iir</u>	nes 8 throu	igh 11 (n	nust equal	Part VIII,	columi	ı (A), line	9 12 )	<del> </del> -	12	6,816.		124,1	21.38
		Grants and si		-	-				)		-			00		0.00
ű	•	•	s paid to or for members (Part IX,									0.00 15,538.18			47.2	0.00
nse					inority of the property of the								0.00			
Expenses	ι	Professional fundraising fees (Part IX, column (A), line 11e)							3333	0.00			Constitution and	0.00		
Ш		Total fundraisi					-				, 75KA		3,610.			88.20
	I	Other expens	,								$\vdash$		9,148.			38.30
		Total expense Revenue less								-			2,332.			16.92
r s	13	inevenue less	zybei ise	ss. Subirat	oc mile ic	NIOIII IIII	12			<del></del>	R	eginning			End of Yea	
Net Assets or Fund Balances		T-+-! /	D-4 V	luna 16\									5,617.		1,580,0	
Asse	20 21	Total assets ( Total liabilities	•	,								1,00	531.	$\overline{}$		64.28
F S	22	Net assets or				 line 21 fro						1.60	5,085.		1,579,2	
D	rtzII	Signatur			<u> </u>			<del>•••</del>		·	٠	.,	-,		.,,,,,	
	104 199	Under penalties	of penur	v. I declare ti	hat I have	examined this	return, inc	luding a	ccompany	ing sche	dules a	and state	nents, a	ınd to the	e best of my kno	wledge
		1			nplete De	claration of p	reparer (ot	ner than	officer) is	based or	n all in				rer has any kno	wledge
Sig	ın	1 Can	me A	Alexander	_							1	8/13	3/10		
Here Signature of officer										Da	te					
		3 AM C	SA	ONG	NS.	MAS	TER									
		Type or pr	int name	and title												
		Preparer's		$\mathcal{T}$					Date		Check self-	ıf			tifying number	
Paid	i	signature		.01		D//			10/11		employ	ed 🕨 🗸	(see in:	structions	ક્રા	
Paid Signature 8/13/16 Preparer's Signature 1 8/13/16						110										
	only	Firm's name (or		TABBU	JTT'S B	OOKKEE	ING SE	RVICE				EIN	▶ 0	)1	0421906	
	Jiny	address, and Z	P + 4	146 ST	ATE ST	REET, AU	GUSTA,	ME 0	4330			Phone r	10 ▶ (	207	622-591	2
Ma	y the	IRS discuss t	าเร retu	rn with th	e prepai	er shown	above?	see in	structio	ns) .				<u>.                                    </u>	✓ Yes	No

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Form 990 (2008)

Pal	Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission  Agricultural promotion
2	Did the erganization undertake any algoritecant program converse during the year which were not listed on
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	, (Expenses V
4b	(Code) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O)
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses \$ (Must equal Part IX   Inc. 25   column (R))
40	Total program service expenses • \$ (Must equal Part IX   Line 25, column (R))

Pai	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<b>✓</b>
3	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	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>√</b>
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° If "Yes," complete Schedule D, Parts VI, VII, IX, or X as applicable	11		<b>\</b>
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓_
14a	Did the organization maintain an office, employees, or agents outside of the US?	14a		<b>✓</b>
b	Did the organization have aggregate revenues or expenses of more than $10,000$ from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I.	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	}	✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16		1
17	to individuals located outside the United States? If "Yes," complete Schedule F, Part III Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		<i>-</i>
18	Did the organization report more than \$15,000 on Part IX, column (X), lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20	Did the organization operate one or more hospitals? <i>If</i> "Yes," <i>complete Schedule H</i>	20		✓
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J.	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions	24a		<b>√</b>
	24b–24d and complete Schedule K. If "No," go to question 25	24b		•
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	240		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part $II$	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L. Part III	27		1

Part IV Checklist of Required Schedules (continued)

the organization (other than as an officer, director, trustee, or onship through ownership of more than 35% in another entity on(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,	28a		
onship through ownership of more than 35% in another entity on(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,	28a		
or indirect business relationship with the organization? If "Yes,"			✓
	28b		✓
employee, partner, or member of an entity (or a shareholder of a with the organization? If "Yes," complete Schedule L, Part IV	28c		✓
5,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓_
s of art, historical treasures, or other similar assets, or qualified blete Schedule M	30		✓
or dissolve and cease operations? If "Yes," complete Schedule N,	31		✓
e of, or transfer more than 25% of its net assets? If "Yes," complete	32		<b>✓</b>
disregarded as separate from the organization under Regulations Yes," complete Schedule R, Part I	33		✓
xempt or taxable entity? If "Yes," complete Schedule R, Parts II,	34	<u>.</u>	✓
ntity within the meaning of section 512(b)(13)? If "Yes," complete	35		✓
rganization make any transfers to an exempt non-charitable related R, Part V, line 2.	36		
	- 1	I	
5 C Y Y Y	of art, historical treasures, or other similar assets, or qualified blete Schedule M	s of art, historical treasures, or other similar assets, or qualified blete Schedule M	s of art, historical treasures, or other similar assets, or qualified blete Schedule M

Form **990** (2008)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns, Enter -0- if not applicable			
h	U.S. Information Returns Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	10	-	
_	gaming (gambling) winnings to prize winners?	1c	_	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 3			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
_	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		7
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		ļ
4a	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)?	4a		1
b	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	,		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.	5a		<b>✓</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		<b>_</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			-,-
	\$75?	7a 7b		<b>-</b>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.0		ļ —
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	<b>√</b>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del>-</del>
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	-	✓
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	<b>509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
	Gloss medine from members of shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		_	
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			'
	circumstances, processes, or changes in Schedule O See instructions.			
1a	Enter the number of voting members of the governing body 1a 5			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		/
3	Did the organization delegate control over management duties customarily performed by or under the direct	'		
	supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		<b>✓</b>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<b>✓</b>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<b>✓</b>
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<b>✓</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.			
а		8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9a	Does the organization have local chapters, branches, or affiliates?	9a	✓	
b				
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	✓	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		<b>✓</b>
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			١,
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		✓_
<u>Sec</u>	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<b>✓</b>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
_	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		<b>✓</b>
14	Does the organization have a written document retention and destruction policy?	14		<b>✓</b>
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		_
b	Other officers or key employees of the organization?	15b		✓
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		✓
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		✓
Sec	tion C. Disclosure			
 17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c			
-	available for public inspection. Indicate how you make these available Check all that apply	,-	,,	
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict or	of into	erest	
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rde a	f tha	
20	organization: DOROTHY A. BROWN, 146 STATE STREET, AUGUSTA, ME 04330	us 01		

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not co	mpensate	any o	offic	er,	dire	ctor,	trus	stee, or key em	ployee	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Position (check all that apply)							Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JAMES A. OWENS, MASTER 567 MAIN STREET, MADISON, ME 04950	40			1				7,632.60	0.00	0.00
DOROTHY A. BROWN, TREASURER	10							4,082.38	0.00	0.00
321 BELGRADE ROAD, OAKLAND, ME 04963 SHARON MANLEY, SECRETARY				<b>/</b>						
29 RIDGE ROAD, WINDSOR, ME 04363	10			1				4,082.38	0.00	0.00
			_							
			ļ							
				ı						
		_								
			-							

Pa	rt VII Section A. Officers, Directors, Tru	istees, Key	/ Emp	loy	ees	, an	d Hig	hest	t Compensate	d Employees (co	ntinued)
	(A)	(B)				C)			(D)	(E)	(F)
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Rey employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		:									
						_					
<u>1b</u>	Total							<b>•</b>	15,797.36	0.00	0.00
<u> </u>	Total number of individuals (including those organization ▶	e in 1a) wh	o rec	eive	ed n	nore	e than	n \$10 	00,000 in repo	rtable compens	Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Se	chedule J t	for su	ch .	ındı	vidu	ıal				3 1
4	For any individual listed on line 1a, is the sthe organization and related organizations and individual	greater tha									4 - 1
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp lete S	ens Sch	satio edu	on f le J	from a	any <i>uch</i>	unrelated org	anization for	5
Se	ction B. Independent Contractors										
1	Complete this table for your five highest cocompensation from the organization	mpensate	d inde	epe	nde	nt c	contra	ctor	s that received	d more than \$10	00,000 of
	(A) Name and business add	ress							(B) Description of s	ervices	(C) Compensation
NO	NE										
_											
				<u>-</u>							
2	Total number of independent contractors (compensation from the organization ▶	including t	hose	ın '	1) w	ho	receiv	/ed	more than \$10	00,000 in	

t VII	Statement of Revenue		(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from taunder sections 512, 513, or 514
1a b c d e f	Federated campaigns	1a			-	
b	Membership dues .	1b 82,817.91	ĺ	ĺ		
С	randraiding events	1c				
d	riciated organizations .	1d				
е	dovernment grante (contributions).	1e				
f	All other contributions, gifts, grants,	1 246 00	i			
_	and similar amounts not included above Noncash contributions included in lines 1a-1					
9   h	Total. Add lines 1a–1f	▶	84,063.91			
		Business Code				
2a						
b						
С						
d	•					
e	All abban and and a second					
g	All other program service revenue <b>Total.</b> Add lines 2a–2f	•				
3	Investment income (including divident		-			
"	other similar amounts)	dends, interest, and	35,352.43		;	35,352.4
4	Income from investment of tax-exemp	t bond proceeds				
5	Royalties	<u> </u>				
	(i) Real	(II) Personal				
6a	Gross Rents . 42,37		ľ			
	Less rental expenses 45,57					
	,	0.00	2 407 05			2 407 0
_d	Net rental income or (loss)		-3,197.05			-3,197.0
	assets other than inventory	(ii) Gillel				
b	Less cost or other basis and sales expenses .					
c	Gain or (loss)					
	Net gain or (loss) .	<u> </u>			- 100	
8a	Gross income from fundraising events (not including \$					
	of contributions reported on line 1	c).				
[	See Part IV, line 18	a 1,461.65				
	Less. direct expenses	ь 0.00				
ſ	Net income or (loss) from fundrais Gross income from gaming activities	_	1,461.65			1,461.6
	See Part IV, line 19 Less direct expenses	a				
	Net income or (loss) from gaming					
10a	Gross sales of inventory, les returns and allowances	a 1,826.22				
	Less cost of goods sold	b 1,224.98				
C	Net income or (loss) from sales of ir		601.24			601.2
<u> </u>	Miscellaneous Revenue	Business Code				4 000 0
	BONDING	524298	1,255.00			1,255.0
b	MISCELLANEOUS	l l	4,584.20		<del></del>	4,584.2
С	AU - M-					
	All other revenue		5,839.20			
1	<b>Total.</b> Add lines 11a–11d . <b>Total Revenue.</b> Add lines 1h, 2g,		3,033.20			
	LOTAL Revenue, Add lines 16, 20,	3, 4, 5, bg, /d, 8C, 1		ı		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21									
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22									
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	15,797.36								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7	Other salaries and wages									
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes	1,452.74								
11	Fees for services (non-employees)									
а	Management									
b	Legal	2,917.75								
C	Accounting	1,675.00								
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other				-					
12	Advertising and promotion	5,926.18								
13	Office expenses	10,291.08								
14	Information technology	350.00								
15	Royalties	20.040.47								
16	Occupancy	20,940.47		<del></del>						
17	Travel	17,631.46		<del></del>						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings .	12,756.17								
20	Interest									
21	Payments to affiliates .	52,863.15	<del> </del>							
22	Depreciation, depletion, and amortization.	4.440.00								
23	Insurance	1,140.00								
24	Other expenses. Itemize expenses not									
	covered above. (Expenses grouped together			'						
	and labeled miscellaneous may not exceed									
	5% of total expenses shown on line 25 below.)  COMMITTEES	3,200.00								
a	TAXES	60.00								
b		10,529.27								
C	PUBLICATIONS MISCELLANEOUS	1,507.67								
d		1,507.07								
e	AH II			<del></del>						
f 25	All other expenses	159,038.30								
26	Joint Costs. Check here ▶ ☐ if following	139,030.30								
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and									
	fundraising solicitation			ĺ						

Pa	irt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	100.00	1	100.00
	2	Savings and temporary cash investments	1,209,735.28	2	1,164,119.12
	3	Pledges and grants receivable, net	<u> </u>	3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
ts	7	Notes and loans receivable, net	88,241.69	7	108,316.71
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost basis 10a			
	b	Less accumulated depreciation Complete Part VI of Schedule D	307,540.06	10c	307,540.06
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	<u> </u>	13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	· · · · · ·	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,605,617.03	16	1,580,075.89
	17	Accounts payable and accrued expenses	531.54	17	864.28
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	<u> </u>
ies	21	Escrow account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	531.54	26	864.28
ces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.		. ~	
a	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets	<u> </u>	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.		~	
និ	30	Capital stock or trust principal, or current funds	292,710.16	30	157,320.39
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds	1,330,680.33	32	1,421,891.22
Š	33	Total net assets or fund balances	1,623,390.49	33	1,579,211.61
	34	Total liabilities and net assets/fund balances	1,623,922.03	34	1,580,075.89
Рa	rt XI	Financial Statements and Reporting			
	_				Yes No
1		punting method used to prepare the Form 990 🗹 Cash 🔲 Accrual			2a 🗸
2a		e the organization's financial statements compiled or reviewed by an ind		. ′	.   2a   √     √
b		e the organization's financial statements audited by an independent acco			
С		es" to lines 2a or 2b, does the organization have a committee that assumes audit, review, or compilation of its financial statements and selection of an in-			
32		audit, review, or compilation of its financial statements and selection of an in- i result of a federal award, was the organization required to undergo an a			
Ja		Single Audit Act and OMB Circular A-133?			3a ✓
b		es," did the organization undergo the required audit or audits?			3b