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Department of the Treasury Internal Revenue Service

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 exportant propuring requirements

OMB No 1545-1150

2008

Open to Public Inspection

^			ui year	or tax year beginning October 1 , 2000, and ending	Septe	mbei	30	
B	Check if a		Please use IRS	C Name of organization	D Emp	loyer	ider	tification number
×	Address		label or	WV Association of Housing Agencies	55			0669485
H	Name cha	•	print or	Number and street (or P O box, if mail is not delivered to street address) Room	n/suite E Tele	phone	nu	mber
H	Terminati		type. See	P O Box 2183	(30	4)		416-4835
Ħ	Amended	9	Specific	City or town, state or country, and ZIP + 4	F Grou	ın Exe	mn	tion
Ħ		on pending	Instruc- tions.	Huntington, WV 25701-1736		ber		>
=					Accounting m			Cash Accrual
	• Secu	ion 501(c)(3) (_	pleted Schedule A (Form 990 or 990-EZ).	•		•	Cash Z Accrual
_		<u> </u>	a con		Other (specify			
		te. ▶ wvah	a.org	н				rganization is not
	Websi				•		Sche	edule B (Form 990,
<u>J</u>	Organiz	zation type (c	heck or	ly one) — 🗹 501(c) (3) ◀ (insert no) 🔲 4947(a)(1) or 🔲 527	990-EZ, or 99	0-PF)		
Κ	Check ▶	► If the org	ganızatıc	n is not a section 509(a)(3) supporting organization and its gross receipts a	re normally no	t more	tha	an \$25,000 A return is
	not requ	uired, but if the	e organ	zation chooses to file a return, be sure to file a complete return				
L	Add line	s 5b, 6b, and	7b, to lir	e 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of	of Form 990-EZ	•	\$	68,690
Р	art I	Revenue.	Expe	nses, and Changes in Net Assets or Fund Balances (See	the instruc	tions	fc	r Part I.)
	1			, grants, and similar amounts received.		1	Т	3,044
Ď.	'		-			2	\top	51,119
\mathbf{Q}	2	-		evenue including government fees and contracts		3	+	14,500
\leq	3		•	and assessments		4	╁	27
Ź	4	Investment		i - 1			24	21
\Box	5a	Gross amo	unt fro	m sale of assets other than inventory <u>5a</u>			=:	
U	b	Less: cost	or other	r basis and sales expenses		و تا تو	_	
SCANNED DETURBE CON	C	Gain or (los	s) from	sale of assets other than inventory (Subtract line 5b from line 5a) (attac	ch schedule) .	<u>5c</u>		
ĕ	6	Special events	and acti	rities (complete applicable parts of Schedule G) If any amount is from gaming, check h	here ▶ 🔲		~	
ē	a	Gross reve	nue (no	ot including \$ of contributions		14. 6		
Be	4	reported or		- I A I		7.3	2	
_	Ь	•		nses other than fundraising expenses 6b			_	
Ċ	⊉ õ			ss) from special events and activities (Subtract line 6b from line 6a	a)	6 0	.	
C	7a			entory, less returns and allowances	-,	5		
	1 -			citiony, lead retains and unovarious		dian's		
	b	Less. cost	_	43 3014		7c	-1	
	`c			ss) from sales of inventory (Subtract line 7b from line 7a)			+	
	8	Other reve				8	+	60 600
_	9			dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<u> ►</u>	9	+	68,690
	10			r amounts paid (attach schedule)		10	_	11,000
	11	Benefits pa	aid to c	r for members , , , , , , , , , , ,		11	$\overline{}$	
Expenses	12	Salaries, of	ther co	mpensation, and employee benefits		12		
Sus	13	Profession	al fees	and other payments to independent contractors		13		
9	14	Occupancy	, rent,	utilities, and maintenance		14		
ũ	15			ons, postage, and shipping		15		1,742
	16	Other expe	enses (describe Conferences, meetings, internet, bank fees)	16		55,514
	17			Add lines 10 through 16	<u></u> ▶	17		68,256
	18			for the year (Subtract line 17 from line 9).		18	T	434
Net Assets	10	Net	(deligit	CANED LOCALITY HOLL HILL 9).				
\ss	19			d balances at beginning of year (from line 27, column (A)) (mus	t agree with	19		161,364
7	00	eno-or-yea	ir tigure	reported on prior year's return)	•	20	\rightarrow	6,251
ž	20			d balances at end of year. Combine lines 18 through 20		_	╁	- ·
				if Total assets on line 25 column (B) are \$2,500,000 or more, fi		21		168,049
	art II	balance 3				-	ao (
			(S	ee the instructions for Part II.)	(A) Beginning of	- -		(B) End of year
2	2 Cas	h, savings, a	and inv	estments	156,	433	_	185,104
2	3 Lan	d and buildii	ngs .				23	
2	4 Oth	er assets (de	escribe	Accounts Receivable and Pre-paid Insurance	4,	931	24	641
2		al assets .		_ , , , , , , , , , , , , , , , , ,	161,	364	25	185,745
2			descri	Accounts Payable		-0-	26	17,696
2	7 Net	assets or f	und ba	lances (line 27 of column (B) must agree with line 21)	161,	364	27	168,049
Fo					Cat No 10642I			Form 990-EZ (2008)

1 011	11 330-12 (2008)						raye z
	art III Statement of Program Service Accom				III.)	,	Expenses
Wh	nat is the organization's primary exempt purpose? S	support and pr	omote effoi	ts of PHAs		(Rec	uired for 501(c)(3)
Des	scribe what was achieved in carrying out the organization the services provided, the number of persons bei	ation's exempt	purposes Ir	n a clear and cond	ise manner, rogram title	and	(4) organizations 4947(a)(1) trusts, onal for others)
_	College scholarships awarded in the amount of					<u> </u>	
20	housing or dependents of public housing author						
	(Grants \$) If this amount incli	udes foreign gr	ants check	here	▶ □	28a	11,000
29	Expenses incurred to train public housing autho Average 100 individuals attending trainings	rities on curre	nt HUD top			200	
	(Grants \$) If this amount incli	udes foreign gr	ants, check	here	. ▶ □	29a	54,455
30	These are a combination of expenses to adminis postage, printing, bank fees and insurance. Org				lications		
	(Grants \$) If this amount incli	udes foreign gr	ants, check	here	. ▶ □	30a	2,801
31	Other program services (attach schedule)						
	(Grants \$) If this amount incli				<u>. ▶ □</u>	31a	
	Total program service expenses (add lines 28a th			··	<u> ▶</u>	32	68,256
P	art IV List of Officers, Directors, Trustees, and Key	- 		· · · · · · · · · · · · · · · · · · ·	,`		
	(a) Name and address	(b) Title and hours per devoted to	week ~	(c) Compensation (If not paid, enter -0)	(d) Contribution employee benefit deferred compe	plans &	(e) Expense account and other allowances
	ark Taylor O Box 86, Charleston, WV 25321	President	1	-0-			
	ennis Rogers O Box 125, Petersburg, WV 25847	Vice-Preside	nt .5	-0-		_	_
	ckie Lester	Treasurer	.5				
Р	O Box 2183, Huntington, WV 25722	licasulei	.5	-0-		-	-
Ra	andall Geese O Box 2089, Wheeling, WV 26003	Secretary	.5	-0-		-	
							
_							
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_							
_							
_							
_							

r₽ai	t V Other Information (Note the statement requirements in the instructions for Part VI.)			
\ <u></u>			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		1
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		1
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		✓
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			ا ـــا
b	Did the organization file Form 1120-POL for this year?	37b		
	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		✓
39		7		
	Initiation fees and capital contributions included on line 9			ĺ
	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 ▶			
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		~
	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		✓
41	List the states with which a copy of this return is filed. ► N/A	\ 44	- 40	
42a	The books are in care of ► Vickie Lester Located at ► 300 Seventh Avenue West, Huntington, WV ZIP + 4 ►) 41 25701-	1739	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	I	Yes	No.
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	162	
	account)?	720		_
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
·	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year . ▶ 43			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		/
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		1

	•	
Form	990-EZ	(2008)

Page 4

Part	t VI Section 501(c)(3) organizations only and complete the tables for lines 50 a		(3) organizatio	ns mu	st answer quest	ions 4	6–49	
	Did the organization engage in direct or indirect p		tivities on behal	f of or in	n opposition to		Yes	No
	candidates for public office? If "Yes," complete S					46	 -	√
	Did the organization engage in lobbying activities					47	├	1
	Is the organization operating a school as describe				ete Schedule E .	48 49a	├	-
	Did the organization make any transfers to an exc		related organiza	tion?		49a 49b		├ <u>~</u>
	If "Yes," was the related organization(s) a section						4	
	Complete this table for the five highest compensate each received more than \$100,000 of compensate	ion from the organiza	ation. If there is	none, e	nter "None."			
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position		ensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expensount a allowa	nd
None	e							
Total	number of other employees paid over \$100,000 ▶							
	Complete this table for the five highest compensation from the organization. If there is no		ntractors who ea	ach rece	eived more than \$	100,000	O of	
	(a) Name and address of each independent contractor	paid more than \$100,000		(b) Ty	pe of service	(c) Cor	mpensa	ition
None	e							
				-				
Total	number of other independent contractors each re	eceiving over \$100,0	00 . ▶					
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declarate							
Sign Here)		
	Vickie Lester, Treasurer Type or print name and title						- <u>-</u> .	
Paid Propa	Preparer's signature		se	neck if elf- nployed	Preparer's Identifyin	g Number ((See inst	ructions)
Use C	Pirm's name (or yours if self-employed), address, and ZIP + 4			E	Phone no ► ()			
Mav	the IRS discuss this return with the preparer show	wn above? See ınstru	ctions			- T v	es [No
						<u> </u>		(2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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

Internal Revenue Service Name of the organization Employer identification number WV Association of Housing Agencies 55 0669485 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☑ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other e D By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? . . . (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the organizations the organization supports. (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) is the (vii) Amount of organization (described on lines 1-9) in col (i) listed in your the organization in organization in col support above or IRC section. governing document? col (i) of your (i) organized in the (see instructions)) support? HS2 Yes No Yes Yes

Total

Schedule A	(Form	990 or	990-F7	2008

Page 2

Pai	Support Schedule for Org (Complete only if you chec	anizations ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I	0(b)(1)(A)(iv) .)	and 170(b)(1)(A)(vi)
Sec	tion A. Public Support	_				-	
	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						
5 6	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.						
Sec	tion B. Total Support	•					
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				1		
11	Total support. Add lines 7 through 10 .		l				<u> </u>
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for organization, check this box and stop he	the organization	on's first, secor	nd, third, fourth	, or fifth tax y	year as a section	on 501(c)(3)
Sec	tion C. Computation of Public Su			· · · · ·	• • • • •		<u> </u>
14	Public support percentage for 2008 (line	-		1 column (fi)		14	%
	Public support percentage from 2007 Sci		•			15	<u>~~~~</u>
15 16a							
104	33⅓ % support test—2008. If the organization did not check the box on line 13, and line 14 is 33⅓ % or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b							
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "f organization meets the "facts-and-circum	acts-and-circu	mstances" test,	check this box	and stop here	Explain in Part	IV how the
b	10%-facts-and-circumstances test – 2007 more, and if the organization meets the "facts-and-circumstances test – 2007 more, and if the organization meets the "facts-and-circumstances test – 2007 more, and if the organization meets the "facts-and-circumstances test – 2007 more, and if the organization meets the "facts-and-circumstances test – 2007 more, and if the organization meets the "facts-and-circumstances test – 2007 more, and if the organization meets the "facts-and-circumstances test – 2007 more, and if the organization meets the "facts-and-circumstances test – 2007 more, and if the organization meets the "facts-and-circumstances test – 2007 more, and if the organization meets the "facts-and-circumstances test – 2007 more, and if the organization meets the "facts-and-circumstances test – 2007 more, and if the organization meets the "facts-and-circumstances test – 2007 more, and if the organization meets the "facts-and-circumstances test – 2007 more, and if the organization meets the "facts-and-circumstances test – 2007 more, and if the organization meets the "facts-and-circumstances test – 2007 more, and if the organization meets the "facts-and-circumstances test – 2007 more, and if the organization meets the organi	acts-and-circur	nstances" test, d	check this box a	and stop here.	Explain in Part	IV how the
18	Private foundation. If the organization did	I not check a bo	ox on line 13, 16	a, 16b, 17a, or 1	7b, check this	box and see ins	tructions >

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.)

	(Complete only if you checke	ed the box or	line 9 of Pa	rt I.)			
	tion A. Public Support						
Ca	lendar 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")	28586	18,154	1,835	20,567	17,544	86,686
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	100,533	63,926	61,548	61,989	51,119	339115
3	Gross receipts from activities that are not an unrelated trade or business under section 513				·		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	400 440	22.222				405.004
6	Total. Add lines 1-5	129,119	82,080	63,383	82,556	68,663	425,801
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	-0-	-0-	-0-	-0-	-0-	-0-
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	-0-	-0-	-0-	-0-	-0-	<u>-0-</u>
_	Add lines 7a and 7b	-0-	-0-	-0-	-0-	-0-	-0-
8	Public support (Subtract line 7c from line 6.)						425,801
Sec	tion B. Total Support		1	1			420,001
	llendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	129,119	82,080	63,383	82,556	68,663	425,801
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	78	26	19	30	27	180
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	78	26	19	30	27	180
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						425,981
14	First five years. If the Form 990 is for a organization, check this box and stop			nd, third, fourth	•		
Sec	tion C. Computation of Public Su	pport Percer	ntage				
15	Public support percentage for 2008 (lin	e 8, column (f)	divided by lin	e 13, column (f))	15	99 %
16	Public support percentage from 2007 S	Schedule A, Pa	rt IV-A, line 27			16	99 %
Sec	tion D. Computation of Investmer	nt Income Pe	ercentage				
17	Investment income percentage for 200	B (line 10c, col	umn (f) divided	by line 13, co	olumn (f)) .	17	1 %
18	Investment income percentage from 20	•		•	[18	1 %
19a		anization did no	ot check the bo	ox on line 14, a			
b	33% % support tests—2007. If the organ line 18 is not more than 33%%, check this	ization did not	check a box on	line 14 or line 1	19a, and line 16	s more than 3	33/3 %, and
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b,	check this bo	x and see insti	ructions 🕨 🗌

Schedule A (F	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
	······································
	•
	
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•••••	

WV Association of Housing Agencies 55-0669485
Attach to Form 990-EZ 9/30/2009

Part 1, Line 10, Grants and similar amounts paid

Scholarship Awards	S _I Spring 2009		Fall 2009	
lan Newlin	\$	500.00	\$	500.00
Jessica Dyche	\$	500.00		
Kelly Ellison			\$	500.00
Kayla Morris			\$	500.00
Cara Waybright	\$	500.00		
Molly Born	\$	500.00	\$	500.00
Sandra Idris	\$	500.00	\$	500.00
Caity Battista	\$	500.00	\$	500.00
Brian Lee	\$	500.00	\$	500.00
Kara Keeney	\$	500.00		
Kathryn Newlin	\$	500.00		
Tabetha Harrah	\$	500.00	\$	500.00
Chelsea McEweun	\$	500.00	\$	500.00
Sarah Halbert	\$	500.00	\$	500.00
Total Awarded	\$	6,000.00	\$!	5,000.00

_		
sing Agencies		
Changes in Net Assets		
estment Account Activity		112815.98
98432.33	(14383.65)	
92503.82	(5928.51)	
97832.58	5328.76	
95635.74	(2196.84)	
90073.97	(5561.77)	
93817.22	3743.25	
100608.67	6791.45	
104929.18	4320.51	
106361.21	1432.03	
112722.99	6361.78	
114505.27	1782.28	
119067.34	4562.07	
	6251.36	119067.34
	92503.82 97832.58 95635.74 90073.97 93817.22 100608.67 104929.18 106361.21 112722.99 114505.27	Changes in Net Assets Pestment Account Activity 98432.33 (14383.65) 92503.82 (5928.51) 97832.58 5328.76 95635.74 (2196.84) 90073.97 (5561.77) 93817.22 3743.25 100608.67 6791.45 104929.18 4320.51 106361.21 1432.03 112722.99 6361.78 114505.27 1782.28 119067.34 4562.07

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