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DLN: 93493133045670

Form 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)

2008

OMB No 1545-0047

Open to Public

Department of the Treasury

Tax-exempt status	nternal	Revenue	Service	►The or	ganization may have to	use a copy (of this return to satisfy	state reporting	requirements	Inspection				
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The minimization of the properties of the prope	– _{Init}	tıal retur	rn Ś	Specific Number and street (or P.O. box if mail is not delivered to street address) Room/suite (919) 877-939										
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B Net unrelated business taxable income from Form 990-T, line 34				-	-		, ,							
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8 Contributions and grants (Part VIII, line 1h)	•		•				, , ,			0				
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and correct a	AB GB	21	Total liab	oilities (P	art X, line 26)				1,511,605	1,689,323				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct and belief, it is	<u> </u>	22	Net asse	ts or fun	d balances Subtract lin	ie 21 from lii	ne 20		3,271	5,160				
and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2010-05-13 ****** Signature of officer Date		rt II	Signat	ure Blo	ock			<u>, </u>						
Please Sign Here ******* 2010-05-13 Signature of officer Date														
Signature of officer GENE B CROSS Vice President/Treasurer Type or print name and title Preparer's signature General S	DI -			ıı is true, c	orrect, and complete Declara	ation of prepar	er (otner than officer) is bas	1		nas any knowledge				
Paid Preparer's signature GENE B CROSS Vice President/Treasurer Type or print name and title Preparer's signature Gwen Vass Date 2010-05-13 Check if self-empolyed Value Firm's name (or yours if self-employed), address, and ZIP + 4 PO BOX 31823 Phone no (919) 782-3444 Phone no (919) 782-3444			1 🔼	e of office	r				-05-13					
Type or print name and title Preparer's signature Preparer's Signature Preparer's Signature Firm's name (or yours if self-employed), address, and ZIP + 4 PO BOX 31823 Date 2010-05-13 Check if self-employed								bate						
Preparer's signature Gwen Vass Date 2010-05-13 Check if self-empolyed Fremolyed Frem														
Paid Preparer's signature Gwen Vass 2010-05-13 self- empolyed Firm's name (or yours if self-employed), address, and ZIP + 4 PO BOX 31823 EIN Firm's name (or yours if self-employed), address, and ZIP + 4 Po BOX 31823							Date	Check if	Dreparer's DTIM (6	iee Gen Inst \				
Preparer's Use Only Firm's name (or yours if self-employed), address, and ZIP + 4 PO BOX 31823 WILLIAMS OVERMAN PIERCE LLP PO BOX 31823 EIN Phone no (919) 782-3444	n		signature Gwen Vass 2010-05-13 se						riepaiers PIIN (S	ee Gen INSU)				
Use Only If self-employed), address, and ZIP + 4 PO BOX 31823 Phone no (919) 782-3444		_ uI	em _l				empolyed 🕨 🔽							
Use Only address, and ZIP + 4 PO BOX 31823 Phone no ▶ (919) 782-3444	_				WILLIAMS OVERMAN PIE	RCE LLP			EIN Þ					
RALEIGH, NC 276221823 Phone no ▶ (919) 782-3444	JSE (Only			PO BOX 31823									
					RALEIGH, NC 27622182	23			Phone no ▶ (91	9) 782-3444				

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

Part III Statement of Program Service Accomplishments (See the instructions.)

4e	Total program service e	xpenses \$	Must equal Part IX, Lii	ne 25, column (B).	
	(Expenses \$	including grants	<u> </u>) (Revenue \$)
4d	· -	(Describe in Schedule O)			
	`		y y 	, ,	,
4c	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
		LEMENTING AND OPERATING THE SL			
4a	(Code THE ORGANIZATION STRIVES) (Expenses \$ TO COORDINATE AMONG VARIOUS \$	including grants of \$) (Revenue \$ OW THE SPREAD STRATEGY AND TO CO) OOPERATE WITH THE USDA
4	Section 501(c)(3) and (4		l) trusts are required to rep	rgest program services by expe Port the amount of grants and all	
	If "Yes," describe these c			, ,	es • 140
3		e conducting or make signific	ant changes in how it condi	ucts any program	es 🗸 No
2	the prior Form 990 or 990	ertake any significant program 0-EZ?	services during the year w	hich were not listed on	es ▽ No
	THE PURPOSE IS TO IMPLEMENT	THE SLOW THE SPREAD STRATEGY			
1	Briefly describe the organization	's mission			

Part IV 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		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
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		Νο
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		Νο
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		No
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
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, VIII, IX, or X as applicable	11	Yes	
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	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
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		No
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? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
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 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		No
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		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V	Statements Regarding Other IRS Filings and Tax Complianc	е				
						Yes	No
1a	Enter	r the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S	S. Information Returns . Enter -0- if not applicable					
			1a	0			
b	Enter	r the number of Forms W-2G included in line 1a Enter -0- if not applicable	41				
			1b	0			
c		he organization comply with backup withholding rules for reportable payments to	o ven	dors and reportable	1c	Yes	
2a	_	ng (gambling) winnings to prize winners?				163	
Za		ments filed for the calendar year ending with or within the year covered by this					
	returi	n	2a	0			
b		least one is reported in 2a, did the organization file all required federal employm			2b		
3 -		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			20		
3a		he organization have unrelated business gross income of \$1,000 or more during n?		year covered by tills	3a		Νο
ь	If "Y∈	es," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Sch</i> e	edule	0	3b		
4a	Atan	ny time during the calendar year, did the organization have an interest in, or a si	ıgnatı	ire or other authority			
		a financial account in a foreign country (such as a bank account, securities ac	count	, or other financial	4a		NI -
	acco	unt)?			-TG		<u>N o</u>
b		es," enter the name of the foreign country					
		the instructions for exceptions and filing requirements for Form TD F 90-22.1, Received Accounts.	port o	r roreign Bank and			
5a		the organization a party to a prohibited tax shelter transaction at any time durir	na the	tax vear?	5a		 N о
ь		iny taxable party notify the organization that it was or is a party to a prohibited		•			N o
					5b		
С		es," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp</i> Thelter Transaction?	t Entil •	y kegaraing Pronibitea	5c		
6a	Dıd tl	he organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Y∈	es," did the organization include with every solicitation an express statement th	atsu	ch contributions or gifts			
		not tax deductible?			6b		
7	_	nizations that may receive deductible contributions under section 170(c).					
а		he organization provide goods or services in exchange for any quid pro quo conf ?	trıbut	ion of \$75 or	7a		N o
b	If "Ye	es," did the organization notify the donor of the value of the goods or services pi	rovide	d?	7b		
c	Dıd tl	he organization sell, exchange, or otherwise dispose of tangible personal propei	rty for	which it was required to			
		orm 8282?			7c		N o
d	If "Y∈	es," indicate the number of Forms 8282 filed during the year	7d				
e	Did tl	he organization, during the year, receive any funds, directly or indirectly, to pay	prem	nums on a personal			
		fit contract?			7e		Νο
f	Dıd tl	he organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7f		Νο
g	Fora	ll contributions of qualified intellectual property, did the organization file Form 8	899	as required?	7g		
h		ontributions of cars, boats, airplanes, and other vehicles, did the organization fi	ıle a F	orm 1098-C as			
_	•	red?			7h		
8		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds a orting organizations. Did the supporting organization, or a fund maintained by a s					
	exces	ss business holdings at any time during the	F		8		
		·					
9		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
a		he organization make any taxable distributions under section 4966?			9a		
ь		he organization make a distribution to a donor, donor advisor, or related person	· ·		9b		
10		on 501(c)(7) organizations. Enter	10:	I			
		ation fees and capital contributions included on Part VIII, line 12	10a				
D	facilit	s receipts, included on Form 990, Part VIII, line 12, for public use of club ties	10b				
11	Secti	ion 501(c)(12) organizations Enter					
а	Gross	s income from members or shareholders					
			11a				
b		s income from other sources (Do not net amounts due or paid to other sources instamounts due or received from them)	11b				
	-	, in the second of the second		l			
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in I	lieu	of Form 1041?	12a		
b	If "Ye year	es," enter the amount of tax-exempt interest received or accrued during the	12b				

Section A. Governing Body and Management

10

11

Yes

Νo

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

must describe in Schedule O the process, if any, the organization uses to review the Form 990 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
3	Enter the number of voting members of the governing body 1a 9			
b	Enter the number of voting members that are independent 1b 9			
	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		No
	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	Yes	
	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
	Does the organization have members or stockholders?	6		Νo
3	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
3	Does the organization have local chapters, branches, or affiliates?	9a		Νo
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a		Νο
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	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		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
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		Νo
b	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O			
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		Νο
b	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		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website.

 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Ed Holloman PO Box 58220 Raleigh,NC 27658 (919) 877-9392

Part VIII 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) and key employees 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, or 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 compensate any officer, director, trustee or key employee										
		(C) Position (check all that apply)								(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
GEIR FRIISOE , PRESIDENT	1 00	Х		Х				0	0	0
GENE CROSS , VP/TREAS	1 00	Х		Х				0	0	0
FRANK FULGHAM , SECRETARY	1 00	Х		Х				0	0	0
GARY GIBSON , MEMBER	1 00	Х						0	0	0
Tivon Feeley , MEMBER	1 00	X						0	0	0
SCOTT FRANK , MEMBER	1 00	X						0	0	0
PHIL MARSHALL, MEMBER	1 00	X						0	0	0
MELODY WALKER, MEMBER	1 00	Х						0	0	0
Carl Harper , Member	1 00	X						0	0	0
				l		1				

Part VII Continued

(A) Name and Title	(B) Average hours per week	1	ti at Institutional Trustee	apply	y)	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total							F		0	0

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►0

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(C) Compensation						
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation							

Part Statement of Revenue VIII

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
इइ	1a	Federated camp	paigns 1a	1				314
gifts, grants illar amounts	ь	Membership du	es . 1b					
% ĕ	С	Fundraising eve	ents 1 c					
養	d	Related organiz	ations 1d					
<u>₹</u>	e	Government grants	s (contributions) 1e	6,032,929				
흔	f	All other contribution	ons, gifts, grants, and 1f					
章套	g		butions included in					
Contributions, and other simil		lines 1a-1f \$ _						
ပြွန်	h	Total (Add line	s 1a-1f)		6,032,929			
<u> </u>				Business Code				
æш	2a							
æ	Ь							
93	С							
<u>.</u>	d							
Ē	e							
Program Serwce Revenue	f	All other progra	ım service revenue					
Ě	g	Total. Add lines	s 2a-2f					
	3		ome (ıncludıng dıvıden					
		other sımılar ar	nounts)	•				
	4	Income from inves	tment of tax-exempt bond	proceeds -				
	5	Royalties						
	 	Curre Brute	(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental						
		expenses						
	C	Rental income or (loss)						
	d	Net rental incor	me or (loss)	1				
	7a	Gross amount	(ı) Securities	(II) O ther				
	' "	from sales of assets other						
		than inventory						
	b	Less cost or other basis and						
	c	sales expenses Gain or (loss)						
	d	Net gaın or (los	s)					
	8a	Gross income f						
		events (not inc						
<u>e</u>		\$ of contributions	reported on line 1c)					
듄		See Part IV, lin	e 18 <i>G if total exceeds</i>					
æ			a					
<u>.</u>	b	Less direct ex	penses b					
Other Revenue	С	Net income or (loss) from fundraising	events				
_	9a	Gross income for See part IV, lin	rom gaming activities					
		Complete Sched	ule G if total exceeds					
		\$15,000	a					
	ь	Less direct ex	penses b					
	c		loss) from gaming acti					
		Gross sales of	inventory, less					
		returns and allo						
	h	less cost of -	a node sold b					
	b с		oods sold b loss) from sales of inv	entory 🛌				
		Miscellaneous		Business Code				
	11a							
	ь							
	c							
		All other revenu						
	d e		ue s 11a-11d	\$				
	12		Add lines 1h, 2g, 3, 4,		6,032,929	0	0	0
	1	9c. 10c. and 11	le	· · · · · · · · · · · · · · · · · · ·				

Part IX Statement of Functional Expenses

	Il other organizations must complete column (A) but are not re	equired to com			_
o o	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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				
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				
LO	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	22,375			
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
.2	Advertising and promotion				
L3	Office expenses				
.4	Information technology				
.5	Royalties				
.6	Occupancy				
L 7	Travel	451			
L8	Payments of travel or entertainment expenses for any Federal, state or local public officials				
L 9	Conferences, conventions and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,680			
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)				
а	GM STS FDN DIRECT PURCH	2,623,759			
b	OTHER STATES DEPT OF AG	1,294,087			
c	WI DEPT OF AGRICULTURE	817,421			
d	VA DEPT OF AGRICULTURE	632,222			
e	OH DEPT OF AGRICULTURE	614,820			
f	All other expenses	24,225			
25	Total functional expenses. Add lines 1 through 24f	6,031,040			
26	Joint Costs. Check If following SOP 98-2 Complete this				
	line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				

Part X	Balance	Sheet

			(A)		(E	
	1	Cook was interest because	Beginning of year 3.271	1	End of	1 year 39.986
		Cash—non-interest-bearing	3,271			39,900
	2	Savings and temporary cash investments	1,511,605	2		1,654,497
	3 4	Pledges and grants receivable, net	1,511,605	3		1,054,457
	-	Accounts receivable, net		4		
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		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		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
\$	9	Prepaid expenses and deferred charges		9		
Assets	10a	Land, buildings, and equipment cost basis				
-4	ь	Less accumulated depreciation Complete Part VI of Schedule D		10c		
	11	Investments—publicly traded securities		11		
	12	Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D		12		
	13	Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D.		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule		15		
	16	D Total assets. Add lines 1 through 15 (must equal line 34)	1,514,876	16		1,694,483
	17	Accounts payable and accrued expenses .	1,514,670	17		1,034,403
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
ç٠ «	21	Escrow account liability Complete Part IV of Schedule D		21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		21		
्ट्		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	1,511,605	25		1,689,323
	26	Total liabilities. Add lines 17 through 25	1,511,605	26		1,689,323
	-	Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 27	.,,			
У Ф		through 29, and lines 33 and 34.				
ğ	27	Unrestricted net assets	3,271	27		5,160
Balance	28	Temporarily restricted net assets		28		
귤	29	Permanently restricted net assets		29		
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.				
S O	30	Capital stock or trust principal, or current funds		30		
Ą	31	Paid-in or capital surplus, or land, building or equipment fund		31		
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32		
Net /	33	Total net assets or fund balances	3,271	33		5,160
Ž	34	Total liabilities and net assets/fund balances	1,514,876			1,694,483
			1			
Pa	rt XI	Financial Statements and Reporting				
					Yes	No

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	_

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Inspection

	me of the organization sy Moth Slow the Spread Foundation Inc		Employer identification number
СУμ	sy Piotit Slow the Spread Foundation Inc		56-2214201
Pa	rt I Organizations Maintaining Donor A		inds or Accounts. Complete if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and other accounts
_	Total number at end of year	(a) boner davised rands	(2) i unus unu cener accounts
	Aggregate Contributions to (during year)		
}	Aggregate Grants from (during year)		
ļ	Aggregate value at end of year		
;	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		or advised Yes No
•	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber impermissible private benefit?		may be
Pa I	t II Conservation Easements. Complete	if the organization answered "Yes" to	Form 990, Part IV, line 7.
L 2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	ion or pleasure) Preservation of an Preservation of cei	historically importantly land area rtified historic structure of a conservation easement
	on the last day of the tax year		Held at the Find of the Warn
а	Tabal more han af a consumption of a consumption		Held at the End of the Year
	Total number of conservation easements		
b	Total acreage restricted by conservation easement		2b
с 	Number of conservation easements on a certified h	, ,	2c
d	Number of conservation easements included in (c)	•	2d
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	d by the organization during
	the taxable year 🕨		
Ļ	Number of states where property subject to conserv	ation easement is located 🟲	
;	Does the organization have a written policy regardin enforcement of the conservation easements it holds		tions, and Yes No
•	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the	year ►
,	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ar ► \$
3	Does each conservation easement reported on line $270(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	2(d) above satisfy the requirements of sec	tion Yes No
)	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation eases	the footnote to the organization's financial ments	statements that describes
ar	Complete if the organization answered		or Other Similar Assets.
.a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	l for public exhibition, education or researc	h ın furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in	
	(i) Revenues included in Form 990, Part VIII, line 1	L	▶ \$
	(ii) Assets included in Form 990, Part X		▶ - \$
!	If the organization received or held works of art, hist following amounts required to be reported under SFA		
а	Revenues included in Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		▶ \$

Par	Organizations Maintaining Co	llections of Art	, His	tori	cal Treasur	es, or Othei	Similar Asse	ts (cor	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	ie foll	_	-	se of its collection	ı	
а	Public exhibition		d	Γ	Loan or excha	nge programs			
b	Scholarly research		e	Γ	Other				
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	ın hov	v the	further the org	janization's ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Yes	Г No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an	Arrangements.	Com	plete	e if the organi		ered "Yes" to Fo	rm 99	0,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontributions or	other assets n	ot	Yes	∏ No
b	If "Yes," explain why in Part XIV and comple	te the following tab	le						
							A mou	nt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Γ,	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete								
		(a)Current Year	(b)	Prior \	'ear (c)Two	Years Back (d)T	hree Years Back (e)	Four Ye	ars Back
1a	Beginning of year balance								
b	Contributions								
с	Investment earnings or losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the yea	r end balance held a	is						
а	Board designated or quasi-endowment								
ь	Permanent endowment								
	Term endowment ►								
с За	Are there endowment funds not in the posses organization by	ssion of the organiza	ation	that a	re held and adr	mınıstered for t	:he	Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
h	If "Yes" to 3a(II), are the related organizatio	•					3b		
ט	Describe in Part XIV the intended uses of th	e organization's end							
4									
4	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 990, Par	t X, line 10.	T		
4	t VI Investments—Land, Buildings Description of investment	s, and Equipme	nt. S	(;	orm 990, Par a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
4 Par		s, and Equipme	<u>nt.</u> S	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
4 Par 1a	Description of investment	s, and Equipme	<u>nt. S</u>	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
4 Par 1a b	Description of investment	s, and Equipme	<u>nt.</u> S	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
Par Par 1a b c	Description of investment Land	s, and Equipme	nt. S	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
Par 1a b c d	Description of investment Land		· · ·	(i ba	a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990. Part X. line	13.	
(a) Description of investment type	(b) Book value		d of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III	 ne 15.		
(a) Descrip			(b) Book value
Table (Calumer (b) about a surf Farm 2000 Bank V and (B) line of	· F \	_	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
Federal Income Taxes	. ,		
PAYABLE TO SUBGRANTEES	1,676,199		
PAYABLE TO OTHERS	13,124		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	1,689,323		

Par	t XII Reconciliation of C	hange in Net Assets from For	m 99	0 to F	Financial Stateme	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1	6,032,929
2	Total expenses (Form 990, Par	t IX, column (A), line 25)				2	6,031,040
3	Excess or (deficit) for the year Subtract line 2 from line 1						1,889
4	Net unrealized gains (losses) o					4	
5	Donated services and use of fa-					5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	+
9	Total adjustments (net) Add III	nos 4 - 9				9	0
10						10	+
		per financial statements Combine line evenue per Audited Financial			te With Pevenue		
1		er support per audited financial	Stat	Cilici	its with Revenue	 	6,032,929
_	statements					1	-,,-
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12					
а	Net unrealized gains on invest	tments		2a			
b	Donated services and use of f	acılıtıes		2b			
c	Recoveries of prior year grant	s	•	2c			
d	Other (Describe in Part XIV)			2d		1	
e	Add lines 2a through 2d .					2e	0
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	6,032,929
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line ${f 1}$					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b		4a			
b	Other (Describe in Part XIV)			4b			
c	Add lines 4a and 4b					4c	0
5		d 4c. (This should equal Form 990, Pa				5	6,032,929
		xpenses per Audited Financia			nts With Expense	т" —	
1	·	r audited financial statements				1	6,031,040
2		it not on Form 990, Part IX, line 25		1 .	I		
а	Donated services and use of fa	acılıtıes		2a		4	
Ь	Prior year adjustments			2b		-	
С	•	, Part IX, line 25		2c		4	
d	Other (Describe in Part XIV)			2d		4	
e	Add lines 2a through 2d					2e	0
3	Subtract line 2e from line 1 .					3	6,031,040
4		0, Part IX, line 25, but not on line 1:		ı	ı		
а	·	uded on Form 990, Part VIII, line 7b		4a		4	
b				4b		4	
С	Add lines 4a and 4b					4c	0
5		nd 4c. (This should equal Form 990, Pa	art I, lı	ne 18)	5	6,031,040
	t XIV Supplemental Inf						
		scriptions required for Part II, lines 3, , Part XII, lines 2d and 4b, and Part X:				Part XI\	V, lines 1b and 2b,
	Ident if ier	Return Reference			Explana	tion	

SCHEDULE 0

Name of the organization

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public
Inspection

Gypsy Moth Slow the Spread Foundation Inc	Employer identification number			
		56-2214201		

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 3		Foundation has hired a management company, Southeast Services and Associates, to perform all bookkeeping functions

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Members are voted in based on that states need to be a part of the slow the spread foundation

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		All major decisions for use of funds must be approved by the board

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Draft 990 is distributed to board members for thier review prior to filing

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The 990 is available through Guidestar Audited financial statements and board minutes are available upon request