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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 2009

Open to Public

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection 12/31 20 09 For the 2009 calendar year, or tax year beginning 1/1 2009, and ending D Employer Identification number C Name of organization National Council of Social Security Management B Check if applicable use IRS 7084749 Doing Business As Address change Telephone number print or Number and street (or P.O. box if mall is not delivered to street address) Room/suite Name change type. (866) 563-9531 6433 La Posta Initial return City or town, state or country, and ZIP + 4 Terminated El Paso TX 79912 G Gross receipts \$ Amended return F Name and address of principal officer H(a) Is this a group return for affiliates? Yes Application pending H(b) Are all affiliates included? Yes Tax-exempt status. **501(c)** (527 If "No," attach a list (see instructions) Website: ► WWW.NCSSMA.ORG H(c) Group exemption number ▶ K Form of organization: ☐ Corporation ☐ Trust ☑ Association ☐ Other ▶ L Year of formation. M State of legal domicile. Part Summary Briefly describe the organization's mission or most significant activities: 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 5 Total number of employees (Part V, line 2a) 6 6 Total number of volunteers (estimate if necessary) 7a 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. b Net unrelated business taxable income from Form 990-T, line 34. **Current Year** Contributions and grants (Part VIII, line 1h) . Program service revenue (Part VIII, line 2g) . . . 150937 157712 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 150937 157712 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 159803 154761 17 Other expenses (Part IX, column (A), lines 11a-11d-11f-24f). 154761 159803 18 Total expenses. Add lines 13-17 (must equal Part IX; column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 == -2091 -3824 inning of Current Year 5 End of Year 96181 71734 Total assets (Part X, line 16) . AUSTIN TEXAS Total liabilities (Part X, line 26) 96181 Net assets or fund balances. Subtract line 21 from line 20 71734 Part II Signature Block Under penalties of penury, 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 Sign Here Signatur reasurer Type or print name and title Check if Date Preparer's identifying number Preparer's signature (see instructions) employed ▶ Paid Preparer's Firm's name (or yours Use Only if self-employed), address, and ZIP + 4 Phone no ► (May the IRS discuss this return with the preparer shown above? (see instructions) Yes | No



Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: Support of Social Security field office and teleservice center managers.
2	Did the organization undertake any significant program services during the year which were not listed on
2	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 \$0 including grants of \$0) (Revenue \$) Rachel Emmons, Government Relations Consultant, informs 3300 members of the legislative bills affecting them. She issues and bills affecting SSA managers. She arranges meetings between members and Congressional staffs
	concerns and its members
	•
4b	(Code:) (Expenses \$ including grants of \$ 0) (Revenue \$ 0) Publications, websites allow information about the organization to be distributed to members and other interested
	persons.
4c	(Code:) (Expenses \$ including grants of \$_) (Revenue \$)
	Conferences and official travel. Provides for an annual delegate meeting where agendas for the upcoming year are determined. Additional travel allows officers to consult with Agency executives, other management groups and
	Congressional staff
	•••••••••••••••••••••••••••••••••••••••
	^
	. ,
4d	Other program services. (Describe in Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses >

Par	t 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		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	<u> </u>	_<
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		1
6	Did the organization maintain any donor advised funds or any similar funds or 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_		✓
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		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	1.36	√
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	چې چې اندان		رور مارد
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	Sep. 6	, A	X
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	,		ŧ,
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.)) (**) (**
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		- 1 3384	-
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	Constitutes.	能	ቊፅቈጚጘ
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	. 100	√ #
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	X-	· Cai	y€³
13	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b		1
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 to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Ŀ	✓

Par	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		1
	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	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		1
d	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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	, , , , , , , , , , , , , , , , , , ,		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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		1
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		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		✓
37	Did the organization conduct more than 5% 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	•	✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		✓
			200	

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	Å;+	4,	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		•	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		70-Mag- 5,4 V
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	, ;	Š.	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	*		1
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		1
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		✓
b	If "Yes," enter the name of the foreign country: ▶	æ		,
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	*,*		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	30		
	Prohibited Tax Shelter Transaction?	5c 6a		1
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	Va		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	-	Section sect
7	Organizations that may receive deductible contributions under section 170(c).	, terral		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a_		1
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	* 4	✓.
	If "Yes," indicate the number of Forms 8282 filed during the year	1		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		√
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<i>'</i> y		
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	- 1/4	- 73
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		~	
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the expenization make any toyable distributions under section 40662	9a		
a b	Did the organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:	-		
а	Initiation fees and capital contributions included on Part VIII, line 12		4 44	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		,	
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	^		
a	arose modific from monipore of characteristics	ANGERTAIN.	***	ب د سهامیتر
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	~	4	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12a		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
	امد ا . ا		Yes	No
1a	Enter the number of voting members of the governing body		<u>-</u>	
b	Enter the number of voting members that are independent	,	, 37,	
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		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		√
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
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		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		7,58	>>
	the year by the following:			
а	The governing body?	8a	✓	
	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, 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	9a		✓
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-	ernal		
	enue Code.)			
			Yes	No
100	Doce the organization have level shapters, branches, or affiliates?	10a	1	
	Does the organization have local chapters, branches, or affiliates?			
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b		1
	affiliates, and branches to ensure their operations are consistent with those of the organization?	105		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11		1
444	form?			·
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		1
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12.0		_
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b		
	rise to conflicts?	120		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c		
	describe in Schedule O how this is done	13		
13	Does the organization have a written whistleblower policy?	14		
14	Does the organization have a written document retention and destruction policy?	·		_
15	Did the process for determining compensation of the following persons include a review and approval by	1.5	6	2
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<u>-</u> -		
а	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or key employees of the organization	15b	- N	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	'	##	#4.
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		<u> </u>	
	with a taxable entity during the year?	16a		-
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	å;	۵.,	, Š
	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	<u> </u>	
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(or			
	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	of int	erest	
. •	policy, and financial statements available to the public.	J		
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
	organization: ► Anna Gutierrez 6433 La Posta El Paso TX 79912	. = 5 0		

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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		any c	um			cer, d	irec		-	
(A)	(B)	l_		•	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	nstrutional trustee	Officer	র Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Joe Dirago-President 3 Washington Ctr. Ste 301 Newburgh, NY	40			1				0	0	0
Jim Burkert-Vice President 714 N Ironbridge Way, Ste 100 Spokane WA 9	30			1				0	0	0
Anna Gutierrez-Treasurer 6433 La Posta El Paso TX 79912	20			1				0	0	0
Billie Armenta-Secretary 250N 7th Ave Suite 100 Phoenix, AZ 85007	20			✓				0	0	0
			ļ							
	-									
	-									

Pai	t VII Section A. Officers, Directors, Tru	stees, Key	/ Emp	loy	ees,	an	d Hig	hes	t Compensate	d Employees (c	ontinued)
	(A)	(B)				C)			(D)	(E)	(F)
	Name and title	Average hours per week	Individual trustee	nstrtutional 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
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1b	Total						٠.	▶			-
	Total number of individuals (including but reportable compensation from the organization)		to the	ose	list	ed a	above	e) w	ho received me	ore than \$100,0	Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							oye	e, or highest o	compensated	3
4	For any individual listed on line 1a, is the state organization and related organizations individual.	sum of rep	ortabl	e c	omp	ens	sation				4
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," com	compolete	oen: S <i>ch</i>	sati edu	on ile	from I for s	any such	unrelated org	anization for	5 1
Se	ction B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization.	ompensate	ed ind	epe	ende	ent o	contra	acto	rs that receive	d more than \$1	00,000 of
	(A) Name and business add	dress							(B) Description of s	ervices	(C) Compensation
								-			
_								\perp			
2	Total number of independent contractors (imore than \$100,000 in compensation from					l to	those	list	ed above) who	received	¥.

Form 9								r -						_			_
Part	VIII	Statement of Re	venue	1	1. 3	(A Total re		Relat exe	B) ted or mpt ction		t	(C) Inrelate ousines	33	un	der se	nue from tax ections	
								reve	enue			,		512	<u>, 513</u>	<u>, or 514</u>	٦-
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns		1a		r rei	en# "	باور	., >	AP.	85°	-,	K.,	- 424	12)	. 3.	,
<u> </u>		Membership dues		1b	143609								•	42	1 1000		1
ë, ë		Fundraising events .		1c		١ ٠	e, '		, ,		>	-		j	·	No.	7
iffs		_		1d		1		ľ		- [*			ļ `			1
i, g		Related organizations		1e		\$.	•	* 5040	· `** 111	- 4	ş	ų,	~	î	٤ -	ž.,	
sin		Government grants (contri		16		-]		- 1							
uti e	f	All other contributions, gifts, g	rants,			44.	1	' 'دہ	£.	٧,	10	, , 2	. *	, ,	,建	•	71
e f		and similar amounts not inclu-	ded above	1f				}	7	٠,	.,						٦
d d		Noncash contributions include	d in lines 1a-	1f: \$		4%√ - °	24, 0		4	٠ ا	155	- 2	•	,	ā	Ÿ,	-
O E	h	Total. Add lines 1a-1f			<u> > </u>	<u> </u>	143609		ş			*					
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ے	g	Total. Add lines 2a-2f			<u> ▶</u>		0	<u> </u>				Ę.					_
	3 4 5	Investment income (income rimilar amounts) Income from investment of Royalties	 f tax-exem		🕨		7328										-
		1.094.1.00	(i) Real	• •	(ii) Personal						",	1			- 1		-
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	C	Rental income or (loss)			<u> </u>	3		<u> </u>						-			
	d	Net rental income or (lo	oss)	<u> </u>	<u> </u>												
	7a	Gross amount from sales of	(i) Secunti	es	(ii) Other		ħ s	ī.	m1	Ž,	£	х.: <u></u>	Laks.	١.		, _{wa}	Ú,
		assets other than inventory					·	i	10 11 me 2 16 16	TI	,	W.1.3	1. ·	M		- 🧗 '	្ន
	h	Less. cost or other basis				6		مرسافتون	· 88.	4	oč.		a.		4	· .	1
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		Gain or (loss) I		-												-34	ئى
	a	Net gain or (loss)				1 NA 1	, J 1 'S		7.3	ženije.		·振,	5.12	28	~	<u> </u>	-21
9	8a	Gross income from	fundraisi	ng				,	3			٠.			.18	'K 6'	5
evenue		events (not including \$				R: A.	, seig	1	ر' 🖏	1	* 5.3	- 100 - 100	- j	# :	Soft of	\$- ·)	2
ě		of contributions reported	on line 1	c).		2.				7	,	£		ķ.,	pè.		٠
œ		See Part IV, line 18		· a			njig. Magazin dest iniya	المسر فأشدان الباها	enderge en en en en 1 la jare	#.	eK billione	a William	and I	ů.	rigida in	Correct 18	
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	ya	Gross income from gam See Part IV, line 19	ing activiti	U S.		K 7	- 155				301		17.75	*	1.0	۵۰°,	
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		Net income or (loss) from			ities . ▶			 		-		-	· <u>·</u>		```		
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	10a	Gross sales of inve					•							1	-		
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	b	Less: cost of goods so	ld . ,	. b			ì	ļ						 			
	С	Net income or (loss) from		nvent				L									
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	C.	All		• • • • •		 		 						 			-
		All other revenue			<u>. </u>	 		ret i,					٠,	 			7
		Total. Add lines 11a-1			🟲		450000				· ·	<u> </u>		<u> </u>			
	12	Total revenue. See ins	tructions.		<u> • </u>	L	150937							L			

Part IX Statement of Functional Expenses

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

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.	
other expenientions must complete column (A) but are not required to complete columns (B) (C) and (D)

Total properties Total properties Total properties Program server Amangement and End organizations in the U.S. See Part IV, line 21		All other organizations must complete co	lumn (A) but are no	t required to com	plete columns (B),	(C),				
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)(f)) and persons described in section 4958(f)(f)) and section 405(f) employer contributions) 7 Other employee benefits 9 Persisten plan contributions (include section 401(f)) and section 405(f) employer contributions) 9 Other employee benefits 1 Fees for services (non-employees): 1 Advantagement 2 250 250 250 250 250 250 250 250 250 2				Program service	Management and		Fundra expe	aising		
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		Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs								

Pa	irt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	96181	1	71734
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key	. ,	*	13, 14 ()
	"	employees, and highest compensated employees. Complete Part II of		عثدر	
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	à A	*	£ - 1 & 201 1
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	*	<u> </u>	
		Part II of Schedule L		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	_
¥	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or 10a	, de . ,	-	
		other basis. Complete Part VI of Schedule D		į.	\$\display \cdot \cdot \frac{1}{2} \display \cdot \display \din \display \display \din \display \display \display \display \display \display \din
	ь	Less: accumulated depreciation 10b		10c	
	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		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)	96181	16	71734
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key		ş- , .	
ab		employees, highest compensated employees, and disqualified	, , , , , , , , , , , , , , , , , , ,	* "	7. 7. 1
_		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 to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
ances		Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
<u>la</u>	27	Unrestricted net assets	96181	27	71734
Ba	28	Temporarily restricted net assets		28	
5	29	Permanently restricted net assets		29	
Net Assets or Fund Bal		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	and the same	2 4	Can A
ş	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ĕ	32	Retained earnings, endowment, accumulated income, or other funds		32	
ě	33	Total net assets or fund balances	96181	33	71734
_	34	Total liabilities and net assets/fund balances	96181	34	71734

Form **990** (2009)

Pa	t XI Financial Statements and Reporting			
	Till and a care monde and troporting		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		,	,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		,	
_	Schedule O.	2a		1
	Were the organization's financial statements compiled or reviewed by an independent accountant?	2b		1
	Were the organization's financial statements audited by an independent accountant?	20		
C	If "Yes" to line 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		
	If the organization changed either its oversight process or selection process during the tax year, explain in	w.	487	t 5(^
	Schedule O.	عد بند	raji 438 din	623495 S
ď	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			N. S.
	issued on a consolidated basis, separate basis, or both:	· 🎕	1,000	Î,
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	l		i
	the Single Audit Act and OMB Circular A-133?	3a	l	✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)