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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

| | | | | |
|---|---|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization | | D Employer identification number |
| | | DC Children First | | 26-0403513 |
| | | Number and street (or P.O. box, if mail is not delivered to street address) Room/suite | | E Telephone number |
| | | 1825 K Street NW 1080 | | 202-772-0429 |
| City or town, state or country, and ZIP + 4 | | F Group Exemption Number ▶ | | |
| Washington, DC 20006 | | | | |

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
G Accounting Method: Cash Accrual
 Other (specify) ▶

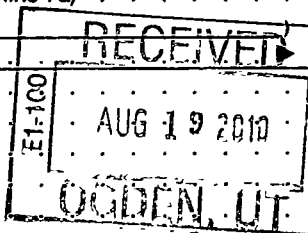
I Website: ▶ www.dcchildrenfirst.org
J Tax-exempt status (check only one) - 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527
H Check ▶ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ▶ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

| | | 1 | 2 | 3 | 4 | 5a | 5b | 5c | 6a | 6b | 6c | 7a | 7b | 7c | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | | | |
|------------|---|--|---|---|---|----|----|----|----|----|----|----|----|----|---|---------|----|----|----|----|----|----|----|----|----|----|----|----|--|----|----------|---------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | | | | | | | | | | | | | 228,000 | | | | | | | | | | | | | | | | |
| | 2 | Program service revenue including government fees and contracts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 | Membership dues and assessments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 | Investment income | | | | | | | | | | | | | | | | | | | | | | | | | | | | 34 | | |
| | 5a | Gross amount from sale of assets other than inventory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b | Less: cost or other basis and sales expenses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6 | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a | Gross revenue (not including \$ _____ of contributions reported on line 1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b | Less: direct expenses other than fundraising expenses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7a | Gross sales of inventory, less returns and allowances | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | Less: cost of goods sold | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Other revenue (describe ▶ _____) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 228,034 | |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 11 | Benefits paid to or for members | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 12 | Salaries, other compensation, and employee benefits | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 92,780 |
| | 13 | Professional fees and other payments to independent contractors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 140,194 |
| | 14 | Occupancy, rent, utilities, and maintenance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2,850 |
| | 15 | Printing, publications, postage, and shipping | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1,394 |
| | 16 | Other expenses (describe ▶ Statement 1 _____) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 19,739 |
| | 17 | Total expenses. Add lines 10 through 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 256,957 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (28,923) | |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 64,665 | |
| | 20 | Other changes in net assets or fund balances (attach explanation) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 35,742 |



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

| | | (A) Beginning of year | (B) End of year |
|----|--|-----------------------|-----------------|
| 22 | Cash, savings, and investments | 99,591 | 8,742 |
| 23 | Land and buildings | | |
| 24 | Other assets (describe ▶ Grants Receivable _____) | | 27,000 |
| 25 | Total assets | | |
| 26 | Total liabilities (describe ▶ Accounts Payable _____) | 34,926 | |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 64,665 | 35,742 |

25 17

SCANNED SEP 14 2010

Part V Other Information (Note the statement requirements in the instructions for Part V.)

| | | 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 | | <input checked="" type="checkbox"/> |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | | <input checked="" type="checkbox"/> |
| 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 why the organization did not report the income on Form 990-T. | | |
| a | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? | | <input checked="" type="checkbox"/> |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | | <input checked="" type="checkbox"/> |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____ | | |
| b | Did the organization file Form 1120-POL for this year? | | <input checked="" type="checkbox"/> |
| 38a | 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 outstanding at the end of the period covered by this return? | | <input checked="" type="checkbox"/> |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____ | | |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on line 9 39a _____ | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b _____ | | |
| 40a | 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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 | | <input checked="" type="checkbox"/> |
| c | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____ | | |
| e | 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. | | <input checked="" type="checkbox"/> |
| 40e | | | |
| 41 | List the states with which a copy of this return is filed. ▶ _____ | | |
| 42a | The organization's books are in care of ▶ <u>Elizabeth Plant</u> Telephone no. ▶ <u>202-772-0429</u> Located at ▶ <u>1825 K Street NW Suite 1080 Washington, DC</u> ZIP + 4 ▶ <u>20006</u> | | |
| b | 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)? | Yes | No |
| 42b | | | <input checked="" type="checkbox"/> |
| | If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| c | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | | <input checked="" type="checkbox"/> |
| | 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 _____ <input type="checkbox"/> | | |
| | | Yes | No |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | | <input checked="" type="checkbox"/> |
| 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 | | <input checked="" type="checkbox"/> |

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|---|-----|-------------------------------------|
| 46 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 | 46 | |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | |
| b If "Yes," was the related organization a section 527 organization? | 49b | <input checked="" type="checkbox"/> |
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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.

Sign Here

▶ Elizabeth Plant Signature of officer 1-8-14-2010 Date

▶ Elizabeth Plant Executive Director Type or print name and title

Preparer's Use Only

Preparer's signature ▶ Rita S Cook Date 8/10/10 Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ PRI EIN ▶ 52-1995048

6009 Overlea Road Bethesda, MD 20816 Phone no. ▶ 301-807-9285

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

DC Children First

26-0403513

Form 990-EZ Part 1 Line 16 Other Expenses

STATEMENT 1

| | |
|------------------------|---------------|
| Business Insurance | 3,281 |
| Equipment Rental | 1,886 |
| Office Supplies | 994 |
| Special Events | 9,795 |
| Telephone and Internet | 2,306 |
| Travel | 1,292 |
| Other | 185 |
| | <hr/> |
| | 19,739 |

DC Children First

26-0403513

Form 990-EZ Part III Statement of Program Accomplishments

STATEMENT 2

DC Children First is a coalition of families, educators and business and community leaders dedicated to education reform in DC. Activities to support this mission include a public education effort, government relations, communications strategies (including paid and earned media) and working with a consortium of organizations and families that support DC school reform. DC Children First supports school reforms that will improve education for all DC's kids, including providing more choices for low income parents and providing educational opportunities for all.

DC Children First

26-0403513

Form 990-EZ Part IV Current Officers, Directors, Trustees and Key Employees

STATEMENT 3

| Name and Address | Title and Time Devoted to Position | Compensation | Contributions to Employee Benefit Plans | Expense Acct and Other Allowances |
|---|-------------------------------------|--------------|---|-----------------------------------|
| Elizabeth Plant 1825 K Street NW, Suite 1080 Washington, DC 20006 | Executive Director 40 hours/week | 87,284 | 0 | 0 |
| Sandy Allen 4306 Wheeler Road, SE Washington, DC 20032 | Director 1 hour/week | 0 | 0 | 0 |
| Kevin Chavous 1301 K Street NW, Suite 600 Washington, DC 20005 | Director 2 hour/week | 0 | 0 | 0 |
| Maudine Cooper 2901 14th Street, NW Washington, DC 20009 | Director 2 hour/week | 0 | 0 | 0 |
| Raul Fernandez 11600 Sunrise Valley Drive, Suite 290 Reston, VA 20191 | Director 1 hour/week | 0 | 0 | 0 |
| Donald Hense 120 Q Street NE, Suite 200 Washington, DC 20002 | Director 1 hour/week | 0 | 0 | 0 |

Anthony A Lewis
2055 L Street NW, Floor 5
Washington, DC 20036

Treasurer
2 hour/week

0 0 0

Linda Moore
3220 16th Street NW
Washington, DC 20010

Director
1 hour/week

0 0 0

DC Children First

26-0403513

Form 990-EZ Part IV Current Officers, Directors, Trustees and Key Employees

STATEMENT 3 - Page 2

Jerry A Moore III
575 7th Street NW
Washington, DC 20004

Director
1 hour/week

0 0 0

Malcolm E Peabody
1530 16th Street NW, Suite 104
Washington, DC 20036

Director
1 hour/week

0 0 0

Joseph E Robert Jr
1650 Tyson's Blvd, Suite 1600
McLean, VA 22102

Director
2 hour/week

0 0 0

George Vrandenburg
1350 I Street NW, Suite 200
Washington, DC 20005

Director
2 hour/week

0 0 0

Virginia Walden Ford
209 Hawaii Avenue NE
Washington, DC 20011

Director
2 hour/week

0 0 0 0

Anthony A Williams
1001 Nineteenth Street, North
Arlington, VA 22209

President & Chairman
2 hour/week

0 0 0 0

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

| | | |
|--|--|---|
| Type or print | Name of Exempt Organization DC Children First | Employer identification number 26-0403513 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. if a P.O. box, see instructions. 1825 K STREET NW #1080 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. Washington DC 20006 | |

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of **Elizabeth Plant**
- Telephone No. **(202) 772-0429** FAX No. **()**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **Aug 4 5 15**, 20**10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20**09** or
- ▶ tax year beginning _____, 20____, and ending _____, 20_____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | |
|---|-----------|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

| | | |
|---|--|--------------------------------|
| Type or print <small>File by the extended due date for filing the return. See instructions.</small> | Name of Exempt Organization | Employer identification number |
| | Number, street, and room or suite no. If a P.O. box, see instructions. | For IRS use only |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |

Check type of return to be filed (File a separate application for each return):

- | | | | |
|--------------------------------------|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ _____
 Telephone No. ▶ (_____) _____ FAX No. ▶ (_____) _____
 - If the organization does not have an office or place of business in the United States, check this box
 - If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until _____, 20_____
- 5 For calendar year _____, or other tax year beginning _____, 20_____, and ending _____, 20_____
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension _____

| | |
|--|--------------|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b \$ |
| c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c \$ |

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Elizabeth A Plant Title ▶ Executive Director Date ▶ May 12, 2010