

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Department of the Treasury

# **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)

► The organization may have to use a copy of this return to satisfy state reporting requirement

2009
Open to Public Inspection

		ue Service		dar year, or tax year beginning , 2009, and endi		ting requirements.	, 20		
					iiig iii	D Employer Identifica	·		
R C	eck if appl		IRS			36-6038542			
-	change	1	el or nt or	Doing Business As  Number and street (or P O box if mail is not delivered to street address)  Rooi	m/suite	E Telephone number	<del></del>		
-	Name	ty	/pe		'				
-	Initial r	Spe	ecrfic	BANK OF AMERICA, NA 231 S LASAL  City or town, state or country, and ZIP + 4	<del></del> {	312 923-16	50		
$\vdash$	Termin	lns	truc-	·		G Gross recounts \$	14 202 714		
	Amend return Applica		ons	CHICAGO, IL 60697		G Gross receipts \$ H(a) Is this a group return	14,283,714.		
L	pendin	F		ne and address of principal officer: BANK OF AMERICA		affiliates?	<b>├</b> ─┤		
			-	1 S. LASALLE, CHICAGO, IL 60697		H(b) Are all affiliates inclu  If "No," attach a list			
		empt status		X   501(c) ( 3 ) ◀ (insert no.)   4947(a)(1) or   527		•			
<u>J</u>	Websit	e: N	ONE		1	H(c) Group exemption nur			
_		f organizat	tion	Corporation   Trust   Association   Other ▶   L Year	of format	ion 1925 M State o	f legal domicile IL		
Pa	rt l	Summ	nary						
				e the organization's mission or most significant activities					
•		SUPPO	RT_	THE COMMUNITY RENEWAL SOCIETY					
ğ			- <del>-</del> -		- <b></b>				
Ë	1				- <b></b>				
Governance	2	Check the	ıs bo	x 🕨 🦳 if the organization discontinued its operations or disposed of more th	nan 25%	of its net assets.			
8	3	Number o	of vo	ting members of the governing body (Part VI, line 1a)			1		
es	4	Number o	of inc	lependent voting members of the governing body (Part VI, line 1b)		4			
Σ	5	Total nun	nber	of employees (Part V, line 2a)		5			
Activities	1			of volunteers (estimate if necessary)		ا م ا			
_	7a	Total gro	ss ur	related business revenue from Part VIII, column (C), line 12					
				business taxable income from Form 990-T, line 34			NON H		
						Prior Year	Current Year		
_	8	Contribut	tions	and grants (Part VIII, line 1h)	🗀				
- a	q	Program	servi	ce revenue (Part VIII line 2g)					
Revenue	10	Investme	ent in	come (Part VIII, column (A), lines 3, 4, and 7d)	∵	-669,950	693,368		
æ	11	Other rev	venu	e (Part VIII, column (A) lines-6-6d-8e-9c-10c, and 11e)		5,080			
	12	Total rev	enile	- add lines 8 through   1 Amust equal Part VIII, column (A)(ine 12)		-664,870	693,368		
	13	Grants at	nd cu	milar amounts paid (Part IX, column A) lines 2500		1,625,715	1,539,453		
	14	Ronofite	naid	to or for members (Par IX, column (A), line 4)	• -				
	145			r compensation, employee banefits (Part-IX, column (A), lines 5-10)	• •	146,663	137,081		
ses	15			undraising fees (Part IX, column. (A), line-1-10)		110,003	23 / 1002		
Expenses	IVA			ing expenses, Part IX, column (D), line 25) ► NONE	••-	-			
ă	1, 0			the state of the s		6,889	15,760		
	1			es (Part IX, column (A), lines 11a-11d, 11f-24f)		1,779,267	1,692,294		
	1			s Add lines 13-17 (must equal Part IX, column (A), line 25)			-998,926		
- 0		Revenue	less	expenses. Subtract line 18 from line 12	$\overline{}$	-2,444,137 Beginning of Year	End of Year		
t Assets or		_			<b>'</b>		35,236,127		
SSet	20			Part X, line 16)	• •	36,234,940			
Net	21			s (Part X, line 26)	· ·	NONE	NON 127		
				fund balances Subtract line 21 from line 20	• • •	36,234,940	35,236,127		
Pá	art II			Block					
		Under p	enaltı	es of perjury, I declare that I have examined this return, including accompanying sche Sylpue, correct, and complete Declaration of preparer (other than officer) is based o	edules and	d statements, and to the	e best of my knowledge arer has any knowledge.		
		and ben	'''' ''	Stude, correct, and complete Declaration of proparer (other than officer) is observed	201 UII 1111C	11/1	110		
	Sign		_(,	11 40 00 ( 7 00 P)			טוןט		
ŀ	lere	► Sig	gnatu	re of officer		Date /			
		<u> </u>	ANK	OF AMERICA, N.A., AS TRUSTEE,					
		Ту	pe or	print name and title			<u></u>		
		Prepare			Check if self-	Preparer's (see instru	identifying number ctions)		
Pai		signatu	re		employed				
	parer's			or yours		EIN ►	,		
US	Only	if self-en address,	, and $\lambda$	CIP + 4		Phone no			
Ma	y the I	RS discus	ss thi	s return with the preparer shown above? (see instructions)		. <u></u>	Yes X No		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. JSA 9E1010 1 000

Form **990** (2009

12

		Page Z
_	rt     Statement of Program Service Accomplishments	
	Briefly describe the organization's mission: SUPPORT THE COMMUNITY RENEWAL SOCIETY	
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
	the prior Form 990 or 990-EZ?	<u>м</u>
3		X No
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.	-
	(Code: ) (Expenses \$ 54,832. including grants of \$ 1,594,285.) (Revenue \$ ) THE COMMUNITY RENEWAL SOCIETY	,
4b	(Code. ) (Expenses \$ including grants of \$) (Revenue \$)	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	· · ·
40	Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
46	Total program service expenses ► 54,832.	(2009)

Part	V 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</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		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X_
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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		X
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		X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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		Х
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		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			·: `
	VII, VIII, IX, or X as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	N. C.		
	Schedule D, Part VI.			
•	Did the organization report an amount for investments other-securities in Part X, line 12 that is 5% or more		45	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	( t		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		*	
•	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 167 If "Yes," complete Schedule D, Part IX.		*	
•	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X.	- ; ° ?	3 33	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Ŷ	
	the organization's liability for uncertain tax positions under FIN 487 If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			343
	complete Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	PAN.		3
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	<u> </u>
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? If "Yes," complete Schedule F, Part I	14b	ļ	X
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		X
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	<u> </u>	X
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		Х
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			1
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
			000	(2000)

Part	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			ĺ
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			1
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
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		Х
24 a	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			1
	24b through 24d and complete Schedule K. If No, go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
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		Х
d		24d		Х
25 a	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		Х
Ь	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		Х
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		Х
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		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			3,
_	Schedule L, Part IV	28b		X
c	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		<del> </del>	
50	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	"		
٠.	Part 1	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u></u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
<b>0</b> 4	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes;" complete		<del> </del>	<del></del>
00	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related-	33		<del>^</del>
30	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<u> </u>
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	31		X;
55	19? Note. All Form 990 filers are required to complete Schedule O	38	X	۲,
	10. Hotel / M. Form 500 mers are required to complete ochequie O		990	(2000)

Part	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			
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	Х	
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 . 2a 0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		(
	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		Х
ь	If Yes, enter the name of the foreign country: ▶	12	<b>*</b> *	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
-	Prohibited Tax Shelter Transaction?	5c		
6a	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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		X
b	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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			عبطا
	benefit contract?	7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		X
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		<u> X</u>
9				
а	Did the organization make any taxable distributions under section 4966?	9a		X
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10				
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11				
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	4 -		4
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u>X</u>
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b		000	10000

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.			
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			١.,
	any other officer, director, trustee, or key employee?	2_		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			٠,,
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_		١,,
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			٠.
	the year by the following:			
а	The governing body?	8a		X
b	Each committee with authority to act on behalf of the governing body?	8b		X
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_		X
	tion B. Policies (This Section B requests information about policies not required by the Internal			
<u>rev</u>	enue Code.)		Yes	No
		10a		X
	Does the organization have local chapters, branches, or affiliates?	IVa		<del>  ^</del>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10Ь		ļ
	affiliates, and branches to ensure their operations are consistent with those of the organization?	100		<del> </del>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11	X	i
	form?	-		
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	<del>                                     </del>
	Does the organization have a written conflict of interest policy? If "No," go to line 13	120		<del>                                     </del>
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	<u> </u>
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	ļ	<del> </del>
13	Does the organization have a written whistleblower policy?	13	<u> </u>	X
14	Does the organization have a written document retention and destruction policy?	14		Х
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		X
b	Other officers or key employees of the organization	15b	ļ	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	ļ		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ŀ		.
	with a taxable entity during the year?	16a		X
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		ļ	
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶Illinois			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only	r)	
	available for public inspection. Indicate how you make these available. Check all that apply.  Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of torganization: Pank of America, N.A. TEL: (312)923-1658	he		
	231 South LaSalle St.: Chicago, IL 60697			

# 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 com	pensate an	y cur	rent	off	cer	, direc	tor,	or trustee.	,	
(A)	(B)	(C) Position (check all that apply)						(D)	(E)	(F)
Name and Title	Average hours per week	ा Individual trustee Por director	nstitutional trustee	Officer	Key employee	Highest compensated at 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
BANK OF AMERICA	4.0		,,					125 001	NONE	Ž.
TRUSTEE	40		Х	_				137,081	NONE	···NON
										. 1
										,
										9 (
										17145 77
										ii i
										- ,

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	yee	es, a	and H	ligi	nest Compensat	ed Employ	ees (co	ntınued)
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average hours per week			officer		that app	Former	Reportable compensation from	Reportat compensa from rela	tion	Estimated amount of other
		Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner	the organization (W-2/1099-MISC)	organizati (W-2/1099-	ons	compensation from the organization and related organizations
											·
											·
											-
	,										
				ļ 							
			_								
		<u> </u>	_		ļ.,						· ·
		<u></u>		į <u>.</u>			Ļ	127 001		NONE	NO
1b Total	<u> </u>				<u> </u>	<u></u>	<u> </u>			NONE	NON
Total number of individuals (including but not reportable compensation from the organization)		hose 1		d al	bov	e) who	o re	ceived more than	\$100,000 11	1 	Iv l N-
3 Did the organization list any former officemployee on line 1a? If "Yes," complete Sched	cer, direct	or or	tru divia	uste <i>lual</i>	e,	key (	emp	oloyee, or highes	st compens	ated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations undividual.	e sum of greater t	repo han \$	rtabl	le (	com	pensa	atioi ⁄es,	n and other com " complete Sched	pensation dule J for	from such	4 X
5 Did any person listed on line 1a receiv services rendered to the organization? If "Yes,	e or accr	ue c	omp	oen:	satio	on fr	om	any unrelated	organization	for	5 X
Section B. Independent Contractors											1 1
Complete this table for your five highest compensation from the organization.	compensa	ted i	ndep	oen	den	t con	trac	ctors that receive	d more the	an \$100	),000 of
(A) Name and business add	Iress							(B) Description of se	ervices	Co	(C) ompensation
						_	$\pm$		- · - · - · - · - · - · - · - · - · · - · · - · · - · · - · · - ·		
						-	$\downarrow$				
Total number of independent contractors (if more than \$100,000 in compensation from the contractors of				mite	ed t	o tho	se	listed above) who	received		
more than \$100,000 in compensation from tr	ie organiza	HOIL								L	

Page 9

rt VII	Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a	Federated campaigns 1a				
la b	1 42				
c	40				
d			}		
e	Government grants (contributions) 1e				
f	All other contributions, gifts, grants,				
	and similar amounts not included above . 1f				
9					
n	Total. Add lines 1a-1f				
-	Busine	ess Code			
2a					
þ	·				
c				<u> </u>	<del></del>
d					
2a b c d				<u> </u>	
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	All other program service revenue  Total. Add lines 2a-2f				
3	Investment income (including dividends, interest, and				
*	other similar amounts)		75.	İ	1,103,3
4	Income from investment of tax-exempt bond proceeds				
5	Royalties · · · · · · · · · · · · · · · · · · ·				
"	(i) Real (ii) P	ersonal 🔍 🔥	\$\$\tag{\chi_0}\$(6)		
6a	Gross Rents			1	
T		,		44	
		1-412	<u> </u>	<u> </u>	37 06
	Net rental income or (loss)				
7a	Gross amount from sales of (ii) Securities (ii)	Other		i ex-	
′°	assets other than inventory 13180339				ja v
t	Less cost or other basis	*****	, (a, )		-
	and sales expenses 13590346				
0	Gain or (loss)				
0	d Net gain or (loss)	▶ -410,0	07.		-410,0
8a	a Gross income from fundraising				
	events (not including \$				
	of contributions reported on line 1c).		* **	`	
:	See Part IV, line 18		1		
;   ``	b Less direct expenses b				
´   _	Net income or (loss) from fundraising events	· · · · · <u>· P</u>			
98	Gross income from gaming activities. See Part IV, line 19				
١.	b Less direct expenses b				
1	c Net income or (loss) from gaming activities	•			
108					
	returns and allowances a				
1	b Less. cost of goods sold b				
<u> </u>	c Net income or (loss) from sales of inventory				
_	Miscellaneous Revenue Busin	ess Code			
118	·	-			
1	b				
(	c				
(	d All other revenue				
Ι,	e Total. Add lines 11a-11d	▶			
1 '	Total Revenue. See instructions	▶ 693,3	r n 1		693,3

### Part IX Statement of Functional Expenses

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

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_	, 8b, 9b, and 10b of Part VIII.	,	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	1,539,453.	1,539,453.		
2					
	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,	127 001	E4 033	02 240	
	trustees, and key employees	137,081.	54,832.	82,249.	
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	· —				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)		-		
•	and section 403(b) employer contributions)				
9	Other employee benefits				· · · · · · · · · · · · · · · · · · ·
10	Payroll taxes				,
11	Fees for services (non-employees)				•
	Management				· · ·
	Legal	800.		800.	
	Accounting	000.		000.	
	Professional fundraising services. See Part IV, line 17 Investment management fees	· ·			
	_				
g 12	Other				
13	Office expenses				
14	Information technology				<del></del>
15	Royalties				<del></del>
16	Occupancy				· · · · · · · · · · · · · · · · · · ·
17	Travel				_
18	Payments of travel or entertainment expenses				· · · · · · · · · · · · · · · · · · ·
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	· -			
23	Insurance				
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					
b					
c					
d					
8					
f	All other expenses	14,960.		14,960.	
	Total functional expenses Add lines 1 through 24f	1,692,294.	1,594,285.	98,009.	NON
26	Joint Costs. Check here ▶ 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				

rm 990 (2 art X	Balance Sheet			Page 11
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	1,627,596.	2	1,432,061.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
1	employees, and highest compensated employees. Complete Part II of		_	
۱ ـ	Schedule L	· · · · · · · · · · · · · · · · · · ·	5	<del></del>
6	Receivables from other disqualified persons (as defined under section		1	•
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		_	
3	Part II of Schedule L	<del></del>	7	
7 8	Notes and loans receivable, net		8	
~ I	Inventories for sale or use	·	9	
9	Prepaid expenses and deferred charges		9	<del></del>
10a	Land, buildings, and equipment: cost or 10a			
	other basis. Complete Part VI of Schedule D			
	Less: accumulated depreciation	34,607,344.	10c	33,804,066
11	Investments - publicly traded securities	34,607,344.	12	33,804,000
12	Investments - other securities. See Part IV, line 11		13	
13	Investments - program-related. See Part IV, line 11		14	
14 15	Intangible assets	<del></del>	15	<del></del>
16	· · · · · · · · · · · · · · · · · · ·	36,234,940.	16	35,236,127
17	Total assets. Add lines 1 through 15 (must equal line 34)	30,234,340.	17	33,230,121
18	Grants payable		18	•
19	Deferred revenue		19	
20	Tax-exempt bond liabilities	· · · · · · · · · · · · · · · · · · ·	20	
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key		<del>  = -  </del>	
22	employees, highest compensated employees, and disqualified		1 i	
š	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	NONE	26	NON
ß	Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
27 28 29 30 31 32 33 33	Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34.			
2 30	Capital stock or trust principal, or current funds	36,234,940.	30	35,236,127
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹ 32	Retained earnings, endowment, accumulated income, or other funds		32	
2 33	Total net assets or fund balances	36,234,940.	33	35,236,127
34	Total liabilities and net assets/fund balances	36,234,940.	34	35,236,127

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2009

Onen to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	F LAWSO								36-6038	542	
Part I			y Status (All organi						tions.	<u> </u>	
ihe <u>orga</u> r	nization is no	t a private found	ation because it is: (Fo	r lines 1 th	rough 11,	check onl	y one box	×.)			
1	A church, co	nvention of chu	rches, or association o	f churches	described	in section	170(b)(	1)(A)(i).			
2	A school des	scribed in <mark>sectio</mark> i	n 170(b)(1)(A)(ii). (Att	ach Sched	ule E.)						
3	A hospital o	r a cooperative h	ospital service organiz	ation desc	ribed in <b>se</b> c	tion 170	(b)(1)(A)(	iii).			
4	A medical i	esearch organiz	ation operated in cor	nunction v	with a hos	pital desc	ribed in	section	170(b)(1)	(A)(iii). Enter the	
		me, city, and sta	· ·	•		•					
5	•	• • •	or the benefit of a coll	lege or un	versity ow	ned or o	perated b	ov a gove	rnmental	unit described i	
-	_	(b)(1)(A)(iv). (Co		-0	,			,			
6			ernment or governmen	tal unit de	scribed in s	ection 1	70(b)(1)(A	MVI			
, H		_	lly receives a substant						or from t	he general nubli	
' Ш	-		1)(A)(vi). (Complete P	•	no ouppon	4	,0 ,0 , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0, 1101111	no gonorai pabil	
,					malata Pari	- JJ Y					
	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross										
<b>'</b> Ш	receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its										
			nent income and uni						oii (ax)	from businesse	
		=	after June 30, 1975.							, ( )	
<u>'                                     </u>	_	_	nd operated exclusively	•	•	-					
<u>  X</u>			and operated exclusi								
	•	•	ublicly supported orga								
	509(a)(3). C		at describes the type o								
	а Тур				e III - Funct	,	_			pe III - Other	
e <u>X</u>	By checking	j this box, I ce	rtify that the organiz	ation is no	ot controlle	ed directl	y or indi	irectly by	one or	more disqualifie	
	persons oth	er than foundati	on managers and oth	er than on	e or more	publicly s	supported	d organiza	ations de	scribed in sectio	
	509(a)(1) or	section 509(a)(	2).								
f	If the organ	nization received	a written determinat	tion from 1	the IRS tha	at it is a	Type I, T	īýpe II, o	r Type III	supporting	
	organization	, check this box									
g	Since Augus	st 17, 2006, has	the organization accept	oted any gi	ift or contri	bution fro	m any of	the			
	following pe	ersons?									
	(i) A perso	on who directly	or indirectly controls	, either ale	one or tog	ether wit	h person	s describ	oed in (ii)	Yes No	
	and (iii)	below, the gove	erning body of the supp	ported orga	anization?					11g(i) X	
			erson described in (i) a							11g(ii) X	
			of a person described							11g(iii) X	
h			ation about the suppo							·	
	of supported	(ii) EIN	(iii) Type of organization		rganization	(v) Did v	ou notify	(vi)	s the	(vii) Amount of	
	anization	(117 2.114	(described on lines 1-9	in col. (i) li	sted in your	the organ	nization in	organizat	ion in col.	support	
			above or IRC section (see instructions))	governing	document?		of your port <sup>?</sup>		zed in the S.?		
			(See Illstructions))	Yes	No	Yes	No	Yes	No	,	
				165	140	103	- 140	103	100	ı	
ים משי	י מיניות מחות									, (	
L STA	TEMENT 1						ļ	<del> </del>	<del>   </del>	·	
										1	
						<u> </u>	<u> </u>	-			
									1		
		L									
					]				1		
otal											

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2009

Part	(Complete only if you check	ganizations D ked the box or	escribed in S n line 5, 7, or 8	ections 170 3 of Part I.)	(b)(1)(A)(iv) ar	nd 170(b)(1)(A	)(vi) <u>N/A</u>	
	ion A. Public Support	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(6) 2006	(6) 2007	(0) 2008	(6) 2009	(i) iotai	
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")			***			·	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3 · · · · ·		FRANCE SALANCE		1728	3244271.74		
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)				4 2 3 5			
6	Public support. Subtract line 5 from line 4	7000	Z# * * * * 1	**************************************	12. 6 BORTS	* **		
	ion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10	2000	A Comment		<u> 1866 - 1868</u>			
12	Gross receipts from related activities, etc. (see instructions)							
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here							
	Public support percentage for 2009 (I			11 column (f)	·	14	9	
14 15							9	
	Public support percentage from 2008 Schedule A, Part II, line 14							
100	this box and stop here. The organizate							
h	331/3% support test - 2008. If the							
	check this box and stop here. The org							
17a	10%-facts-and-circumstances test -							
	or more, and if the organization m							
	Part IV how the organization meets							
	organization							
b	10%-facts-and-circumstances test -							
	15 is 10% or more, and if the org							
	Explain in Part IV how the organization							
	supported organization							
18	Private foundation. If the organization							
	instructions		<u> </u>	<u></u>				
						Schedule A (Form 95	90 or 990-EZ) 20	

art III Support Schedule for Organi (Complete only if you checked						N/A
ection A. Public Support		r	T	1 2.52.22		
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Gifts, grants, contributions, and						
membership fees received. (Do not include						
any "unusual grants.")				ļ	ļ	
Gross receipts from admissions, merchandise						
sold or services performed, or facilities						
furnished in any activity that is related to the						
organization's tax-exempt purpose						
Gross receipts from activities that are not an						,,
unrelated trade or business under section 513						
Tax revenues levied for the organization's					1	ļ
benefit and either paid to or expended on						İ
, its behalf						
The value of services or facilities						
furnished by a governmental unit to the						
organization without charge						
Total. Add lines 1 through 5		<u> </u>		· -		
a Amounts included on lines 1, 2, and 3	-	<u> </u>	1	1		
received from disqualified persons						
b Amounts included on lines 2 and 3	-					
received from other than disqualified persons that exceed the greater of						
\$5,000 or 1% of the amount on line 13				1		
for the year			-	<del>†</del>	<del>  </del>	
c Add lines 7a and 7b					-	
Public support (Subtract line 7c from		ļ		1		ļ
line 6.)		1	L	J	<u> </u>	<u> </u>
ection B. Total Support	(-) 2005	(h) 2000	(-) 2007	(4) 2009	(e) 2009	(f) Total
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2005	(i) iotai
9 Amounts from line 6			ļ	<del> </del>		<del> </del>
Da Gross income from interest, dividends, payments received on securities loans,						
rents, royalties and income from similar						
sources				<del></del>		ļ
b Unrelated business taxable income (less						
section 511 taxes) from businesses						•
acquired after June 30, 1975		<u></u>			<u> </u>	
c Add lines 10a and 10b						
1 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly						
carried on						
loss from the sale of capital assets						1
(Explain in Part IV.)					1	1
3 Total support. (Add lines 9, 10c, 11,				-	<u> </u>	1
1						1
and 12.)	the creening	m'e first coas-	third forms -	or fifth tax year	as a section FO	1(c)(3)
organization, check this box and stop here . ection C. Computation of Public Sup			· · · · · · · · · · · · · · · · · · ·	<u> </u>		
			ımn (f))		15	
					15	
					16	
ection D. Computation of Investment			40 4 (0)	-	1451	
7 Investment income percentage for 2009 (lin		-	-			
8 Investment income percentage from 2008 S					18	
9a 33 1/3% support tests - 2009. If the or	_					
17 is not more than 33 1/3%, check th		-	-			_
b 33 1/3% support tests - 2008. If the orga						_
line 18 is not more than 331/3%, check  O Private foundation. If the organization		•	-	•	•	

Schedule A (F	orm 990 or 990-EZ) 2	009							Page 4
Part IV	Supplemental	Information.	Complete the Part III, line 1	nis part to 2. Provide	provide any othe	the explana r additional i	tions required nformation. See	by Part II, line instructions.	10;
					<del>-</del>				<b></b> -
<b></b>			<b>_</b>	<b></b>			<b>-</b>		<b>-</b>
			<del>-</del> -	<b></b>					
					<b></b>	<del></del>			<b></b> -
	<b></b>				<b>-</b> -			. <b></b>	
		<b>-</b>							
			<b></b>		<b></b>				
									<b>-</b>
	+					<del></del>			
								·	
								·	
			<b>-</b>					<b>-</b>	<del>-</del>
								<b></b>	
				<del>-</del>					
				· <b></b>					
								<del>-</del>	
									·- <b>-</b>
			<b></b>						
				·					

# **SCHEDULE 1** (Form 990)

Grants and Other Assistance to Organizations,

OMB No 1545-0047

Open to Public

Schedule I (Form 990) 2009 ₽ × (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Inspection Employer identification number Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 36-6038542 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States (d) Amount of cash grant (e) Amount of non-cash assistance Part IV and Schedule I-1 (Form 990) if additional space is needed Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. Enter total number of section 501(c)(3) and government organizations (c) IRC section of applicable Enter total number of other organizations ..... Part | General Information on Grants and Assistance (b) EIN (a) Name and address of organization or government SEE STATEMENT VICTOR F LAWSON Department of the Treasury Name of the organization Internal Revenue Service

9E128B 1 000

Page 2

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (a) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III N/A

#### **SCHEDULE O** (Form 990)

# Supplemental Information to Form 990

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.

VICTOR F LAWSON	36-6038542						
FORM 990, PAGE 6, PART VI, LINE 11-DESCRIPTION OF PROCESS FOR REV	IEW						
This organization is formed as a trust under state law, and							
Bank of America is a corporate Trustee of this Trust. The F	orm 990 is						
prepared by Bank of America tax professionals under the dire	ct						
supervision of a corporate officer. Thus, the Form 990 is r	eviewed						
prior to filing by an officer of the Bank, which is the sole	Trustee						
(or co-Trustee) of this Trust.							
DESCRIPTION FOR MAKING DOCUMENTS PUBLIC							
FORM 990, PAGE 6, PART VI, LINE 19							
The Trust (and the Bank as corporate Trustee) makes its gove	rnance						
documents, conflicts of interest policy and financial statements							
available to the public as required by federal and state laws.							
	- <b></b>						
·							

VICTOR F LAWSON 36-6038542

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US

NAME OF ORGANIZATION:

THE COMUNITY RENUWAL SOCIETY

ADDRESS:

332 S MICHIGAN AVE STE 500

CHICAGO, IL 60604-4434

EIN: IRC SECTION:

36-2000728

Church 170(b)(1)(A)

PURPOSE OF GRANT:

SUPPORT COMMUNITY RENEWAL SOCIETY