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SCANNED AUG

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or

2009

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements and ending For the 2009 calendar year, or tax year beginning Check if C Name of organization D Employer identification number Please applicable use IRS Address change label or Name change 51-0207044 THE FALLS CHURCH ENDOWMENT FUND, onnt or Number and street (or P O box, if mail is not delivered to street address) type E Telephone number Initial retum Room/suite P.O. BOX 4631 703-919-9461 Termin Instruc-City or town, state or country, and ZIP + 4 F Group Exemption 22044 FALLS CHURCH, VA Number > G Accounting method X Cash • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) Website WWW.THEFALLSCHURCH-EPISCOPAL.ORG H Check X If the organization is not Tax-exempt status (check only one) - \times 501(c) (3) \triangleleft (insert no) \square 4947(a)(1) or 527 required to attach Schedule 8 (Form 990, 990-EZ, or 990-PF) 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 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 | Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 8,611. Investment income STMT 2 67. 5a 5a Gross amount from sale of assets other than inventory 5b Less cost or other basis and sales expenses 67. Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ∟ Revenue a Gross revenue (not including \$ of contributions reported on line 1) Less direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) Gross sales of inventory, less returns and allowances 7a 7b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe 8 8,678. Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 RECEIVED 10 10 Grants and similar amounts paid (attach schedule) RS-DSC 11 Benefits paid to or for members 11 315 JUL 26 2010 12 Salaries, other compensation, and employee benefits 12 7,253. 13 Professional fees and other payments to independent contractors 13 14 14 Occupancy, rent, utilities, and maintenance OGDEN, UT 15 Printing, publications, postage, and shipping 15 120. SEE STATEMENT Other expenses (describe 16 7,373. 17 Total expenses. Add lines 10 through 16 17 1,305. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 673,408. (must agree with end-of-year figure reported on prior year's return) 19 125,238.SEE STATEMENT 3 20 20 Other changes in net assets or fund balances (attach explanation) 799,951. Net assets or fund balances at end of year Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (B) End of year (A) Beginning of year 744,951. 618,408. 22 22 Cash, savings, and investments 23 Land and buildings 23 55,000. Other assets (describe ► NOTES RECEIVABLE 55,000. 24 24 673,408. 799,951. 25 25 Total assets Ō. 0. Total liabilities (describe

5______

799,951.

Form **990-EZ** (2009)

673,408. 27

Net assets or fund balances (line 27 of column (B) must agree with line 21)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

	n 990-EZ (2009) THE FALLS CHURCH ENDOWMEN			<u> 5 1 -</u>	<u>02070</u>) <u>4 4</u> Page 2
P	Statement of Program Service Accomplishme	nts (See the instructions for	Part III)		E	xpenses
Wha	at is the organization's primary exempt purpose? SEE STATEMENT	5			1	or section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt put		lee manner descri			4) organizations and
	services provided, the number of persons benefited, and other relevan	· •		De	for others)	17(a)(1) trusts, optional
	SUPPORT OF CHARITABLE AND CHURCH RE			<u> </u>	lor others)	
28		LIAIED ORGANIZ	ATTONS AN	<u> </u>		
	INDIVIDUALS.	 				
						•
	(Grants \$) If this amount includes foreign	grants, check here		Ш	28a	0.
29						
	(Grants \$) If this amount includes foreign	grants, check here	•		29a	
30		 				
	(County #) If this amount includes foreign				20-	
	(Grants \$) If this amount includes foreign	grants, check here		ш	30a	
31	Other program services (attach schedule)		_		<u> </u>	
	(Grants \$) If this amount includes foreign	grants, check here	<u>_</u>	<u>ليا</u>	31a	
	Total program service expenses (add lines 28a through 31a)			<u> </u>	32	0.
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated (See the	Instructions	for Part IV)
		(h) Title and average hours	(a) Companyation		ontributions	
	(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter		employee	(e) Expense account and
	(a) ratio and address	position	-0)		fit plans & eferred	other allowances
		perman.	,	_	pensation	
RC	BIN FETSCH	DIRECTOR			-	
	O. BOX 4631, FALLS CHURCH, VA 22044		0.		0.	. 0.
	OHN MCDONNELL	DIRECTOR				
	O. BOX 4631, FALLS CHURCH, VA 22044	_	0.		0.	0.
			0.		<u> </u>	•
	DBERT MCCANN	DIRECTOR			^	
	O. BOX 4631, FALLS CHURCH, VA 22044		0.		0.	0.
_	D.(DAIL) TURNER	DIRECTOR				
	O. BOX 4631, FALLS CHURCH, VA 22044		0.		0.	0.
<u>M</u>]	CHAEL SNYDER	DIRECTOR				
Ρ.	O. BOX 4631, FALLS CHURCH, VA 22044	1.00	0.		0.	0.
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932	172 18-10				Form	990-EZ (2009)

Pa	rt 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	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
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			
а	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?	35a		<u>X</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	<u>A</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A]		
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9 39a N/A			
þ	Gross receipts, included on line 9, for public use of club facilities 39b N/A	.		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ► 0 . , section 4912 ► , section 4955 ► 0 .			
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			l
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
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 •O .			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		<u> X</u>
41	List the states with which a copy of this return is filed VA	2 0	010	
42 a	The organization's books are in care of ► ROBIN FETSCH Telephone no ► 703 53			
		204	4	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ļ	Vac	NI-
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No X
	account)?	42b		
	If "Yes," enter the name of the foreign country See the instructions for executions and filling requirements for Form TD F 90-22 1. Report of Foreign Bank and Figure 21 Accounts			
_	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		х
G	If "Yes," enter the name of the foreign country	426	L	
42	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	
43		N/A		ш
	and enter the amount of tax-exempt interest received of accided during the tax year	11/17		
		ſ	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	\Box	. 63	1.10
44	Form 990-EZ	44		Х
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	''		<u> </u>
7.5	completed instead of Form 990-EZ	45		Х
			90-EZ	(2009)

Form	990-EZ	(2009)	THE	FALL	S CHU	JRCH	ENDO	OWMENT	FUND	, INC.			51-0207	04	4	Page 4
Pa	rt VI										charitable ns 46-49b and					
46 47 48	office? Did the	If "Yes," o	omplete s n engage i	Schedule n lobbying	C, Part I activities?	If "Yes,"	' comple	ete Schedi	ehalf of or in ule C, Part II	l	candidates for p	public		46 47 48		X X X
49 a	Did the If "Yes, Comple	organization " was the resete this table	n make an lated orgar e for the or	y transfers uzation a se ganization's	to an exen ection 527 s five highe	npt non-c organizat est compe	haritable tion? ensated (related org	anization? other than of		s, trustees and	key em	nployees) who e	49a 49t each i		Х
		(a) Nar		ress of eac than \$100, N		e paid mo	ore		per week	average hours devoted to ition	(c) Compens	ation	(d) Contributio to employee benefit plans deferred compensation	& ot	(e) Expo account her allow	and
			-													
f 51	Compl	umber of o ete this tabl zation If the	e for the or	ganization' enter "Non	s five high		ensated	Independen	contractors	who each rece	ived more than	\$100,0	000 of compen	sation	ı from th	e
		(a) Nar	ne and add			dent cont	ractor pa	aid more tha	n \$100,000		(b) Type	of serv	vice	(c) Co	mpensa	tion
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d	Total n	umber of o	ther indepe	ndent cont	ractors ead	ch receivii	ng over S	\$100,000			>					
Sigr Her	1	Signatu	ties of penur complete D e of officer Roll print name a	gclaration of	nat I have exprepered (oth	ner than offi	s return, in icer) is base	cluding accomped on all infor	npanying sched mation of which	preparer has any	nts, and to the been the knowledge	İ	2-20 Date			
Paid Prep Use	arer's	Firm's name (or if self-employed)	yours M.	ATTHE 1320	WS, C	CARTE OM HI	ER AI	ROAD	Date 7//5/ CE, P SUIT	.C.	eck if self- ployed	EIN ▶ Phone	>			
Mav	the IRS	discuss thi		AIRFA								no	703-2 ▶ [18 X		0 No
				p.opi			111911						- L		<u> </u>	

Form 990-EZ (2009)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

Open to Public

Inspection

Name of the organization Employer identification number THE FALLS CHURCH ENDOWMENT FUND, INC. 51-0207044 Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type ill - Functionally integrated d ____ Type III · Other **b** Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (III) Type of (vi) is the (i) Name of supported (iv) Is the organization (v) Did you notify the (vii) Amount of (ii) EIN organization organizátion in col in col (i) listed in your organization in col organization support (i) organized in the (described on lines 1-9 governing document? (I) of your support? US? above or IRC section (see instructions)) Yes Yes No No

932021 02-08-10

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 THE FALLS CHURCH ENDOWMENT FUND, 51-0207044 Page 2 INC. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part 1) Section A. Public Support (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 Calendar year (or fiscal year beginning in)▶ (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 14,587. 7,500. 14,216. 2,288 38,591. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 14,216. 14,587. 7,500. 2,288. 38,591. 4 Total. Add lines 1 through 3 5 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, 14,072. column (f) 24,519. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in)▶ (a) 2005 (c) 2007 (d) 2008 **(b)** 2006 (e) 2009 (f) Total 7,500 14,216. 14,587. 2,288 38,591. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 15,019. 16,446. 64,971. 10,487. 14,408. 8,611. and income from similar sources 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 14. assets (Explain in Part IV) 103, 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 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 Section C. Computation of Public Support Percentage 23.67 14 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 21.09 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization \mathbf{X}

Schedule A (Form 990 or 990-EZ) 2009

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

	upport Schedule for C Public Support				Countriers our	y ii you checked the Di	NEA 10 6 aim in v
	r (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
•	ants, contributions, and	(4) 2000	(5) 2000	(0, 2007	(a) 2000	(6) 2000	
. •	ship fees received. (Do not						
	any "unusual grants.")						
	·						
	ceipts from admissions, dise sold or services per-						
formed,	or facilities furnished in						
	rity that is related to the					1	
-	tion's tax-exempt purpose						
	ceipts from activities that						
	in unrelated trade or bus-						
iness un	der section 513			1			
4 Tax reve	nues levied for the organ-						
ızatıon's	benefit and either paid to						
or expen	ded on its behalf						<u> </u>
5 The valu	e of services or facilities		1				
furnished	d by a governmental unit to			1	1		
the orga	nization without charge						
6 Total A	dd lines 1 through 5						
	s included on lines 1, 2, and				1		
	ed from disqualified persons		•				
_	cluded on lines 2 and 3 received						
	than disqualified persons that						
	greater of \$5,000 or 1% of the						
	line 13 for the year						
	s 7a and 7b					· E	
~	Upport (Subtract line 7c from line 6)		<u> </u>		1		
	Total Support		#10000	T ()0007	4 7 0000	4) 0000	40.7.1
-	r (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts							
	come from interest, s, payments received on						
securitie	s loans, rents, royalties				1		
	me from similar sources						
b Unrelated	business taxable income						
(less sect	ion 511 taxes) from businesses						
acquired	after June 30, 1975						
c Add line	s 10a and 10b						
11 Net inco	me from unrelated business						
	not included in line 10b,						
	or not the business is carried on						
	come Do not include gain			<u> </u>	1	1	
or loss fr	om the sale of capital				1		1
	Explain in Part IV) port (Add lines 9, 10c, 11, and 12)						
-	e years. If the Form 990 is for	the ergonization'	a first second the	rd fourth or fifth t	lov veer ee e eest	on 501(a)(2) arasas	Totion
	is box and stop here	the organization :	s mst, second, tm	ra, iourni, or mini	lax year as a secti	on 50 r(c)(5) organiz	adon,
	Computation of Publi	ic Support Pe	rcentage		· · · · · · · · · · · · · · · · · · ·		
	upport percentage for 2009 (li			column (fl)		15	
	upport percentage for 2009 (ii			column (i))		16	
	Computation of Inves					10	
						147	
	ent income percentage for 20		· · · · · · · · · · · · · · · · · · ·	ne 13, column (I))		17	
	ent income percentage from 2				- 4 <i>E</i>	23.1.700	17 12 224
	support tests - 2009. If the						I/ IS NOT
	an 33 1/3%, check this box ar	=	-	•			, P L.
	support tests - 2008. If the	•					and
	not more than 33 1/3%, che		-	•		-	▶⊨
20 Private	foundation. If the organization	n did not check a	box on line 14, 19	la, or 19b, check t			
					So	hedule A (Form 99	0 or 990-EZ) 20

Schedule A (Form 990 or 990-EZ) 2009 THE FALLS CHURCH ENDOWMENT FUND, INC. 51-0207044 Page 4 Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
PART II, SECTION B, LINE 17A, FACTS AND CIRCUMSTANCES TEST:
THE ORGANIZATION IS ORGANIZED AND OPERATED TO ATTRACT NEW AND ADDITIONAL
PUBLIC SUPPORT ON A CONTINUOUS BASIS. IT MAINTAINS A CONTINUOUS AND BONA
FIDE PROGRAM FOR SOLICITATION OF FUNDS FROM THE GENERAL PUBLIC AND THE
COMMUNITY IT SERVES. ADDITIONALLY, THE ORGANIZATION'S PUBLIC SUPPORT
PERCENTAGE IS LESS THAN 33 AND 1/3 PERCENT BECAUSE IT RECEIVES A HIGH
PERCENTAGE OF ITS TOTAL SUPPORT FROM INVESTMENT INCOME ON ITS ENDOWMENT
FUNDS. SUCH ENDOWMENT FUNDS WERE ORIGINALLY CONTRIBUTED BY THE GENERAL
PUBLIC AND MEMBERS OF THE COMMUNITY THE ORGANIZATION SERVES.

FORM 990-EZ		OTHER	EXPENSES			STATEMENT	1
DESCRIPTION						AMOUNT	
FOREIGN TAXES - VANO MISCELLANEOUS EXPEN		TIONAL	GROWTH FU	ND	•		60. 60.
TOTAL TO FORM 990-E	z, LINE 16				:	1	20.
FORM 990-EZ GAI	N (LOSS) FROM	I PUBLI	CLY TRADED	SECURITIES		STATEMENT	2
DESCRIPTION	GROSS SALES PRI	CE (COST OR OTHER BASI	EXPEN S OF SA		NET GAIN OR (LOSS	
		67.		0.	0.		67.
TO FORM 990-EZ, LIN	E 5	67.		0.	0.		67.
FORM 990-EZ OTHE	R CHANGES IN	NET AS	SETS OR FU	ND BALANCES		STATEMENT	3
DESCRIPTION						AMOUNT	•
UNREALIZED GAIN ON	INVESTMENTS					125,2	38.
TOTAL TO FORM 990-E	7 T TNIE 20					125,2	20

FORM 990-	EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		STATE	MENT 4
DIRECT	HE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, TLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL CONTRACT?] YES	[X] NO
	HE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, CLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	• • [] YES	[X] NO

990-EZ PG 2

STATEMENT

SUPPORT OF CHARITABLE AND CHURCH RELATED ORGANIZATIONS AND INDIVIDUALS.