



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



2009

Open to Public Inspection

Form 990-EZ

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)

- 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.

Department of the Treasury Internal Revenue Service

Header section A-F: For the 2009 calendar year, or tax year beginning, and ending. Includes fields for Name of organization (AFRICAID, INC.), Employer Identification number (84-1549841), Telephone number ((720) 746-1792), and Group Exemption Number.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Includes Accounting Method (Cash checked) and Website (WWW.AFRICAID.COM).

Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. 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. Total: \$148,671.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances. Table with 21 rows and 3 columns. Includes Revenue (Total 146,789), Expenses (Total 148,919), and Net Assets (Total 104,041). Includes a 'RECEIVED' stamp dated MAY 18 2010 from IRS-OIG in Ogden, UT.

Part II Balance Sheets. Table with 7 rows and 4 columns. (A) Beginning of year, (B) End of year. Total Net assets or fund balances: 106,213.

SCANNED JUL 07 2010

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses	
What is the organization's primary exempt purpose? <u>To help educate children in Africa.</u>		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
28	Scholarships provided to support girls attending Massae Girls school in Tanzania (Grants \$ <u>0</u>) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	13,045
29	Donated supplies and money to acquire necessary books, desks, school supplies, classrooms, facilities, computers and lunch programs for schools in Tanzania (Grants \$ <u>0</u>) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	47,525
30	Funding for teacher training (Grants \$ <u>0</u>) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	29,720
31	Other program services (attach schedule) (Grants \$ <u>0</u>) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a	8,331
32	Total program service expenses. (add lines 28a through 31a) ▶	32	98,621

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Judi Dodson 6542 S. Iroquois Trail Evergreen CO 80439	Title Board Member Hr/WK 1.00	0	0	0
Rocco Dodson 6542 S. Iroquois Trail Evergreen CO 80439	Title Board Member Hr/WK 1.00	0	0	0
Mary Greenwood Williams PO Box 930 Morrison CO 80465	Title Board Member Hr/WK 1.00	0	0	0
Felicity Hannay 300 Tower Hill Circle Golden CO 80401	Title Board Member Hr/WK 1.00	0	0	0
Karen Hutcherson 31 Rock Knoll Drive Evergreen CO 80439	Title Board Member Hr/WK 1.00	0	0	0
Holly O'Connor 2253 Augusta Drive Evergreen CO 80439	Title Board Member Hr/WK 1.00	0	0	0
Ashley Shuyler 2395 Stonecrop Way Golden CO 80401	Title Executive Director Hr/WK 40.00	3,000	0	0
Nina Shuyler 2395 Stonecrop Way Golden CO 80401	Title Board Member Hr/WK 40.00	21,000	0	0
Rick Shuyler 2395 Stonecrop Way Golden CO 80401	Title Board Member Hr/WK 40.00	0	0	0
Krista Warnick 4581 E. Kentucky Circle Denver CO 80246	Title Board Member Hr/WK 1.00	0	0	0
Mark Williams PO Box 930 Morrison CO 80465	Title Board Member Hr/WK 1.00	0	0	0
Betsy Hoke 3914 Mountainside Trail Evergreen CO 80439	Title Board Member Hr/WK 1.00	0	0	0
Danny Dodson 3329 Bayaud Avenue #710-A Denver CO 80209	Title Board Member Hr/WK 1.00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0

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.		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.		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.		
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?		X
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.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b 0		
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		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; 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 has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		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. ▶ 0		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization. ▶ 0		
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.		X
41	List the states with which a copy of this return is filed. ▶ CO		
42 a	The organization's books are in care of ▶ Rick Shuyler Telephone no. ▶ (720) 746-1792 Located at ▶ 25958 Genesee Trail Road PM City Golden ST CO ZIP + 4 ▶ 80401		
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)? 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.	Yes	No
			X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
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.		X

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.

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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	48		X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

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
Name <u>None</u> Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0

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
Name <u>None</u> Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

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, this is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: Richard H. Shoyler Date: 5/13/2010
 Type or print name and title: RICHARD H. SHOYLER, PRESIDENT

Paid Preparer's Use Only Preparer's signature: Kristen Ward Date: 5/6/2010 Check if self-employed: Preparer's identifying number (See instructions): PO1064947
 Firm's name (or yours if self-employed), address, and ZIP + 4: KW, LLC EIN: 46-0467164
4581 E. Kentucky Circle, Denver, CO 80246 Phone no: (303) 955-5704

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

AFRICAID, INC.

Employer identification number

84-1549841

Part I 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.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 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).
- 4 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:
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 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.)
- 9 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).
- 11 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.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Other
- 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).

f 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

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, 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)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

Part II 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 I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	47,928	114,940	101,680	125,096	144,754	534,398
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	47,928	114,940	101,680	125,096	144,754	534,398
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, column (f)						111,144
6 Public support. Subtract line 5 from line 4						423,254

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	47,928	114,940	101,680	125,096	144,754	534,398
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	281	915	1,085	864	291	3,436
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support. Add lines 7 through 10						537,834
12 Gross receipts from related activities, etc (see instructions)					12	34,429

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	78.70%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	74.42%

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

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 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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
2 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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0

14 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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.00%

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

	Class of activity	Grantee's name	Check (X) if grantee is a business	Address	City	State	Zip code	Foreign Country
1	Teacher Education / Textbook	Mwenge Univ. College of Edu	X	PO Box 1226	Moshi			Tanzania
2	Teacher Education	Dr. Frances Vavrus						
3	Scholarships	Various	X					Tanzania
4	Scholarships/Books/Classrod	Ebenezer Girls Sch - Rockland	X	17 S. Mount Vernon Country Cl	Golden	CO	80401	
5	Scholarships	MGLSS-Operation Bootstrap Af	X	122 W. Franklin Ave, Ste 206	Minneapolis	MIN	55404	
6	School Program Funding	Esilalei Prim Sch-Canadian Ph	X	PO Box 17	Karatu			Tanzania
7	Lunch Program / Textbooks	Losinoni-Selian Lutheran Hospi	X	PO Box 3164	Arusha			Tanzania
8	Scholarships	Upendo	X		Usa River			Tanzania
9	Scholarships	Zambian Help Fund	X		Lusaka			Zambia
10	Classroom Building	Usa River	X		Usa River			Tanzania
11	Shipped School Supplies	Various	X					Tanzania
12	Medical Training	AMO-Selian Lutheran Hospital	X	PO Box 3164	Arusha			Tanzania
13	Textbooks / Program Funding	Muungano Secondary School	X		Usa River			Tanzania
14	Other Program Services	Various						
15	Other Supplies Funding	Various	X					
16	Teacher Education	Various						
17	Kisa Project	Various						

98,621

0

0

Amount of cash grant	Relationship	Description of the property	Purpose of payment to affiliate	Book value	How book value determined	Fair market value	Method used to determine FMV	Date received
12,165	Cash	Cash	Educational Funding					
9,147	Cash	Cash	Educational Funding					
2,410	Cash	Cash	Educational Funding					
11,078	Cash	Cash	Educational Funding					
6,175	Cash	Cash	Educational Funding					
3,072	Cash	Cash	Educational Funding					
13,903	Cash	Cash	Educational Funding					
1,775	Cash	Cash	Educational Funding					
1,655	Cash	Cash	Educational Funding					
2,103	Cash	Cash	Educational Funding					
6,965	Cash	Cash	Educational Funding					
5,000	Cash	Cash	Educational Funding					
2,708	Cash	Cash	Educational Funding					
8,331	Cash	Cash	Educational Funding					
457	Cash	Cash	Educational Funding					
9,462	Cash	Cash	Educational Funding					
2,215	Cash	Cash	Educational Funding					

Part I, Line 16 (990-EZ) - Other Expenses

25,398

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	15,491
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	66
12	Unrelated business income taxes	12	0
13	Dues and Subscriptions	13	185
14	Other Program Operating Exp	14	2,451
15	Website	15	66
16	Misc Expenses	16	5,234
17	Insurance	17	1,650
18	Internet	18	255
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances

-42

Description		Amount	
1	Prior Period Adjustment	1	-42
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

Part II, Line 24 (990-EZ) - Other Assets

4,640

6,422

	Description	Beginning	End
1	Other Assets	3,133	6,262
2	Inventories	1,507	0
3	School Supplies	0	160
4			
5			
6			
7			
8			
9			
10			

Part II, Line 26 (990-EZ) - Liabilities

383

2,790

	Description	Beginning	End
1	Accounts Payable	383	2,790
2			
3			
4			
5			
6			
7			
8			
9			
10			