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Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 627, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

A For the 2009 calendar year, or tax year beginning		March 1	, 2009, and ending	February 28	, 2010
B Check if applicable.		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Berkeley Clinic Auxiliary/Turnabout Shop		94 6029661	
		Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone number	
		10052 San Pablo Avenue		510 525-7844	
		City or town, state or country, and ZIP + 4		F Group Exemption Number ►	
		El Cerrito, CA 94530-3927			

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: Cash Accrual
Other (specify) ►

I Website: ►

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — 501(c) () ► (insert no.) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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

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

	Revenue	Expenses	Net Assets	
1	Contributions, gifts, grants, and similar amounts received		1	1,928.75
2	Program service revenue including government fees and contracts		2	-0-
3	Membership dues and assessments		3	1,180.00
4	Investment income		4	879.54
5a	Gross amount from sale of assets other than inventory	5a		-0-
b	Less: cost or other basis and sales expenses	5b		*0*
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>			
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a		-0-
b	Less: direct expenses other than fundraising expenses	6b		-0-
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		-0-
7a	Gross sales of inventory, less returns and allowances	7a	58,300.20	
b	Less: cost of goods sold	7b		-0-
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		58,300.20
8	Other revenue (describe ► Spring luncheon, monthly luncheons)	8		3,171.75
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9		65,460.24
10	Grants and similar amounts paid (attach schedule)	10		37,718.50
11	Benefits paid to or for members	11		-0-
12	Salaries, other compensation, and employee benefits	12		-0-
13	Professional fees and other payments to independent contractors	13		-0-
14	Occupancy, rent, utilities, and maintenance	14		22,082.89
15	Printing, publications, postage, and shipping	15		574.27
16	Other expenses (describe ► Fees, gifts, lunches, sales tax)	16		7,605.21
17	Total expenses. Add lines 10 through 16 ►	17		67,980.87
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18		-2,520.63
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19		57,678.89
20	Other changes in net assets or fund balances (attach explanation)	20		-0-
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21		55,158.26

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

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year			
22	Cash, savings, and investments	57,678.89	22	55,158.26	
23	Land and buildings		-0-	23	-0-
24	Other assets (describe ►)		-0-	24	-0-
25	Total assets	57,678.89	25	55,158.26	
26	Total liabilities (describe ►)		-0-	26	-0-
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	57,678.89	27	55,158.26	

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

What is the organization's primary exempt purpose? _____ 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 Provision of orthodontia for economically disadvantaged children

28 children benefited

(Grants \$)

1) If this amount includes foreign grants, check here

28

37,718.50

2

(Grants \$)

1) If this amount includes foreign grants, check here

28

37

(Grants \$)

1) If this amount includes foreign grants, check here

30

31 Other program services (attach schedule)

(Grants \$)

1) If this amount includes foreign grants, check here

31

3

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one and their address.

insti

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

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	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
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.	35a	✓
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?	35b	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	36	✓
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	37a	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	37b	✓
b Did the organization file Form 1120-POL for this year?	38a	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38b	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	✓
39 Section 501(c)(7) organizations. Enter:	39b	✓
a Initiation fees and capital contributions included on line 9	40a	✓
b Gross receipts, included on line 9, for public use of club facilities	40b	✓
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40c	✓
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	40d	✓
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	40e	✓
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		
41 List the states with which a copy of this return is filed. ► California		
42a The organization's books are in care of ► Louise O'Dea	Telephone no. ► 510 526-8169	
Located at ► 7816 Terrace Drive, El Cerrito, CA	ZIP + 4 ► 94530	
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)?	42b	✓
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.	42c	✓
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: ►		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ► 43 and enter the amount of tax-exempt interest received or accrued during the tax year		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
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	45	✓

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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	46	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	47	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	48	✓
b	If "Yes," was the related organization a section 527 organization?	49a	✓
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."	49b	✓

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."

d Total number of other independent contractors each receiving over \$100,000 . . . ►

Sign Here	<p>Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.</p>			
	 Signature of officer		 Date	
	 Type or print name and title			
Paid Preparer's Use Only	 Preparer's signature	 Date	 Check if self-employed	 Preparer's identifying number (See instructions)
	 Firm's name (or yours if self-employed), address, and ZIP + 4	 EIN	 Phone no.	
May the IRS discuss this return with the preparer shown above? See instructions   Yes  No				

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

Employer identification number

Berkeley Clinic Auxiliary/Turnabout Shop

94 : 6029661

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 33½ % 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 33½ % 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?

(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? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

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

Yes	No
11g(i)	_____
11g(ii)	_____
11g(iii)	_____

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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.")	5,640.00	6,666.50	4,293.00	2,868.89	3,108.75	22,577.14
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	57,933.54	57,430.55	61,435.36	64,525.96	58,300.20	235,099.65
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	63,573.54	64,097.05	65,728.36	67,394.85	61,408.95	322,202.75
7a Amounts included on lines 1, 2, and 3 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 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						322,202.75

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	63,573.54	64,097.05	65,728.36	67,394.85	61,408.95	322,202.75
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,045.46	2,094.89	2,221.63	1,097.35	879.54	7,338.87
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,045.46	2,094.89	2,221.63	1,097.35	879.54	7,338.87
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	896.25	1,026.25	2,962.50	2,864.95	3,171.75	10,921.70
13 Total support. (Add lines 9, 10c, 11, and 12.)	65,515.25	67,218.19	70,912.49	71,357.15	65,460.24	340,463.32
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	95 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	95 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	2 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	2 %
19a 33½ % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33½ %, and line 17 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33½ % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½ %, and line 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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.

Spring luncheon and monthly luncheons

WACHOVIA BANK, N.A.
INTEREST REPORTING D1116-059
1525 W WT HARRIS BLVD 3B5
CHARLOTTE, NC 28262-8522
(800) 922-4684

00284619L
B4401

WACHOVIA

145953 01 500 434 *AU10**5-DIGIT 94530



BERKELEY CLINIC AUXILIARY
10052 SAN PABLO AVE
EL CERRITO CA 94530

E.I.N. 56-1948225

FOR CALENDAR YEAR

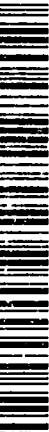
2009

TAXPAYER ID NUMBER

94-6029661

2009 - 1099-INT, INTEREST INCOME

	ACCOUNT NUMBER	
TIME DEPOSIT	91044 123-5949571	
BOX 1	INTEREST INCOME	93.21
	TOTAL INTEREST	93.21



145953 0111173502513 NNNN NNNNNNNNN 000001 DIP107A

If your name or Social Security number is incorrect, please call the number listed above or contact your local Wachovia branch.

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED OR THAT AN UNDERPAYMENT OF TAX RESULTS BECAUSE YOU OVERSTATED A DEDUCTION FOR THIS MORTGAGE INTEREST OR FOR THESE POINTS OR BECAUSE YOU DID NOT REPORT THIS REFUND OF INTEREST ON YOUR RETURN. FOR PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE AND INSTRUCTIONS FOR COMPLETING THIS FORM, SEE THE 2009 INSTRUCTIONS FOR FORMS 1099, 1098, 3921, 3922, 5498, AND W-2G.

BERKELEY CLINIC AUXILIARY TURNABOUT SHOP, ID# 94629661

Part I, Line 10- Schedule

Class: Orthodontic assistance for low-income children

Axelrode Orthodontics, 2000 Appian Way, Ste. 301, Pinole, CA 94564	\$ 1,300
Berkeley Orthodontics, 3010 Colby St., Berkeley, CA 94705	18,766
Dr. Reginald Fulford, 511 El Cerrito Plaza, El Cerrito, CA 94530	2,800
Dr. Robert Iezman, 2999 Regent St., Berkeley, CA 94705	3,150
Dr. Robert Iezman, 1525 Walnut St., Berkeley, CA 94705	5,710
Dr. Stephen Ludwig, 3980 San Pablo Dam Rd., Ste. 201 El Sobrante, CA 94803	1,750
Drs. Bloom, Berger & Krey, 2572 Dana St., Berkeley, CA 94704	1,737.50
Dr. Kenneth Brehnan, 591 San Pablo Ave., Albany, CA 94706	1,650
Dr. P. M. Kasrovi, 910 Ensenada Ave., Berkeley, CA 94707	700
Dr. Madelyn Ballard, 3031 Telegraph Ave., Berkeley, CA 94705	155
TOTAL	\$37,718.50

BERKELEY CLINIC AUXILIARY, INC.

FINANCIAL STATEMENT March 1, 2009, through February 28, 2010

RECEIPTS	2006-2007	2007-2008	2008-2009	2009-2010
Shop - taxable	52,502.78	56,229.87	45,460.80	50,435.00
Shop - nontaxable	596.25	566.52	15,162.59	2,976.60
Sales tax	4,331.52	4,638.97	3,902.57	4,888.60
Interest	2,094.89	2,221.63	1,097.35	879.54
Orthodontia reimbursement	2,505.00	-0-	-0-	701.75
Dues	1,080.00	1,040.00	1,040.00	1,180.00
Spring Luncheon	1,020.00	1,085.00	1,025.00	1,102.00
Hostess fees	1,937.50	1,871.00	1,750.00	2,000.00
Unrestricted Donations	674.00	2,038.00	63.89	532.00
Memorial Donations	375.00	25.00	-0-	695.00
Orthodontia Donations	95.00	1,190.00	1,765.00	-0-
Refund	-0-	-0-	15.70	-0-
Luncheons	6.25	6.50	74.25	69.75
TOTAL	67,218.19	70,912.49	71,357.15	65,460.24

DISBURSEMENTS

Rent	14,400.00	14,800.00	15,000.00	15,800.00
Labor	950.00	850.00	900.00	1,250.00
Telephone	345.57	394.95	471.59	552.20
PGE	1,059.90	1,035.99	944.45	991.89
Garbage	1,459.28	2,109.16	1,811.26	1,554.72
Supplies	452.01	651.62	387.16	776.08
Insurance	-0-	2,362.88	1,151.00	1,158.00
Shop improvements	60.39	208.95	76.10	245.42
Orthodontia	34,280.00	34,966.00	38,463.50	37,718.50
Tele-Care Program	1,800.00	1,800.00	1,800.00	-0-
Donations-Special Projects	3,000.00	3,000.00	3,000.00	-0-
Mailing, printing	366.40	470.65	518.34	328.85
Publicity	268.00	-0-	-0-	-0-
Fees	56.00	211.00	101.00	282.19
Gifts	369.00	179.00	150.00	240.60
Spring Luncheon	921.44	1,010.94	989.00	963.27
Monthly Luncheons	1,357.60	1,566.16	1,239.33	1,492.15
Board of Equalization	4,408.00	4,567.00	4,034.00	4,627.00
TOTAL	65,553.59	70,184.30	71,036.73	67,980.87



P O BOX 260172
BATON ROUGE LA 70826-0172

Tax Year 2009 Form 1099-INT Interest Income (Copy B)

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.



Recipient Information

63665 TAS 1ZE 1110 - WMU703 COL 0703 CA (00 350)
BERKELEY CLINIC AUXILIARY TURNABOUT SHOP
10052 SAN PABLO AVE
EL CERRITO, CA 94530-3927

Payer Information

Federal ID Number: 13-4994650
JPMORGAN CHASE BANK NA

COPIES OF YOUR 2009 FORM 1099 STATEMENTS
ARE AVAILABLE ONLINE AT WWW CHASE COM

Form 1099-INT Questions

Phone Support 1-800-935-9935

Recipient's ID Number: 94-6029661

Original

(OMB No. 1545-0112)

Summary of Form 1099-INT Interest Income

Box	Description	Amount	Box	Description	Amount
1	Interest Income	\$813.49	5	Investment Expenses	\$0.00
2	Early Withdrawal Penalty	\$0.00	6	Foreign Tax Paid	\$0.00
3	Interest on U S Savings Bonds and Treasury Obligations	\$0.00	7	Foreign Country or U S Possession	(See Details)
4.	Federal Income Tax Withheld	\$0.00	8	Tax exempt interest	\$0.00
			9	Specified private activity bond interest	\$0.00

Details of Form 1099-INT Interest Income

(OMB No. 1545-0112)

Account Number Acct Description	Box #1 Interest Income	Box #2 Early With- drawal Penalty	Box #3 Interest on U.S. Savings Bonds and Treas. Obligations	Other Boxes
0077210006217 CERTIFICATE	\$813.49	\$0.00	\$0.00	