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## 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 private foundation)

OMB No. 1545-1150

2009

Department of the Treasury  
Internal Revenue Service

► 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.

Open to Public  
Inspection

<b>A For the 2009 calendar year, or tax year beginning <u>Jul 1</u>, 2009, and ending <u>Jun 30</u>, 2010</b>	
<b>B Check if applicable</b> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending <b>C Name of organization</b> <b>CONNECTICUT EDUCATION ASSOCIATION-TRUMBULL</b>	
Number and street (or P O box, if mail is not delivered to street address) <input type="text" value="799 SILVER LANE"/> City or town, state or country, and ZIP + 4 <input type="text" value="TRUMBULL CT 06611-5301"/>	
<b>D Employer identification number</b> <b>06-1299952</b>	
<b>E Telephone number</b> <b>(203) 378-2101</b>	
<b>F Group Exemption Number</b> <b> </b>	

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

<b>I Website:</b> ► <u>N/A</u>	<b>G Accounting method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►
<b>J Tax-exempt status (check only one)</b> — <input checked="" type="checkbox"/> 501(c) ( 5 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</b>
<b>K Check ► <input type="checkbox"/> 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.</b>	
<b>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</b> ► \$ <b>87,017.</b>	

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I.)		
<b>REVENUE</b>	1 Contributions, gifts, grants, and similar amounts received	1 <b>7,000.</b>
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 <b>78,984.</b>
	4 Investment income	4 <b>1,033.</b>
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a
	a Gross revenue (not including \$ <input type="text" value="1000000"/> of contributions reported on line 1)	6b
	b Less: direct expenses other than fundraising expenses	6c
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a
	7a Gross sales of inventory, less returns and allowances <input type="text" value="18 MAY 9 2011"/> 18	7b
	b Less cost of goods sold	7c
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8
	8 Other revenue (describe ► <input type="checkbox"/> OGDEN U)	9 <b>87,017.</b>
	9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9
	10 Grants and similar amounts paid (attach schedule)	10 <b>12,886.</b>
	11 Benefits paid to or for members	11 <b>3,761.</b>
	12 Salaries, other compensation, and employee benefits	12 <b>31,835.</b>
	13 Professional fees and other payments to independent contractors	13 <b>11,376.</b>
14 Occupancy, rent, utilities, and maintenance	14 <b>3,607.</b>	
15 Printing, publications, postage, and shipping	15 <b>152.</b>	
16 Other expenses (describe ► <input type="checkbox"/> See Other Expenses Statement)	16 <b>16,548.</b>	
17 <b>Total expenses.</b> Add lines 10 through 16	17 <b>80,165.</b>	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 <b>6,852.</b>	
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 <b>94,862.</b>	
20 Other changes in net assets or fund balances (attach explanation)	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 <b>101,714.</b>	

<b>Part II Balance Sheets.</b> 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)	
22 Cash, savings, and investments	(A) Beginning of year <b>94,862.</b> 22 <b>101,714.</b>
23 Land and buildings	0. 23 0.
24 Other assets (describe ► <input type="checkbox"/> )	0. 24 0.
25 <b>Total assets</b>	<b>94,862.</b> 25 <b>101,714.</b>
26 <b>Total liabilities</b> (describe ► <input type="checkbox"/> )	0. 26 0.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>94,862.</b> 27 <b>101,714.</b>

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

Form 990-EZ (2009)

SCANNED JUN 17 2011 EXPENSES ASSETS NETS

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

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? <b>TEACHERS LABOR ORGANIZATION</b>			
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, or other relevant information for each program title.			
28			
(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a		
29			
(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a		
30			
(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a		
31 Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	32		

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

(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 and deferred compensation	(e) Expense account and other allowances
<u>DEBORAH RUBY</u> <u>74 LANCE CIRCLE</u>	<u>VICE PRESIDENT</u>			
<u>BRIDGEPORT</u> CT 06606	1.00	1,200.	0.	
<u>JANE KLUSPES</u> <u>245 PARK ST. APT 19</u>	<u>VICE PRESIDENT</u>			
<u>BRIDGEPORT</u> CT 06604	1.00	1,200.	0.	
<u>ROGER SMITH</u> <u>31 AMORY STREET</u>	<u>CO-PRESIDENT</u>			
<u>HAMDEN</u> CT 06517	10.00	7,500.	0.	
<u>DARLENE FERENCE</u> <u>71 BARNSWALLOW DRIVE</u>	<u>BOE REP</u>			
<u>TRUMBULL</u> CT 06611	2.00	1,500.	0.	
<u>IRENE DEMKIEW</u> <u>30 GOLDEN HILL ROAD</u>	<u>VICE PRESIDENT</u>			
<u>TRUMBULL</u> CT 06611	1.00	1,200.	0.	
<u>ELIZABETH MCGRATH</u> <u>212 POPES ISLAND ROAD</u>	<u>SECRETARY</u>			
<u>MILFORD</u> CT 06461	2.00	1,500.	0.	
<u>ROSE MARIE D'AQUILA</u> <u>29 VALLEY VIEW ROAD</u>	<u>MEMBERSHIP CHAIR</u>			
<u>TRUMBULL</u> CT 06611	2.00	1,500.	0.	
<u>MICHAEL HAYS</u> <u>54 ORONOQUE ROAD</u>	<u>TREASURER</u>			
<u>MILFORD</u> CT 06460	3.00	2,000.	0.	
<u>TAMMY BAILLARGEON</u> <u>110 WAVERLY ROAD</u>	<u>CO-PRESIDENT</u>			
<u>SHELTON</u> CT 06484	10.00	7,500.	0.	
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## Part V Other Information (Note the statement requirements in the instrs 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.		
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?	35a	X
b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	35b	
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	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	0
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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	
39 Section 501(c)(7) organizations Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► _____, section 4912 ► _____; section 4955 ► _____	40b	
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		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ► <u>Connecticut</u>		
42a The organization's books are in care of ► <u>HAROLD DARAK</u> Located at ► <u>11 SNOWBERRY LANE</u> _____ <u>SHELTON</u> _____	Telephone no. ► (203) 929-3309 CT ZIP + 4 ► 06484	
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 ► _____	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.	42c	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 ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	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	45	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.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46	
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
	b If 'Yes,' was the related organization a section 527 organization?	49b	

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 and deferred compensation	(e) Expense account and other allowances

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

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

<b>Sign Here</b>	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	
	► 	Date <b>5-16-11</b>
► <b>Harold Darak, Treasurer</b>	Type or print name and title	

<b>Paid Preparer's Use Only</b>	Preparer's signature ► 	Date <b>5-16-11</b>	Check if self-employed ► <input checked="" type="checkbox"/> <b>047-44-4484</b>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► <b>KENT C WAHLBERG, CPA 2420 MAIN STREET STRATFORD, CT 06615</b>	EIN ► <b>06-1599719</b>	Phone no. ► <b>(203) 375-3332</b>	

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

BAA

►  Yes  No

Form 990-EZ (2009)

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)	
	Yes	No	Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If 'Yes,' describe in Part IV				
j Total. Add lines 1c through 1i...				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If 'Yes,' enter the amount of any tax incurred under section 4912				
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	X

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Yes.'

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

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Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box  ► **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

***Do not complete Part II unless*** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► *All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

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

Type or print	Name of Exempt Organization <b>CONNECTICUT EDUCATION ASSOCIATION-TRUMBULL</b>	Employer identification number <b>06-1299952</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions <b>799 SILVER LANE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>TRUMBULL</b>	CT <b>06611-5301</b>

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

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

- The books are in the care of ► **HAROLD DARAK**

Telephone No ► (203) 929-3309 FAX No. ► (203) 375-3332 ►

- If the organization does not have an office or place of business in the United States, check this box  ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)       . If this is for the whole group, check this box ►  . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Feb 15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20       or
- tax year beginning Jul 1, 20 09, and ending Jun 30, 20 10.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$ <b>0.</b>
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ <b>0.</b>
3c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ <b>0.</b>

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 4-2009)



- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

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

Type or print	Name of Exempt Organization	Employer identification number
	CONNECTICUT EDUCATION ASSOCIATION-TRUMBULL	06-1299952
	Number, street, and room or suite number. If a P O box, see instructions	For IRS use only
	799 SILVER LANE CT 06611-5301	
File by the extended due date for filing the return. See instructions		

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

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

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

- The books are in care of **MICHAEL HAYES** Telephone No. **(203) 783-9545** FAX No **(203) 375-3332**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **May 16**, 20 **11**.
- 5 For calendar year , or other tax year beginning **Jul 1**, 20 **09**, and ending **Jun 30**, 20 **10**.
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension **STILL AWAITING OUTSIDE SOURCE DOCUMENTATION**  
**IN ORDER TO PROPERLY COMPLETE THE FORM 990**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$ <b>0.</b>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$ <b>0.</b>
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	8c \$ <b>0.</b>

**Signature and Verification**

I, Michael Hayes, the person signing this form, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Michael Hayes** Title **CPA** Date **2-15-11**

Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

MEETINGS & SOCIAL EVENTS	10,977.
TRAVEL	1,584.
TELEPHONE	1,371.
GIFTS AND DONATIONS	1,907.
WEBSITE EXPENSE	709.
Total	<u><u>16,548.</u></u>

Total

16,548.