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24885 07/20/2010 4 17 PM Pg 1

Department of the freasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2009

Open to Public Inspection

OMB No 1545-0047

<u>A</u>	For the 200	9 calendar year, or tax year beginning 07/01/09, and ending 06/30/			
В	Check if applica	1 100		D Emplo	yer identification number
	Address change	label or		27_	6357798
	Name change	print or Doing Business As			
	Initial return	type. Number and street (or P O box if mail is not delivered to street address) See P O BOY 1488	Room/suite		one number - 877 - 2530
$\bar{\sqcap}$	Termination	Specific P.O. BOX 1488		G Gross rece	040 505
$\overline{}$	Amended return	instructions. City or town, state or country, and ZIP + 4 DECATUR LL 62525		G GIUSS IECE	ipus
		E. Name and address of proceed officer	-	H(a) Is this	a group return for
	Application pen	HAROLD E. ALSUP		affiliate	
		2525 W. ASH		H(b) Are all include	affiliates Yes No
		DECATUR IL 62526			attach a list (see instructions)
	Tax-exempt	status X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527			
J	Website:			H(c) Group	exemption number
K	Type of organia	zation Corporation X Trust Association Other ▶ L	Year of formation 1	998	M State of legal domicile IL
	art I	Summary			
		fly describe the organization's mission or most significant activities:			
Ф		O PROVIDE UNDERGRADUATE SCHOLARSHIPS TO JUNIOR AND SE			
anc		CADEMIC STANDING IN THE COLLEGE OF COMMERCE & BUSINES		MOITAS	AT
Activities & Governance	T	HE UNIVERSITY OF ILLINOIS AT CHAMPAIGN-URBANA, ILLINO			
Š		ck this box 🕨 🔃 if the organization discontinued its operations or disposed of more than 25	% of its net assets	1 1	-
ಷ		ber of voting members of the governing body (Part VI, line 1a)		3	1
ties	1	ber of independent voting members of the governing body (Part VI, line 1b)		4	1
Ę		I number of employees (Part V, line 2a)		5	
Ąc		I number of volunteers (estimate if necessary)		6	0
	1	If gross unrelated business revenue from Part VIII, column (C), line 12		7a	0
20 10 10 10 10 10 10 10 10 10 10 10 10 10	b Net	unrelated business taxable income from Form 990-T, line 34	Pnor Yea	7b	Current Year
≂ %	8 Con	tributions and grants (Part VIII, line 1h)		··	
.UG 🖄 . Revenue		gram service revenue (Part VIII, line 2g)			
ڇ ڪ	1 ~	stment income (Part VIII, column (A), lines 3, 4, and 7d)	31:	9,820	383,730
AUG Reve	1	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		302	529
	12 Tota	l revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32	0,122	384,259
<u>u</u>		nts and similar amounts paid (Part IX, column (A), lines 1–3)	31	1,541	307,519
SCANNED enses	14 Bene	efits paid to or for members (Part IX, column (A) Line 4).			
ي کھ	15 Sala	ries, other compensation, employee benefits (Part IX, column (A) times 5-16			
SCA xpenses	16a Prof	essional fundraising fees (Part IX, column (A), line 11e)			
e e	b Tota	I fundraising expenses (Part IX, column (D), line 25)			
Ú	17 Othe	er expenses (Part IX, column (A), lines 11a-11d 81-24AUG 0 6 2010		5,615	25,415
	18 Tota	er expenses (Part IX, column (A), lines 11a–11d 84-24f U U 6 2010 O		7,156	332,934
		enue less expenses Subtract line 18 from line 12		7,034	51,325
Net Assets or	90 Taka	LOGDEN, UT	Beginning of Cur	3,183	End of Year 6,694,472
Asse	20 10ta	l assets (Part X, line 16)	0,04	3,103	0,034,472
Set Set	21 10ta	I liabilities (Part X, line 26) assets or fund balances Subtract line 21 from line 20	6 64	3,183	6,694,472
	Part II	Signature Block	0,01	3,103	0,031,112
	CATE III	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules	and statements and	to the best o	f my knowledge
		and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all info			
Sig	an	Nous Taland Toute		18	-02-10
	re	Signature of officer		Date	
-		Horald E. Alsup Trustee			
		Type or print name and title			
		Preparer's Date	Check	ıf	Preparer's identifying number
Pa		signature Thely Saver 7-21	/-/O self- employ	ed ▶	(see instructions) P00128769
	eparer's	MAY, COCAGNE & KING, P.C.		EIN D	35 1054000
Us	e Only	firm's name (or yours if self-employed), 1353 E. MOUND RD., SUITE 300		Phone	<u> </u>
		address, and ZIP+4 DECATUR, IL 62526			217-875-2655
Ма	y the IRS di	scuss this return with the preparer shown above? (see instructions)			Yes No
For	Privacy A	ct and Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)

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

Pŧ	art III Statement of Program	n Service Accomplishments		· · · · · · · · · · · · · · · · · · ·
P	TO PROVIDE UNDERGRAD ACADEMIC STANDING IN	on UATE SCHOLARSHIPS TO THE COLLEGE OF COMME LINOIS AT CHAMPAIGN-U	RCE & BUSINESS ADMIN	
2	Did the organization undertake any sign the prior Form 990 or 990-EZ?	nificant program services during the year wh	ich were not listed on	Yes X No
	If "Yes," describe these new services or	n Schedule O		
3	Did the organization cease conducting,	or make significant changes in how it condu	icts, any program	
	services?			Yes X No
	If "Yes," describe these changes on Sci	hedule O	•	
4		nents for each of the organization's three large		
		ations and section 4947(a)(1) trusts are req s, and revenue, if any, for each program sen	·	
Z U S	UNDERGRADUATE JUNIOR STANDING IN THE COL	307,519 including grants of SHIPS PER YEAR TO FULL AND SENIOR STUDENTS LEGE OF COMMERCE & BUE UNIVERSITY OF ILLIN LINOIS.	TIME IN GOOD ACADEMIC SINESS	e \$)
4h	(Code) (Expenses \$	including grants of	\$) (Revenu	e \$)
72	/ (code // (code //		, (((0)))	· • ,
4c	(Code) (Expenses \$	including grants of S) (Revenue	e \$)
4 . •	Oth 22 22 22 22 22 22 22 22 22 22 22 22 22			
4d	Other program services (Describe in Se	•) /Pausaus @	,
4e	(Expenses \$ Total program service expenses ▶	including grants of \$ 307,519) (Revenue \$	1

<u> </u>	if iv Checklist of Required Schedules				
		!		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			x	
	complete Schedule A		2		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		+		
3	candidates for public office? If "Yes," complete Schedule C, Part I		3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				
•	Schedule C, Part II		4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)				
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have				
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"				
	complete Schedule D, Part I		6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				.,
	complete Schedule D, Part III		8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part				
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		9		x
10	complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or		-		
10	quasi-endowments? If "Yes," complete Schedule D, Part V		10		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				
•	VII, VIII, IX, or X as applicable		11		x
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				
_	Schedule D, Part VI				
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.				
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII				
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX				
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X				
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		42		X
12A	Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No	12		
124	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Yes No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	1201	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance				
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services				
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				7.5
46	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				v
20	If "Yes," complete Schedule G, Part III		19 20		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		_∠∪	ı	47

114	att 14 Checkinst of Required Concusios (Conkinded)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			₩
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	22	х	
23	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	_ <u> </u>	
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		х
d		24d		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			7.7
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			~
32	Part I	31		X
JŁ	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	22		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II.	- 33	-	- 11
•	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		-	
	Schedule R, Part V, line 2	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related	-		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	\mathbf{x}	

Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 1a U.S. Information Returns, Enter -0- if not applicable 1a 1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return 2a If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3a X 3a this return? If "Yes." has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X account)? 4a 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Х organization solicit any contributions that were not tax deductible? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 9 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as h 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9Ь 10 Section 501(c)(7) organizations. Enter 10a а Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against b amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

Form 990 (2009) LEIBY S. HALL SCHOLARSHIP TRUST 37-6357798 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body 1a Enter the number of voting members that are independent ь Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customanly performed by or under the direct 3 X supervision of officers, directors or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Does the organization have local chapters, branches, or affiliates? 10a If "Yes," does the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the X 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the

2525 W. ASH

IL 62526

organization >

DECATUR

HAROLD E. ALSUP

217-877-4619

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Officer this box is the organization	1	T								1
(A) Name and Title	(B) Average hours per	Pos		(C checl	k all t			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related
		ee	stee			nsated				organizations
HAROLD E. ALSUP										
TRUST ADMIN	5.00	Х						24,000	0	
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						Щ				
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		\vdash								
DAA										

, Ni	ame and Title	Average hours per	l Los	ition (CHEC				Reportable	Reportable	⊊e	imated	
		week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	am comj fro orga and	ount of other pensation om the inization related nizations	
													<u> </u>
											, -		
-													
1b Total				4 - 44				>	24,000				
	umber of individuals (income ble compensation from	-		0 tn	ose	ııste	abo	ove)	who received more than \$1			-	
employe 4 For any	ee on line 1a? If "Yes," on individual listed on line	complete Scheduate 1a, is the sum o	ıle J f rep	for s ortab	uch i	ndiv	dual ensat	ion a	ee, or highest compensated			Yes	s No X
ındıvıdu 5 Dıd any	al person listed on line 1a	a receive or accru	ue co	mpe	nsat	ion f	rom a	any (complete Schedule J for su unrelated organization for	ıcn		\top	<u> </u>
	s rendered to the organ ndependent Contracto		com	plete	Sch	edul	e J fo	or su	ich person			5	X
1 Comple	ete this table for your fivensation from the organiz	e highest comper ation	nsate	ed inc	depe	nder	nt cor	ntrac	ctors that received more tha				
	Name and	(A) business address							Descrip	(B) tion of services		(C) Compen	sation
								-					
													. <u> </u>
													
													
2 Total nu	imbar of indopendent =	ontractors (molics	line t	nu -	ot l-c	nto-	10.41		listed above) who received		1		
	ian \$100,000 in comper								mated above; who received			0 .orm 9 0	0 (2009)

Part V	`Statement of Reve	1146		(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
-				,	exempt function revenue	business revenue	excluded from tax under sections 512, 513, or 514
<u>१</u> 1a	Federated campaigns	1a					
를 b	Membership dues	1b		1			
S B S	Fundraising events	1c					
<u>ve</u> q	Related organizations	1d					
	Government grants (contributions)	1e		1			
	All other contributions, gifts, grants, and similar amounts not included above	_{1f}		1			
	Noncash contributions included in lines 1a			1			
J ⊑I "	Total. Add lines 1a–1f	-11 Ψ	•				
	Total: 7 do lines tu 11		Busn. Code				
9 2a						· · · · · · · · · · · · · · · · · · ·	
ǽ ь	r						
c <u>چَن</u>							
ည် ရ							
E e							
Program Service Revenue	All other program service reve	nue .				3132111141 	
9		44	P			···	
3	Investment income (including other similar amounts)	aiviaenas, ii	nterest, and	315,288			315,288
ا	Income from investment of tax	-evemnt ho	· · · · · · · · · · · · · · · · · · ·				
5	Royalties	-cxcmpt bo					
"	(ı) Real		(II) Personal				
6a	Gross Rents						!
	Less rental exps			!			‡ ‡
С	Rental inc. or (loss)			1			-
_d	. (· 			. ,, , , , , , , , , , , , , , , , , , 	 	
/a	Gross amount from sales of assets (i) Securities		(II) Other	Ī			
	other than inventory 626	,968		Ī			
þ	Less cost or other			Ī			
}	· -	,526		1			
	` ` ' \	,442		68,442	68,442		Ī
d Pa	Net gain or (loss) Gross income from fundraising eve	ents		30,111	30,	THEY II W	
<u> </u>	(not including \$			I			
Ve.	of contributions reported on line 10	:)					
Other Revenue	See Part IV, line 18	a					
g ‡	Less direct expenses	ь 🗀					
o ه		draising eve	nts 🕨				
9a	Gross income from gaming activiti	es		1	1		‡
	See Part IV, line 19	a		1			‡
b	•	b					-
C	` '		es 🔻 🕨			.,	
10a	Gross sales of inventory, less			1	1		1
	returns and allowances	a b					•
	Less cost of goods sold Net income or (loss) from sale		nn/	Ī	İ		
<u> </u>	Miscellaneous Revent		Busn. Code				
11a			1	529			529
Ь							
C							
d							
9			>	529			
12	Total Revenue. See instruction	ons	<u> </u>	384,259	68,442		0 315,81°

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	CAPEIISES
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in		225 512		
	the U.S. See Part IV, line 22	307,519	307,519		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	1,400		1,400	
ď	, ,				
0	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				-
22	Depreciation, depletion, and amortization				
23	Insurance			, .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	<u>.</u> !	1			
24	Other expenses Itemize expenses not	I			
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)	04 000			
a	TRUSTEE FEES	24,000		24,000	·
b	REGISTRATION FEES	15		15	
c d					
e		" -			
_	All other expenses		· - · - · · ·	· 	
25	Total functional expenses. Add lines 1 through 24f	332,934	307,519	25,415	
<u> 26</u>	Joint costs. Check here ▶ If following		30.,3	23/12	
-	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				

Part	X Balance Sheet	· · · · · · · · · · · · · · · · · · ·	(A)	(B)
	•		Beginning of year	End of year
1	Cash—non-interest bearing	·	1	
2	Savings and temporary cash investments		153,338 2	487,928
3	Pledges and grants receivable, net	3		
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors,	trustees, key		
	employees, and highest compensated employees. Com	plete Part II of		
	Schedule L		5	
6	Receivables from other disqualified persons (as defined	under section		
	4958(f)(1)) and persons described in section 4958(c)(3)	(B) Complete		
	Part II of Schedule L		6	
Assets 8 8 8	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	
∢ 9	Prepaid expenses and deferred charges		9	
10	a Land, buildings, and equipment cost or			
	other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b	100	:
11	Investments—publicly traded securities		6,489,845 11	6,206,544
12	Investments—other securities See Part IV, line 11		12	
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 3	4)	6,643,183 16	6,694,472
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
g 21	Escrow or custodial account liability. Complete Part IV of	of Schedule D	21	
	Payables to current and former officers, directors, truste	ees, key		
<u> </u>	employees, highest compensated employees, and disqu	ualified		
֡֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third	d parties	23	
24	Unsecured notes and loans payable to unrelated third p	arties	24	
25	Other liabilities Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25		26	
2	Organizations that follow SFAS 117, check here ▶	and		
2	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
Ď 28	Temporarily restricted net assets		28	
일 29	· · · · · · · · · · · · · · · · · · ·		29	
2	Organizations that do not follow SFAS 117, check h	ere ▶ X		
5	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		6,335,665 30	6,391,935
31	Paid-in or capital surplus, or land, building, or equipmen	t fund	31	
32	Retained earnings, endowment, accumulated income, of	r other funds	307,518 32	
27 28 29 31 32 33 34 33 34	Total net assets or fund balances		6,643,183 33	
2 34	Total liabilities and net assets/fund balances		6,643,183 34	6,694,472

6,694,472 Form 990 (2009)

orm	n 990 (2009) LEIBY S. HALL SCHOLARSHIP TRUST 37-6357798		Pa	ge 12
Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other	[
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1	
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any stens taken to undergo such audits	3h		Į.

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LETRY S. HALL SCHOLARSHIP TRUST

Employer identification number 37 - 6357798

				•		1001				1 3 /			
P	art I	Reas	on for Public	Charity	Status (All organizations	s must c	omplete	this p	<u>art.) S</u>	ee ins	struction	ons	
The	organ	nization is not	a private foundati	on because	eit is (For lines 1 through 11, ch	neck only o	ne box)						
1		A church, cor	nvention of church	nes, or asso	ociation of churches described in	n section 1	170(b)(1)(A)(i).					
2		A school des	cribed in section	170(b)(1)(A	A)(ii). (Attach Schedule E)								
3		A hospital or	a cooperative hos	spital servic	e organization described in sec	tion 170(b)(1)(A)(iii)						
4		A medical res	search organization	on operated	in conjunction with a hospital d	escribed in	section '	170(b)(1)(A)(iii).	Enter th	ne hospi	tal's name,	
		city, and state	9										
5		•		ne benefit o	f a college or university owned o	or operated	by a gove	ernmenta	al unit de	escribed	l ın		
-	لــا	-	b)(1)(A)(iv). (Con		•		, ,						
6	\Box	-		•	overnmental unit described in se	ection 170	b)(1)(A)(v	Λ.					
7	H		-	_	substantial part of its support from			•	n the ce	neral ni	iblic		
•		_	•			in a goven	inicital ai	01 1701	ii tiic gc	noral po	abiic .		
			section 170(b)(1)			11.5							
8	H				70(b)(1)(A)(vi). (Complete Part						d		
9) more than 33 1/3 % of its supp								
		•			pt functions—subject to certain	•							
			~		d unrelated business taxable inc	•		11 tax) fi	om busi	nesses			
			•), 1975. See section 509(a)(2).	•	•						
10		_	•	·	exclusively to test for public safe	-	•						
11	X	-	-	•	xclusively for the benefit of, to p				•				
		purposes of o	ne or more public	cly supporte	ed organizations described in se	ction 509(a	ı)(1) or se	ction 509	9(a)(2) \$	See sec	tion		
		509(a)(3). Ch	eck the box that o	describes th	ne type of supporting organization	n and com	plete lines	11e thr	ough 11	h			
	_	a Type	1 Ь 📙	Type II	c Type III–Function	nally integra	ated	d	Х Тур	e III–Ot	her		
8	X	By checking t	his box, I certify the	hat the orga	inization is not controlled directly	y or indired	tly by one	or more	dısqualı	fied			
		persons other	r than foundation	managers a	and other than one or more pub	licly suppoi	ted organ	ızatıons	describe	ed in sec	ction		
		509(a)(1) or s	section 509(a)(2)										
f		If the organiza	ation received a v	vritten deter	mination from the IRS that it is a	a Type I, T	ype II, or 1	ype III s	upportin	g			
		organization,	check this box										
g		Since August	17, 2006, has the	e organizati	on accepted any gift or contribu	tion from a	ny of the						لــــا
Ŭ		following per		•			•						
		• •		ndirectly coi	ntrols, either alone or together v	vith person	s describe	ed in (ii)				Γ	Yes No
			•	·-	the supported organization?	po.oo	0 0000,700	()				11g(i)	X
			member of a pers		• • •							11g(ii)	X
			•		escribed in (i) or (ii) above?							11g(iii)	X
		•	-	•	,, ,,							[118(11)]	
- 13	Nome		1		e supported organization(s)	(to A to the		(4) 5-4		()	1-46-	(-41) A	
(1)		e of supported anization	(ii) EIN	l	(iii) Type of organization (described on lines 1–9		organization isted in your		ou notify	organizat	Is the	(vii) Amor suppo	
	6				above or IRC section		document?	∞l (i)	of your	(i) organ	zed in the	0266	••
					(see instructions))				port?	t -	S?		
				A-A -		Yes	No	Yes	No	Yes	No		
U	ИΤΛ	ERSITY	OR IPPIN	OIS F	UNDATION				l	l			
					5	X	ļ	X		X		30	7,519
							ļ						
											<u> </u>		
				1 1 10 10	, , , , , , , , , , , , , , , , , , ,	1		,		ļ			
[nta					‡	1					1	3.0	7 519

LEIBY S. HALL SCHOLARSHIP TRUST 37-6357798 Schedule A (Form 990 or 990-EZ) 2009 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (e) 2009 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 12 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) 13 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 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 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 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

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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

Schedule A (Form 990 or 990-EZ) 2009

Page 3

Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
	lendar 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")						- ,
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						
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				-		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	·					···
þ	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)						
	tion B. Total Support		T	T	T	T () 0000 T	(O. T. ()
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6		<u> </u>			 	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						··
С	Add lines 10a and 10b			<u></u>		ļ	
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)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12) First five years. If the Form 990 is for the o	L	second third four	th or fifth tay year	as a section 501(a)	.(3)	
14	organization, check this box and stop here		secona, uma, ioui	iii, Oi iiilii lax yeai	as a section son(c)	(3)	▶ □
Sec	etion C. Computation of Public Su		tage				
15	Public support percentage for 2009 (line 8,			(f))		15	%
16	Public support percentage for 2009 (inte of Public support percentage from 2008 Sche	• • •	•	V-//		16	%
	ction D. Computation of Investme						
17	Investment income percentage for 2009 (lir			column (fi)	· · · · · ·	17	%
18	Investment income percentage for 2008 (in			- \///		18	%
19a	33 1/3 % support tests—2009. If the organ			14, and line 15 is r	nore than 33 1/3 %		
	17 is not more than 33 1/3 %, check this bo						▶ □
b	33 1/3 % support tests—2008. If the organ		_				
	line 18 is not more than 33 1/3 %, check th						▶ [
20	Private foundation. If the organization did	•	=				▶

Schedule A (Form 990 or 990-EZ) 2009 LEIBY S. HALL SCHOLARSHIP TRUST

37-6357798

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.

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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,

OMB No 1545-0047 2009

> Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States

▶ Attach to Form 990.

Open to Public Inspection

× ŝ × (h) Purpose of grant Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed or assistance ☐ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to **Employer identification number** non-cash assistance (g) Description of 37-6357798 (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisa, assistance other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (c) IRC section if applicable LEIBY S. HALL SCHOLARSHIP TRUST General Information on Grants and Assistance (b) EIN the selection criteria used to award the grants or assistance? (a) Name and address of organization or government Name of the organization Parti Part

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Enter total number of section 501(c)(3) and government organizations

Schedule I (Form 990) 2009

Enter total number of other organizations

14
PM P
0 4 17
7/20/201
4885 07
24

Schedule I (Fo	Schedule I (Form 990) 2009 LEIBY S. HALL SCHOLARSHIP	L SCHOLARSHIP	TRUST	37-6357798		Page 2
Part III	Grants and Other Assistance to Individuals in the	to Individuals in the		plete if the organizati	United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	
	Use Part IV and Schedule I-1 (Form 990) if additiona	(Form 990) if addition	nal space is needed.			
_	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
			113.6	201010101010101010101010101010101010101	(como 'mora de 'ala	
SCHOLA	SCHOLARSHIPS	63	307,519			
						•
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	rovide the information	ר required in Part I, li	ne 2, and any other addition	nal information.

Α¥

SCHEDULE O (Form 990) Supplemental Information to Form 990

OMB No 1545-0047

2009

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

Attach to Form 990.

Open to Public Inspection

Name of the organization

LEIBY S. HALL SCHOLARSHIP TRUST

Employer identification number 37-6357798

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 TRUSTEE IS PROVIDED A COPY OF FORM 990 FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL TRUSTEE FEES WERE ESTABLISHED IN THE TRUST AGREEMENT.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS ARE AVAILABLE UPON REQUEST.