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## Form 990

#### **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 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

For the 2009 calendar year, or tax year beginning 7/01 2009, and ending 6/30 2010 D Employer Identification Number Check if applicable Please use 3CORE 68-0065873 Address change IRS label or print 3120 COHASSET ROAD #5 E Telephone number Name change or type. CHICO, CA 95973 530 893-8732 specific Instruc-Initial return Termination G Gross receipts \$ 968,142. Amended return F Name and address of principal officer H(a) Is this a group return for affiliates? X No Yes Application pending H(b) Are all affiliates included? SAME AS C ABOVE Yes If 'No,' attach a list (see instructions) Tax-exempt status X 501(c) ( 3 4947(a)(1) or 527 ) ◄ (insert no.) WWW.3COREEDC.ORG H(c) Group exemption number ► 1985 CA Form of organization X Corporation Trust Other > L Year of Formation M State of legal domicile Part I Summarv SERVE AS INTERMEDIARY FOR PUBLIC AND Briefly describe the organization's mission or most significant activities. PRIVATE INVESTMENTS THAT FOSTER A STABLE AND DIVERSIFIED LOCAL ECONOMY, TO IMPROVE Governance SOCIAL ECONOMIC AND EMPLOYMENT CONDITIONS AND TO IMPLEMENT SOUND, LONG-TERM STRATEGY TO ADDRESS IDENTIFIED COMMUNITY NEEDS. Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) 3 Activities & <u>5</u> 9 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V. line 2a) 6 ō 6 Total number of volunteers (estimate if necessary) 0. 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7 a b Net unrelated business taxable income from Form 990-T, line 34 0. 7b **Prior Year Current Year** 125,932. 196,174 Contributions and grants (Part VIII, line 1h) 845,470 842,210. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) -1,21510 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,040,429 968,142. 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 337,605. 450,759. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24pc 608,545 492,731. 17 946,150 943,490. Total expenses Add lines 13-17 (must equal Part IX Revenue less expenses Subtract line 18 from line 1 94,279 24,652. S FEB 08 2011 Beginning of Year End of Year Total assets (Part X, line 16) 5,960,609 5,463,198. 20 3,599,558 3,075,655. 21 Total liabilities (Part X OGDEN. und bala btract line 21 from line 20 2,361,051 2,387,543. Part II that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is ion of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signatu Here 2/3/4 LANCE EXCEPTIVE TORRECTION Type or print name and title Preparer's identifying number (see instructions) Check if Paid employed > Preparer's signature Pre-MICHAEL E. WRIGHT, CPA 1/19/11 N/A parer's HARRISON-DAILEY-WRIGHT ACCTY. CORP. Firm's name (or yours if self Use 590 VALLOMBROSA AVENUE N/A employed), address, and ZIP + 4 Only CHICO, CA 95926 **►** (530) 895-1209 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No Form 990 (2009) BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. TEFA01131 12/29/09

ar	1 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,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	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	3		Х
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		Х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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,' complete Schedule D. Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? Yes, complete Schedule D, Part $V$	lf 10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, $X$ as applicable	or 11	х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI			
•	<ul> <li>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</li> </ul>	‡ 		
•	• 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	I .		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Part X, line 16° If 'Yes,' complete Schedule D, Part IX	n		
•	• 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 the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	х	
12,4	· · · · · · · · · · · · · · · · · · ·	Yo X		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a 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		Х
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		Х
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		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If 'Yes' complete Schedule H	20	1 1	X

Page 4 Part IV Checklist of Required Schedules (continued) No Υρς 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 12 If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 X Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х 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, and 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? 24 c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 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 Х 25 a 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 25b Х Schedule L, Part I 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 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual 1 If 'Yes,' complete Schedule L, Part III X 27 28 Was the organization a party to a business transation with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28 a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х Schedúle L, Part IV 28b c 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 28 c Х Χ Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 Х Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N, Part II X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I 33 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, 35 Part V. line 2 35 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Х 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 Х

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Х Form 990 (2009)

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197

Note. All Form 990 filers are required to complete Schedule O

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

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Form 990 (2009)

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ction A.	Governing Body and Management				
					Yes	No
1.	a Enter the	e number of voting members of the governing body	1a  5			
	<b>b</b> Enter the	e number of voting members that are independent	1b 5			
2	Did any	officer, director, trustee, or key employee have a family relationship or a business re	lationship with any other			
	officer, o	lirector, trustee or key employee?	. ,	2		Х
3	Did the o	organization delegate control over management duties customarily performed by or urs, directors or trustees, or key employees to a management company or other person	inder the direct supervision	3		Х
4	Did the	organization make any significant changes to its organizational documents		4		Х
	since the	prior Form 990 was filed?				
5	Did the d	organization become aware during the year of a material diversion of the organization	n's assets?	5		Х
6	Does the	organization have members or stockholders?		6		Х
7	a Does the	organization have members, stockholders, or other persons who may elect one or in	more members of the	7a		Х
	•	decisions of the governing body subject to approval by members, stockholders, or of	ther persons?	7b		X
8	Did the o	organization contemporaneously document the meetings held or written actions unde wing	rtaken during the year by			
	a The gove	erning body?		8a	Х	
	•	mmittee with authority to act on behalf of the governing body?		8b	X	
	Is there	any officer, director or trustee, or key employee listed in Part VII, Section A, who can	nnot be reached at the		21	v
Soc		tion's mailing address? If 'Yes,' provide the names and addresses in Schedule O  Policies (This Section B requests information about policies no	t required by the Interne	9		X
	enue Code	·	required by the interna	11		
					Yes	No
10	a Does the	organization have local chapters, branches, or affiliates?		10 a		X
ļ	<b>b</b> If 'Yes,'	does the organization have written policies and procedures governing the activities outlies to ensure their operations are consistent with those of the organization?	f such chapters, affiliates,	10b		
11		organization provided a copy of this Form 990 to all members of its governing body b	pefore filing the form?	11	Х	
		in Schedule O the process, if any, used by the organization to review this Form 990	•			
		e organization have a written conflict of interest policy? If 'No,' go to line 13	CLE COMEDCEE C	12a	Х	
		ers, directors or trustees, and key employees required to disclose annually interests	that could give rise	124	- 1	
	to conflic	ets?	J	12b	Х	
•	<b>c</b> Does the Schedul	organization regularly and consistently monitor and enforce compliance with the poles of how this is done SEE SCHEDULE O	ıcy? If 'Yes,' describe in	12c	X	
13	Does the	organization have a written whistleblower policy?		13	Х	
14	Does the	organization have a written document retention and destruction policy?		14		Χ
15	Did the persons.	process for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and dec	approval by independent			
		inization's CEO, Executive Director, or top management official SEE SCHEDUL		15a	х	
		icers of key employees of the organization SEE SCHEDULE 0	- •	15b	X	
		o line 15a or 15b, describe the process in Schedule O (See instructions )		130		
16	a Did the o	organization invest in, contribute assets to, or participate in a joint venture or similar	arrangement with a taxable			
	-	ring the year? has the organization adopted a written policy or procedure requiring the organization	to evaluate its participation	16a		X
	ın joint v	enture arrangements under applicable federal tax law, and taken steps to safeguard th respect to such arrangements?	the organization's exempt	16b		
Sec	ction C.	Disclosures				
17	List the s	states with which a copy of this Form 990 is required to be filed > CA				
18	Section (	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an n. Indicate how you make these available. Check all that apply.	d 990-T (501(c)(3)s only) avai	able	or put	olic
	Own	website Another's website X Upon request				
19	Describe statemer	in Schedule O whether (and if so, how) the organization makes its governing docum its available to the public SEE SCHEDULE O	ents, conflict of interest policy	, and	financ	cial
	State the	name, physical address, and telephone number of the person who possesses the b				
	LIMIC	MARRIALE SIZO COMPOSEI, SUITE S, CRICO, CA 939/3 3	30 033-0132		· — — -	

# 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 organizations'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 employees'
- 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.

Check this box if the organization did not		ate ar	ny c			fficer,	dire	1		
(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	_	त्र Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
LORI PRIDE										
PRESIDENT	0.5	X						0.	0.	0.
STAR BROWN DIRECTOR	0.5	Х						0.	0.	0.
KATHY SCHMITZ DIRECTOR	0.5	Х						0.	0.	0.
ALEXA VALAVANIS DIRECTOR	0.5	X						0.	0.	0.
TOD KIMMELSHUE VICE PRESIDENT	0.5	X						0.	0.	0.
MARC NEMANIC	0.5							· ·	0.	<u> </u>
EXECUTIVE DIREC	40			Х				75,670.	0.	4,500.
			<u> </u>							

(A)	(B)	ley			c)	:62	, ai	(D)	(E)	pioye	(F)
Name and Title	Average					hat a	pply)	Reportable	Reportable		stimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W 2/1099 MISC)	compensation from related organizations (W 2/1099 MISC)	cor or a	unt of other npensation irom the ganization nd related janizations anizations
											<u> </u>
1 b Total							<b>&gt;</b>	75,670.	0.	<u> </u>	4,500
2 Total number of individuals (including but not limited from the organization ► 0	to thos	e lis	ted	abo	ve)	who	rec	eived more than \$	100,000 in reportal	ole com	pensation
nom the organization											Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in			еу е	emp	loye	e, o	r hig	ghest compensate	d employee	3	х
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the individual	oortable an \$156	com 0,000	nper 0? /	isati f 'Ye	on a	and o	othe olete	r compensation from Schedule J for su	om uch	4	x
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompensa nedule J	ation	n fro sucl	m a h pe	ny u rsor	inrel	ated	d organization for s	services	5	х
Section B. Independent Contractors											
<ol> <li>Complete this table for your five highest compensate compensation from the organization.</li> </ol>	ed indep	end	ent	con	tract	ors	that	received more that	an \$100,000 of		
(A) Name and business addres	s							Description (	of Services	Comp	C) ensation
THE CHICO PROJECT, LLC 1354 EAST AVE, SUITE	381 CH	ICO	,_ C	A 9	592	6		CLIENT COUNSE	LING	1	L81,384
-,-										· · · · · · · · · · · · · · · · · · ·	····
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►	_	limite	ed to	o the	ose	liste	d at	pove) who received	d more than	·····	·····

	1 17m; Statement of Nevende		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s .	1a Federated campaigns	1a			vice de la constante de la con	
AN	<b>b</b> Membership dues	1 b				
A S	c Fundraising events	1c				
F A	d Related organizations	1d				
פַּלַי	e Government grants (contributions)	1e 99,932.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above	1f 26,000.				
E 0	q Noncash contribus included in lns 1a-1f	\$				
N N	h Total. Add lines 1a-1f	<b>-</b>	125,932.			
	Total Add lines to the	Business Code	120,302.			
EN	2a FEE FOR SERVICE		605,032.	605,032.		
Æ	b LOAN PROGRAM-INT/FEES		237,178.	237,178.		
S.	c		201/1101	201,12101		
ER.	d		· · · · · · · · · · · · · · · · · · ·			
Σ						
RA	f All other program service revenue					
PROGRAM SERVICE REVENUE	g Total. Add lines 2a-2f	<b>&gt;</b>	842,210.			
	Investment income (including divid other similar amounts)	ends, interest and	<u> </u>			
		.mal band neasons				
		inibi pona bioceeas				
	5 Royalties (i) Rea	l (II) Personal				
	6a Gross Rents	(ii) r ersoriar				
	<b>b</b> Less rental expenses					
ļ	c Rental income or (loss)			1		
	d Net rental income or (loss)	ties (ii) Other				
	7a Gross amount from sales of assets other than inventory	(II) Other				
	<b>b</b> Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	<b>&gt;</b>				
IUE	8a Gross income from fundraising every (not including \$	ents				
OTHER REVEN	of contributions reported on line 10	;).				
. RE	See Part IV, line 18	a				
밀	<b>b</b> Less, direct expenses	ь				
6	c Net income or (loss) from fundrais	ing events				
	9a Gross income from gaming activitie See Part IV, line 19					
	<b>b</b> Less direct expenses	b				
	c Net income or (loss) from gaming	activities				
		[				
	10a Gross sales of inventory, less returned and allowances	rns a				
	<b>b</b> Less cost of goods sold	b				
	c Net income or (loss) from sales of	Inventory ►	·	ĺ		
	Miscellaneous Revenue	Business Code			***************************************	
	11a					
	b					<del></del>
	d All other revenue					
	e Total. Add lines 11a-11d	<b>•</b>	~			
	12 Total revenue. See instructions	▶	968,142.	842,210.	0.	0.

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).

Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	<del></del>		скрепьез	general expenses	, схропаса
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				<del>'                                    </del>
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				<del></del>
5	Compensation of current officers, directors, trustees, and key employees	80,170.	76,380.	3,790.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	305,786.	291,332.	14,454.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	33,891.	32,588.	1,303.	
10	Payroll taxes	30,912.	29,765.	1,147.	
11	Fees for services (non-employees)				
ä	n Management				
ı	Legal Legal	-287.		-287.	· · · · · · · · · · · · · · · · · · ·
•	: Accounting	9,625.	9,480.	145.	
(	l Lobbying				
•	Prof fundraising svcs See Part IV, In 17				·
1	Investment management fees				
9	Other	1,473.		1,473.	
12	Advertising and promotion	6,290.	5,536.	754.	····
13	Office expenses	17,201.	14,522.	2,679.	
14	Information technology	7,220.	7,075.	145.	<del> </del>
15	Royalties				
16	Occupancy	34,098.	32,442.	1,656.	
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	10,811.	11,322.	-511.	
19	Conferences, conventions, and meetings				
20	Interest	45,561.	40,559.	5,002.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,195.	8,612.	2,583.	
23	Insurance	8,409.	8,145.	264.	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
i	CONTRACT LABOR	274,741.	271,348.	3,393.	
ı	REPAIRS/MAINTENANCE	12,480.	11,986.	494.	
	DUES/PUBLICATION	11,214.	9,379.	1,835.	
	EQUIPMENT LEASE	10,157.	8,335.	1,822.	
•	TELEPHONE	8,159.	7,768.	391.	
1	All other expenses	24,384.	20,755.	3,629.	
25	Total functional expenses Add lines 1 through 24f	943,490.	897,329.	46,161.	0.
26	Joint costs. Check here   ☐ If following  SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form <b>990</b> (2009)

		<u>-</u>			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			46,201.	1	117,836
	2	Savings and temporary cash investments			2,583,392.	2	1,961,703
	3	Pledges and grants receivable, net				3	1
	4	Accounts receivable, net			67,659.	4	101,508
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	s, trust II of Sc	ees, key employees, chedule L		5	
	6	Receivables from other disqualified persons (as define	ed unde	er section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Comp	lete Pa	art II of Schedule L		6	
1	7	Notes and loans receivable, net.			3,217,656.	7	3,186,80
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			5,835.	9	4,20
	10 a	Land, buildings, and equipment, cost or other basis.	10 a	138,323.			······································
		Complete Part VI of Schedule D		,			
	b	Less, accumulated depreciation	10 b	71,484.	24,367.	10 c	66,839
	11		L		·	11	······································
	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		15,499.	15	24,298	
- 1	16	Total assets Add lines 1 through 15 (must equal line	34)		5,960,609.	16	5,463,198
-	17	Accounts payable and accrued expenses		70,976.	17	51,069	
- 1	18	Grants payable			18		
	19	Deferred revenue			19		
.	20	Tax-exempt bond liabilities		· <del></del>	20		
3	21	Escrow or custodial account liability. Complete Part f	V of Sc	hedule D	<del></del>	21	
	22	Payables to current and former officers, directors, trushighest compensated employees, and disqualified per	key employees,			***************************************	
1 1		of Schedule L				22	
S	23	Secured mortgages and notes payable to unrelated th	urd par	ties	2,625,826.	23	2,201,074
	24	Unsecured notes and loans payable to unrelated third		i		24	
	25	Other liabilities Complete Part X of Schedule D	•		902,756.	25	823,512
	26	Total liabilities. Add lines 17 through 25			3,599,558.	26	3,075,655
1		Organizations that follow SFAS 117, check here ▶	X ar	nd complete lines			· · · · · · · · · · · · · · · · · · ·
1		27 through 29 and lines 33 and 34.					
A S	27	Unrestricted net assets			224,889.	27	235,170
	28	Temporarily restricted net assets			177,441.	28	193,652
₽ 	29	Permanently restricted net assets			1,958,721.	29	1,958,721
₽		Organizations that do not follow SFAS 117, check her	re ►	and complete			
		lines 30 through 34.					
-	30	Capital stock or trust principal, or current funds				30	
- 1	31	Paid-in or capital surplus, or land, building, and equip	ment f	und		31	
4	32	Retained earnings, endowment, accumulated income,			<u></u>	32	
Ì	33	Total net assets or fund balances.	, o. o		2,361,051.	33	2,387,543
BALANCES	34	Total liabilities and net assets/fund balances			5,960,609.	34	5,463,198
AA		Total naplities and flet assets/fully balances			5,500,005.		Form <b>990</b> (20)

TEEA0111L 01/30/10

Part XI Financial Statements and Reporting Yes No X Accrual Other Cash 1 Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Χ b Were the organization's financial statements audited by an independent accountant? 2b Х c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х 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 ın 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 Both consolidated and separate basis Consolidated 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 X **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 steps taken to undergo such audits 3b

BAA

Form 990 (2009)

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **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

Employer identification number

Name of the organization Employer identification number													
3C0	RΕ								68-00	)6 <u>5</u> 873	3		
Part	ı	Reason for Pu	blic Charity Statu	s (All organizations	must	compl	ete thi	s part	.) See	ınstruc	tions		
The o	rga	nization is not a priv	ate foundation becaus	e it is. (For lines 1 throu	gh 11, c	heck on	ly one b	ox.)					
1	Ē	A church, convention	on of churches or asso	ciation of churches desc	ribed 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 coope	rative hospital service	organization described i	n sectio	n 170(b)	(1)(A)(iii	).					
4	Г			d in conjunction with a ho					ъх1хах	iii). Ente	er the hospita	ıl's	
-	_	name, city, and sta		· · · · · · •	•			•			•		
5	Ę	An organization ope 170(b)(1)(A)(iv). (C	erated for the benefit of omplete Part II)	of a college or university					mental i	ınıt desc	ribed in <b>sect</b>	ion	
6 7		An organization tha		overnmental unit describ substantial part of its sup rt II )					or from t	he gene	ral public des	scribed	
8	L	A community trust of	described in section 1	<b>70(b)(1)(A)(vi)</b> . (Complete	e Part II.	)							
9	An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).												
10		•	•										
11													
		a Type I	<b>b</b> Type II		I – Fund	-	-			d 📗	Type III- O		
е		By checking this bo than foundation ma 509(a)(2)	ox, I certify that the org inagers and other than	ganization is not controlle i one or more publicly su	ed direct ipported	ly or ind organiz	irectly by ations de	y one o escribed	r more d d in secti	isqualifie ion 509(a	ed persons on a)(1) or section	other on	
f		If the organization is check this box	received a written dete	ermination from the IRS t	that is a	Type I,	Type II o	r Type	III suppo	orting org	ganization,		
g		Since August 17, 2	006, has the organizat	ion accepted any gift or	contribu	ition froi	m any of	the fol	lowing p	ersons?	_		
												es No	
		(i) a person who	directly or indirectly of	ontrols, either alone or to opported organization?	ogether	with per	sons de	scribed	ın (ıı) ar	ıd (III)	11 g (i)	]	
			iber of a person desci								11g (ii)		
		· ·			0.407						11g (iii)		
		• •		described in (i) or (ii) ab							119(111)		
h			1	ne supported organization									
	(	Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat	Is the non in cold in your erning ment?	(v) Did you the organ col ( your su	ızatıon in (i) of	(vi) I: organizati (i) organiz U S	on in col	(vii) Amount o	t Support	
					Yes	No	Yes	No	Yes	No			
		<u></u>			ļ								
					ļ								
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						1							
Total	'otal												

	edule A (Form 990 or 990-EZ) 2009					68-0065873	
Par	t II Support Schedule for	_			)(b)(1)(A)(iv) a	nd 170(b)(1)(A)	(vi)
	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part	1)			· <del>-</del>
Sec	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·		1		
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4	Total. Add lines 1-through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					:	
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		<del> </del>	T		·	
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	
13	First five years. If the Form 990 organization, check this box and		ition's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)	<b>▶</b>
Sec	tion C. Computation of Pu	blic Support	Percentage				
	Public support percentage for 20	•	•	e 11, column (f)		14	%
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14			15	%
16	a 33-1/3 support test — 2009. If the and stop here. The organization				the line 14 is 33-1	/3 % or more, chec	k this box
ı	33-1/3 support test — 2008. If the and stop here. The organization				and line 15 is 33-	1/3% or more, che	ck this box
17:	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop here	e. Explain in Part IV	how
ı	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	ind-circumstances test. The organiz	s' test, check this zation qualifies as	box and stop here a publicly suppor	e. Explain in Part IV ted organization	how the
18	· · · · · · · · · · · · · · · ·	zation did not che	ck a box on line,	13, 16a, 16b, 17a,	·	s box and see instr	

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

***	(Complete only if you chec	ked the box on lir	ne 9 of Part I)				<del></del>
Sec	tion A. Public Support						
Caler	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')	412,996.	152,651.	137,226.	196,174.	125,932.	1,024,979.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	375,491.	880,317.	766,959.	845,470.	842,210.	3,710,447.
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0,0,1321					0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	788,487.	1,032,968.	904,185.	1,041,644.	968,142.	4,735,426.
7a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the	0.	0.	0.	0.	0.	
_	year Add lines 7a and 7b	0.	0.	0.	0.	0.	<u> </u>
	Public support (Subtract line	0.	0.	0.	0.	0.	<u></u>
0	7c from line 6)						4,735,426.
Sec	tion B. Total Support		l				4,733,420.
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
	Amounts from line 6	788,487.	1,032,968.	904,185.	1,041,644.	968,142.	4,735,426.
-	Gross income from interest.	700,407.	1,032,500.	<del></del>	1,041,044.	700,142.	4,733,420.
	dividends, payments received on securities loans, rents, royalties and income form similar sources						n
	on securities loans, rents, royalties and income form						0.
b	on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0.	0.	0.	0.	0.	
b	on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0.	0.	0.	0.	0.	0.
b c 11	on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include only or loss from the sale of	0.	0.	0.	-1,215.	0.	0.
6 11	on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include	0.	0.	0.		0.	0. 0.
12 13 14	on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, 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) SEE PART IV Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and	s for the organiza stop here	tion's first, second		-1,215.		0. 0. 0. -1,215. 4,734,211.
12 13 14	on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, 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) SEE PART IV Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 in	s for the organiza stop here	tion's first, second		-1,215.		0. 0. -1,215. 4,734,211.
12 13 14 Sec 15	on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, 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) SEE PART IV Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Putherical support percentage for 20	s for the organiza stop here iblic Support	tion's first, second  Percentage  (f) divided by line	, third, fourth, or	-1,215.	a section 501(c)(3)	0. 0. 0. -1,215. 4,734,211. ► □
12 13 14 Sec 15 16	on securities loans, rents, royalties and income form similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, 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) SEE PART IV  Total support. (add lins 9, 10c, 11, and 12)  First five years. If the Form 990 in organization, check this box and the first support percentage for 20 Public support percentage from 2	s for the organiza stop here iblic Support I 09 (line 8, column 2008 Schedule A,	tion's first, second  Percentage  (f) divided by line  Part III, line 15	, third, fourth, or 13, column (f))	-1,215.	a section 501(c)(3)	0. 0. -1,215. 4,734,211.
11 12 13 14 Sec 15 16 Sec	on securities loans, rents, royalties and income form similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, 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) SEE PART IV  Total support. (add lins 9, 10c, 11, and 12)  First five years. If the Form 990 in organization, check this box and tion C. Computation of Public support percentage from 20 Public support percentage from 21 tion D. Computation of Inventorial simple support percentage from 21 tion D. Computation of Inventorial simple support percentage from 21 tion D. Computation of Inventorial simple support percentage from 21 tion D. Computation of Inventorial simple support percentage from 21 tion D. Computation of Inventorial support percentage from 21 tion D. Computation of Inventorial support percentage from 21 tion D. Computation of Inventorial support percentage from 21 tion D. Computation of Inventorial support percentage from 21 tion D. Computation of Inventorial support percentage from 21 tion D. Computation of Inventorial support percentage from 21 tion D. Computation of Inventorial support percentage from 21 tion D. Computation of Inventorial support percentage from 21 tion D. Computation of Inventorial support percentage from 21 tion D. Computation of Inventorial support percentage from 21 tion D. Computation of Inventorial support percentage from 21 tion D. Computation of Inventorial support percentage from 21 tion D. Computation of Inventorial support percentage from 21 tion D. Computation of Inventorial support percentage from 21 tion D. Computation of Inventorial support percentage from 21 tion D. Computation of Inventorial support percentage from 21 tion D. Computation of Inventorial support percentage from 21 tion D. Computation and Inventorial support percentage from 21 tion D. Computat	s for the organiza stop here Iblic Support 09 (line 8, column 2008 Schedule A, vestment Inco	tion's first, second  Percentage  (f) divided by line  Part III, line 15  me Percentage	, third, fourth, or 13, column (f))	-1,215.	a section 501(c)(3)	0. 0. 0. -1,215. 4,734,211. 0 ► □ 100.0%
11 12 13 14 Sec 15 16 Sec 17	on securities loans, rents, royalties and income form similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, 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) SEE PART IV  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 in organization, check this box and tion C. Computation of Public support percentage for 20  Public support percentage from 2 tion D. Computation of Investment income percentage for	s for the organiza stop here Iblic Support 09 (line 8, column 2008 Schedule A, vestment Inco	tion's first, second Percentage  (f) divided by line Part III, line 15 me Percentage column (f) divided	, third, fourth, or 13, column (f)) e by line 13, colum	-1,215.	a section 501(c)(3) 15 16	0. 0. 0. -1,215. 4,734,211. 0 ► □ 100.0% 0.0%
11 12 13 14 Sec 15 16 Sec 17 18	on securities loans, rents, royalties and income form similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, 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) SEE PART IV  Total support. (add lins 9, 10c, 11, and 12)  First five years. If the Form 990 in organization, check this box and tion C. Computation of Public support percentage for 20  Public support percentage from 2  tion D. Computation of Investment income percentage for Investment Income Investment Income Investment Income	s for the organiza stop here Iblic Support 09 (line 8, column 2008 Schedule A, Vestment Inco or 2009 (line 10c, rom 2008 Schedul	tion's first, second  Percentage  (f) divided by line  Part III, line 15  me Percentage  column (f) divided  e A, Part III, line 1	, third, fourth, or 13, column (f))  by line 13, column 7	-1,215. fifth tax year as a	15 16 17 18	0. 0. 0. -1,215. 4,734,211. ► □ 100.0% 0.0% 0.0%
11 12 13 14 Sec 15 16 Sec 17 18 19 a	on securities loans, rents, royalties and income form similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, 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) SEE PART IV  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 in organization, check this box and tion C. Computation of Public support percentage for 20  Public support percentage from 2 tion D. Computation of Investment income percentage from 33-1/3 support tests — 2009. If the more than 33-1/3%, check this bids.	s for the organiza stop here  (blic Support)  (9) (line 8, column)  (2008 Schedule A,  (restment Inco)  or 2009 (line 10c,  rom 2008 Schedul  e organization dicox and stop here.	tion's first, second  Percentage  (f) divided by line  Part III, line 15  me Percentage  column (f) divided  e A, Part III, line 1  I not check the boom  The organization of	, third, fourth, or  13, column (f))  by line 13, colum  on line 14, and qualifies as a pub	-1,215.  fifth tax year as a	15 16 17 18 an 33-1/3%, and I	0. 0. 0. -1,215. 4,734,211. 100.0% 100.0% 0.0% 0.0% ine 17 is not ► X
11 12 13 14 Sec 15 16 Sec 17 18 19 a	on securities loans, rents, royalties and income form similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, 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) SEE PART IV  Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Public support percentage from 2 tion D. Computation of Investment income percentage from 33-1/3 support tests — 2009. If the	s for the organiza stop here  Iblic Support  99 (line 8, column 2008 Schedule A, vestment Inco or 2009 (line 10c, rom 2008 Schedul e organization did ox and stop here. e organization did this box and stop	tion's first, second  Percentage  (f) divided by line  Part III, line 15  me Percentage  column (f) divided  e A, Part III, line 1  i not check the box  The organization of  i not check a box of  here. The organiz	, third, fourth, or  13, column (f))  by line 13, colum  7  c on line 14, and qualifies as a pub on line 14 or 19a, ation qualifies as	n (f))  line 15 is more the dicty supported organd line 16 is more a publicly support	15 16 17 18 an 33-1/3%, and liganization re than 33-1/3%, ated organization	0. 0. 0. -1,215. 4,734,211. 100.0% 100.0% 0.0% 0.0% ine 17 is not ► X

Schedule A	(Form 990 or	990-EZ)	2009	3C0	RE								68-006	55873	F	age 4
Part IV	Suppleme Part II, lin	ntal Inf	ormat	ion	Com	nlete th	nis n	art to	provid	e the	explanatu	ons rea	ured by	/ Part II	line 10	1.
EL BITTA	Part II line	e 17a o	r 17h	and	Part	III line	13 p	Provi	de an	v other	r addition	al infor	mation	See ins	truction	,
	; art ii, iii	C 174 O	170,	ana	1 art	111, 11110	, 12.	1 1001	uc an	y Othici	dadition	ar irrior	mation.	OCC INS	detion	<del></del>
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09 SCH	HEDUL	E A, PAI	RT IV	- SUPPL	EN	MENTAL	IN	FORMAT	101	I PAG
				3CORE				. <del>-</del>		68-006
PART III, LINE 12 - O	THER INC	OME								
NATURE AND SOURCE		2009		2008		2007		2006		2005
SALE OF ASSET				-1.215.						
	TOTAL	\$	0. \$	-1,215.	\$	0.	\$	0.	\$	(

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions 2009

Open to Public Inspection

Name of the organization

Employer Identification number

3CC	RE		68-0065873
Par	Organizations Maintaining Done the organization answered 'Yes'	or Advised Funds or Other Similar Fu to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do funds are the organization's property, subject	nor advisors in writing that the assets held in do to the organization's exclusive legal control?	nor advised Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private beni	ors, and donor advisors in writing that grant fund the benefit of the donor or donor advisor or for efit??	s may be any other Yes No
Pai	II Conservation Easements Comp	lete if the organization answered 'Yes	' to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held b		
	Preservation of land for public use (e.g.,		of an historically important land area
	Protection of natural habitat	Preservation	of certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organizations day of the tax year	on held a qualified conservation contribution in t	the form of a conservation easement on the
			Held at the End of the Year
	Total number of conservation easements		2a
	Total acreage restricted by conservation ease		2b
	Number of conservation easements on a cert		2c
	Number of conservation easements included		2d
3	Number of conservation easements modified, year	transferred, released, extinguished, or terminat	ed by the organization during the tax
4	Number of states where property subject to co	onservation easement is located <a></a>	<u> </u>
	and enforcement of the conservation easeme		Yes No
	during the year ►	ng, inspecting, and enforcing conservation ease	
7	Amount of expenses incurred in monitoring, if during the year	nspecting, and enforcing conservation easement	\$
8	Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements of sec	Yes No
9	In Part XIV, describe how the organization re include, if applicable, the text of the footnote conservation easements	ports conservation easements in its revenue and to the organization's financial statements that de	d expense statement, and balance sheet, and escribes the organization's accounting for
Pai	Organizations Maintaining Coll Complete if the organization an	lections of Art, Historical Treasures, on swered 'Yes' to Form 990, Part IV, line	or Other Similar Assets e 8.
1 a		er SFAS 116, not to report in its revenue stateme olic exhibition, education, or research in furtheral ents that describes these items	
ŀ	If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items.	er SFAS 116, to report in its revenue statement a blic exhibition, education, or research in furtheral	and balance sheet works of art, historical nce of public service, provide the following
	(i) Revenues included in Form 990, Part VIII	, line 1	<b>≯</b> \$ <b>≯</b> \$
	(ii) Assets included in Form 990, Part X		►\$
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or other similar assets fo 116 relating to these items.	or financial gain, provide the following
á	Revenues included in Form 990, Part VIII, line	e 1	<b>&gt;</b> \$
	Accets included in Form 990. Part Y		►¢

Part III   Organizations Mainta	ining Collec	ctions of A	Art, Histo	orical Ti	reasures, o	r Other Similar As	sets (	<u>contin</u>	iued)_
3 Using the organization's acquisition items (check all that apply)	on accession ar	nd other reco	ords, check	cany of th	ne following th	at are a significant use	of its co	llection	1
a Public exhibition	Public exhibition d Loan or exchange programs								
<b>b</b> Scholarly research	b Scholarly research e Other								
c Preservation for future genera	c Preservation for future generations								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV									
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No									
Part IV Escrow and Custodia 9, or reported an amo					tion answe	red 'Yes' to Form	990, P	art IV	, line
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian,	or other inte	ermediary fo	or contrib	utions or othe	r assets not	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV and	d complete th	ne followi <mark>n</mark> g	g table					
							Amoun	<u>t</u>	
c Beginning balance						1 c			
<b>d</b> Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance						1f			
2a Did the organization include an a		990, Part X,	, line 21?				Yes	Ĺ	No
<b>b</b> If 'Yes,' explain the arrangement				1.15.4		00 5 101			
Part V Endowment Funds Co									
	(a) Current ye	ear (	b) Prior year	(0	) Two years back	(d) Three years back	(e)	Four years	s back
1 a Beginning of year balance					~~~~~		<del>. ‡</del>		
<b>b</b> Contributions									
c Net Investment earnings, gains, and losses									
<b>d</b> Grants or scholarships			<b></b>					<del>,</del>	
<ul> <li>Other expenditures for facilities and programs</li> </ul>	· · · · · · · · · · · · · · · · · · ·								~~~~
f Administrative expenses							<b></b>		
<b>g</b> End of year balance						<u> </u>			
2 Provide the estimated percentage	e of the year en	nd balance he	eld as						
a Board designated or quasi-endov	/ment ►		<b>ક</b>						
<b>b</b> Permanent endowment ►	ૄૢૢૢૢૢૢૢૢૢૢૢૢૢ								
c Term endowment ►	%								
3a Are there endowment funds not a organization by	n the possessio	n of the orga	anization th	nat are he	ld and admini	stered for the	[	Yes	No
(i) unrelated organizations							3a(i)		
(ii) related organizations							3a(ii)		
<b>b</b> If 'Yes' to 3a(ii), are the related of	rganizations lis	ted as requir	red on Sch	edule R?			3b		
4 Describe in Part XIV the intended	uses of the or	ganızatıon's	endowmen	nt funds.				-	
Part VI Investments-Land, B	uildings, ar	nd Equipm	nent. See	e Form	990, Part X	(, line 10.			
Description of investment	(	a) Cost or oth (investm			t or other (other)	(c) Accumulated Depreciation	(d) E	Book Va	alue
1 a Land					42,000.			42,	,000.
<b>b</b> Buildings									
c Leasehold improvements					1,279.	1,096.			183.
<b>d</b> Equipment					95,044.	70,388.		24,	,656.
<b>e</b> Other									
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))									

BAA

Schedule **D** (Form 990) 2009

Part VII Investments—Other Securities See	Form 990, Part X, Iır	ne 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	value
Financial derivatives			
Closely-held equity interests			
Other			
		<u> </u>	
	_		
	_		
	-	<del>-</del>	<del></del>
	-		
Total (Column (b) must equal Form 990 Part X, col (B) line 12 ) ►			
Part VIII Investments-Program Related (See	e Form 990, Part X, I	ine 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
	<del>-</del>	Cost or end-of-year market v	/alue
	<del>-</del> -		
			·-·
V#= =			
		4	
Total (Column (b) must equal Form 990, Part X, Col. (B) line 13.)	-		~~~
Total (Column (b) must equal Form 990, Part X, Col (B) line 13) Part IX Other Assets (See Form 990, Part X			<u>,</u>
	Description		(b) Book value
			(B) Book value
	···		
	<del></del>		<del></del>
Total. (Column (b) must equal Form 990, Part X, col (B),	line 15)	<b>•</b>	
Part X Other Liabilities (See Form 990, Pa			
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
DEPOSITS IN TRUST	649,93	<del></del> i	
LINE OF CREDIT	75,000	<del></del>	
LOAN LOSS RESERVE DEPOSITS	33,930	<del></del>	
REFUNDABLE ADVANCES	37,00	<del></del> [	
WILLOWS FASCADE PASSTHROUGH FUNDS	27,63	<del>.</del>	
		$\dashv$	
	·   · · · -	$\dashv$	
		_	
		7	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	823,512	2.	
2 FIN 48 Footpote In Part XIV provide the text of the foo	Anala ta tha area astrola	francial alabaments that are all the const	

Sche		8-0065873	Page <b>4</b>
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	*Total revenue (Form 990, Part VIII,column (A), line 12)		968,142.
2	Total expenses (Form 990, Part IX, column (A), line 25)		943,490.
3	Excess or (deficit) for the year Subtract line 2 from line 1		24,652.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		24,652.
Par	TXII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1	969,982.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
а	a Net unrealized gains on investments 2a 1,840	. [	
E	Donated services and use of facilities 2b	7 1	
c	Recoveries of prior year grants	7	
c	d Other (Describe in Part XIV).	7	
	e Add lines 2a through 2d	7 2e	1,840.
	Subtract line 2e from line 1	3	968,142.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		300,212.
٠,	a Investments expenses not included on Form 990, Part VIII, line 7b		
	O Other (Describe in Part XIV).	†	
	Add lines 4a and 4b	4c	
	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	968,142.
	1 XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ref		J00, 142.
1	Total expenses and losses per audited financial statements	1	943,490.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		743,430.
	a Donated services and use of facilities 2a		
		- ]	
	, , , , , , , , , , , , , , , , , , , ,	<b>┤</b>	
		- 1	
	,	1 1	
_	e Add lines 2a through 2d	2e  3	042 400
3	Subtract line 2e from line 1	3	943,490.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b	-	
	Other (Describe in Part XIV).	-	
	Add lines 4a and 4b	4c	0.42 400
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	943,490.
Pai	t XIV   Supplemental Information	<del></del>	<del></del>
line 4	iplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this pai mation.	lines 1b and 2b t to provide any	, Part V, additional
		·	
		. <b></b>	<b>-</b>
		·	
		<del>-</del>	
BAA	TEEA3304L 02/02/10	Schedule <b>D</b> (F	orm 990) 2009

Schedule <b>D</b> (Form 990) 2009	3CORE	68-0065873	Page 5
Part XIV Supplemental	3CORE Information (continued)		
•			
			<b>-</b>
			<b>-</b>

#### SCHEDULE O (Form 990)

#### Supplemental Information to Form 990

OMB No 1545 0047

2009

Open to Public Inspection

Employer identification number

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.

68-0065873 3CORE FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS THE FORM 990 IS PROVIDED TO AND REVIEWED BY THE BOARD OF DIRECTORS AT A REGULARY SCHEDULED MEETING. UPON ACCEPTANCE OF THE RETURNS BY THE BOARD, MANAGEMENT IS INSTRUCTED TO OBTAIN THE PROPER SIGNATURES AND SUBMIT THE RETURNS TO THE TAXING AUTHORITIES. FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS THE ORGANIZATION HAS INCORPORATED A CONFLICT OF INTEREST POLICY AND A WHISTLEBLOWER POLICY INTO THE PERSONNEL PROCEDURE MANUAL APPLICABLE TO EMPLOYEES AND BOARD MEMBERS. SUCH PERSONS ARE REQUIRED TO INFORM MANAGEMENT OF ANY POTENTIAL CONFLICTS UPON OCCURENCE OF THE DEVELOPMENT. FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG COMPENSATION OF THE EXECUTIVE DIRECTOR IS ESTABLISHED BY AN ANNUAL REVIEW AND APPROVAL PROCESS CONDUCTED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE: THE BOARD OF DIRECTORS CONDUCTS AND ANNUAL EVALUATION AND REVIEW OF THE COMPENSATION PAID TO THE EXECUTIVE DIRECTORS AND SETS COMPENSATION CHANGES FOR THE POSITION. OTHER STAFF COMPENSATION, INCLUDING KEY EMPLOYEES, IS ESTABLISHED BY THE EXECUTIVE DIRECTOR. FORM 990. PART VI. LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE GOVERNING DOCUMENTS ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE. ADDITIONALLY, THE FORMS 990 ARE MADE AVAILABLE ON THE GUIDESTAR INTERNET SITE.

Schedule <b>0</b> -(Form 990) 2009	Page 2
Name of the organization	Employer identification number
3CORE	68-0065873
	·

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Form 8868 (Rev 4-2009)

Internal Revenue			File a sepa	rate application for e	each return.				
If you are	filing for an A	utomatic 3-Month	Extension, compl	ete only Part I and c	heck this box.			► [X]	
-			-	xtension, complete		age 2 of this f	orm)		
				n automatic 3-mont		-			
				Only submit orig					
				orny outstructoring	mar (no copie		•		
A corporation	required to fil	le Form 990-T and	requesting an aut	omatic 6-month exte	nsion — check th	is box and co	mplete Part I o	nly 🕨 📗	
All other corp income tax re	oorations (inclu eturns	ıdıng 1120-C filers)	, partnerships, RE	MICS, and trusts m	ust use Form 700	4 to request a	an extension of	time to file	
returns noted the additiona Form 990-T.	l below (6 mor l (not automati Instead, you m	nths for a corporation in the stension of the	on required to file on or (2) you file I y completed and s	orm 8868 if you want Form 990-T) Howev Forms 990-BL, 6069 signed page 2 (Part & Nonprofits	er, you cannot fil , or 8870, group r	e Form 8868 eturns, or a c	electronically if composite or co	(1) you want nsolidated	
	Name of Exempt	Organization		•			Employer identific	ation number	
Type or									
print	3CORE						68-006587	13	
File by the due date for	Number, street, a	and room or suite number	If a P O box, see ins	tructions			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
filing your return See	3120 COH	ASSET ROAD #	<del>!</del> 5						
instructions	City, town or post	t office, state, and ZIP co	ode For a foreign addre	ss, see instructions			74.20		
	CHICO, C	A 95973							
Check type o	<del></del>	filed (file a separat	e application for e	ach return).	,	·			
X Form 990			Form 990-T (cd	•		Form 472	20		
Form 990	)-BL	Ī		ection 401(a) or 408(	a) trust)	Form 522	27		
Form 990			<del>-</del>	ust other than above		Form 606			
Form 990		<u> </u>	Form 1041-A		,	Form 887			
Telephone If the org If this is f check this the exten  I reques until The ext	anization does or a Group Re s box ► sion will cover st an automation 2/15 ension is for the	Inot have an office turn, enter the orgalifit is for part of to 3-month (6 month in 20 11 , to file the organization's research	or place of busing anization's four dighter the group, check the group are for a corporation the exempt organization for	ess in the United Stagit Group Exemption his box  and and in required to file For inzation return for the	Number (GEN) attach a list with m 990-T) extensi	the names are on of time med above	this is for the wind EINs of all m		
▶	calendar year	20 or							
► [X]	tax year begir	nning7/01	, 20 _09_,	and ending _ 6/:	30,20_1	.0_			
2 If this ta	ax year is for le	ess than 12 months	s, check reason	Initial return	Final retui	rn C	hange in accou	inting period	
		or Form 990-BL, 990 See instructions	D-PF, 990-T, 4720	, or 6069, enter the	entative tax, less	any	3a \$	0.	
		or Form 990-PF or 9 for year overpayme		efundable credits an redit	d estimated tax p	ayments	3ь \$	0.	
deposit	e <b>Due</b> . Subtrac with FTD coup tructions	t line 3b from line 3 oon or, if required,	Ba Include your p by using EFTPS (	ayment with this forr Electronic Federal T	m, or, if required, ax Payment Syste	em)	3c \$	0.	
Caution. If yo payment insti		make an electroni	c fund withdrawal	with this Form 8868	, see Form 8453-I	EO and Form	8879-EO for		

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