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For	n 990 (2009)			Page 8
1b	Total	0		0
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization •0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5	Yes	
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		(C Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >0	<u> </u>		2 (2000)
		-	orm 99 0) (2009)

Form 99								Page 9
Part v	/	Statement o	or Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
まま	1a	Federated cam	paigns 1a					
e Ta	Ь	Membership du	es 1b					
ું.હ	C	Fundraising eve	ents 1c					
<u>≅</u> ,≅	d		rations 1d					
ξĒ	e	Government grants						
atío er .	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	2,408,121				
Contributions, gifts, grants and other similar amounts	g	4	butions included in					
돌	h	· -	,867,740 s la-1f	.	2,408,121			
<u> </u>	⊢"	Total. Add filles	5 1d-11		2,100,121			
II e	2a			Business Code				
Program Service Revenue	Ь							
or GE	_ c	-						
rvs	d	-	_					
જુ	e							
<u>ran</u>	f	All other progra	am service revenue					
Š.								
	д 3		ome (including dividen					
			ar amounts)		97,703			97,703
	4		stment of tax-exempt bond	-				
	5	Royalties		• [
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	_	Gross amount	(ı) Securities 294,003	(11) O ther 6,069				
	7a	from sales of assets other than inventory	294,003	6,069				
	b	Less cost or other basis and	273,816					
	 c	sales expenses Gain or (loss)	20,187	6,069				
	ď		s)	<u> </u>	26,256			26,256
	8a	Gross income f						
ıne		events (not inc \$	ludıng					
Other Revenue			reported on line 1c)					
jer	ь	Less directex	penses b					
₹	c		(loss) from fundraising	events 📂				
	9a	Gross income f See Part IV, lin						
	b c		apenses b (loss) from gaming actives.	vities				
		Gross sales of returns and allo	inventory, less owances .	-				
	b c		a oods sold b (loss) from sales of inve	entory				
	Ť	Miscellaneous		Business Code				
	11a	MISCELLANEC		624,200	5,198			5,198
	ь							
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	· · · · •	5,198			
	12	Total revenue.	See Instructions .	▶	2,537,278	0	0	129,157

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations multiple of the complete column (A) but are not required to			(D)	
			(B)	(D).	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
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 the U.S. See Part IV, line 22	2,075,184	2,075,184		
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	192,710	134,897	28,906	28,907
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				· · · · · · · · · · · · · · · · · · ·
9	Other employee benefits	27,880	19,516	4,182	4,182
10	Payroll taxes	19,288	13,502	2,893	2,893
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	11,851		11,851	
g	Other	32,418		32,418	
12	Advertising and promotion	20,230		,	20,230
13	Office expenses	25,352		25,352	
14	Information technology	23,532		20,002	_
15	Royalties				
16	Occupancy	26,425	18,498	3,963	3,964
17	Travel	125	88	18	19
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	123	00	10	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,378	9,365	2,006	2,007
23	Insurance	20,793	14,555	3,119	3,119
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)	20,733	11,555	3,113	3,119
а	BUILDING SUPPLIES AND R	25,237	17,666	3,785	3,786
b	PRINTING AND PUBLICATIO	19,908		995	18,913
c	VEHICLE MAINTENANCE	14,852	14,852		
d	MISCELLANEOUS	8,827	_ :, : 3_	8,827	
e	POSTAGE AND SHIPPING	7,772		6,606	1,166
f	All other expenses	7,502	4,320	3,182	
25	Total functional expenses. Add lines 1 through 24f	2,549,732	2,322,443	138,103	89,186
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	2,517,132	2,322,773	130,103	33,100
	campaign and fundraising solicitation				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	74	1	124
	2	Savings and temporary cash investments	534,503	2	507,632
	3	Pledges and grants receivable, net		3	51,788
	4	Accounts receivable, net	225	4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 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	7	Notes and loans receivable, net		7	
88	8	Inventories for sale or use	464,516	8	283,681
⋖	9	Prepaid expenses and deferred charges	14,877	9	7,023
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D 373,186			
	ь	Less accumulated depreciation 10b 277,593	93,310	10c	95,593
	11	Investments—publicly traded securities	458,614	11	638,421
	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	1,975,666	15	2,080,835
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,541,785	16	3,665,097
	17	Accounts payable and accrued expenses .	37,430	17	25,016
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Ei.		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	37,430	26	25,016
Fund Balances		Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
anı	27	Unrestricted net assets	2,366,853	27	2,435,778
Ba	28	Temporarily restricted net assets	58,161	28	72,979
Ы	29	Permanently restricted net assets	1,079,341	29	1,131,324
Fur		Organizations that do not follow SFAS 117, check here ▶ ┌ and complete			
or		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	3,504,355	33	3,640,081
-	34	Total liabilities and net assets/fund balances	3,541,785	34	3,665,097

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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 separated basis			
3а	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		No
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		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Sunshine Division Inc

Name of the organization

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

Public Charity Status and Public Support

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

Inspection Employer identification number

93-0429354 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other ┌ Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	Is the organization organization of (i) lis	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?) ne tion in ganized JS?	(vii) A mount of support?	
		ınstructions))	Yes	No	Yes	No	Yes	No		
Total										

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if yo	ou checked the	box on line 5, A	, or 8 or Part I	.)			
	endar year (or fiscal year beginning	(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")	2,366,70	9 2,578,472	3,190,646	2,585,147	2,40	8,121	13,129,095
2	Tax revenues levied for the organization's benefit and either							
3	paid to or expended on its behalf The value of services or facilities						\dashv	
,	furnished by a governmental unit to							
4	the organization without charge Total. Add lines 1 through 3	2,366,70	2,578,472	3,190,646	2,585,147	2,40	3,121	13,129,095
	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							5,565,805
	amount shown on line 11, column (f)							
6	Public Support. Subtract line 5 from line 4							7,563,290
Se	ection B. Total Support							
Cale	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	1	(f) Total
7	beginning in) A mounts from line 4	2,366,709	122,476	3,190,646	2,585,147	2,408	3,121	13,129,095
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	103,685	122,476	138,884	41,853	97	7,703	504,601
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets					į	5,198	5,198
11	Total support (Add lines 7 through 10)							13,638,894
12	Gross receipts from related activiti		·			12		11,040
13	check this box and stop here			third, fourth, or fi	ifth tax year as a s	501(c)(3) o	rganı	zation, ►
14	ection C. Computation of Pub Public Support Percentage for 2009			11 column (f))		14		55 450 %
15	Public Support Percentage for 2008	•		.,,		15		53 880 %
16a	33 1/3% support test-2009. If the				ine 14 is 33 1/3%		neck 1	this box
	and stop here. The organization qua 33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test- is 10% or more, and if the organization in Part IV how the organization meetorganization	organization did n qualifies as a p — 2009. If the org tion meets the "f	not check the box ublicly supported anization did not c acts and circumst	on line 13 or 16 organization :heck a box on lin :ances" test, cheo	e 13, 16a, or 16b ck this box and st e	and line 14 op here. Ex	1 plain	▶ ┌
b	10%-facts-and-circumstances test-							e i
1Ω	15 is 10% or more, and if the organization in Part IV how the organization organization organization.	tion meets the "f	acts and circumst	ances" test The	organization quali	ifies as a pu	ublicly	/ ▶□
18	Private Foundation If the organizat instructions	ion ala not check	. a DOX OII IIIIe 13,	104, 100, 1/4 0	I/D, CHECK LINS I	JUX AIIU SEE		▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar 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						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493136036331

OMB No 1545-0047

Department of the Treasury

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

erial Neverlue Service	roilli 330. F See separate ilistructions.		Ziiopoo	
Name of the organization		Emplo	oyer identification numb	er
Sunshine Division Inc		93-04	429354	
Part I Organizations Maintaining Donor				te if the
organization answered "Yes" to Form	990, Part IV, line 6. (a) Donor advised funds	/ la) Funds and other accou	unts.
Total number at end of year	(a) Donor advised idings	(1)	Fullus and other accou	11115
· ·				
Aggregate contributions to (during year)				
Aggregate grants from (during year)				
Aggregate value at end of year				
Did the organization inform all donors and donor a funds are the organization's property, subject to t			ed Yes	☐ No
Did the organization inform all grantees, donors, a used only for charitable purposes and not for the b conferring impermissible private benefit		•	purpose Yes	┌ No
Part II Conservation Easements. Comple	te if the organization answered "Yes	" to Form	990, Part IV, line 7.	
Purpose(s) of conservation easements held by the Preservation of land for public use (e g , recre Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a que easement on the last day of the tax year	ation or pleasure) Preservation of Preservation of	a certified	ally importantly land are historic structure nservation	a
,,			Held at the End of the	Year
a Total number of conservation easements		2a		
b Total acreage restricted by conservation easeme	nts	2b		
c Number of conservation easements on a certified	historic structure included in (a)	2c		
d Number of conservation easements included in (c) acquired after 8/17/06	2d		
Number of conservation easements modified, tran			organization during	
Number of states where property subject to conse Does the organization have a written policy regard			violations and	
enforcement of the conservation easements it hol		anding or v	Yes	┌ No
Staff and volunteer hours devoted to monitoring, i	nspecting and enforcing conservation eas	ements dui	ring the year ▶	
A mount of expenses incurred in monitoring, inspe			the year 🕨 \$	
Does each conservation easement reported on lin 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements of :	section	☐ Yes	Г No
In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text the organization's accounting for conservation eas	of the footnote to the organization's financ	•	•	
Organizations Maintaining Collec Complete if the organization answere			er Similar Assets.	
If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	eld for public exhibition, education or rese	earch in furt		— <u>——</u> е,
b If the organization elected, as permitted under SF historical treasures, or other similar assets held f provide the following amounts relating to these ite	or public exhibition, education, or researc		•	
(i) Revenues included in Form 990, Part VIII, line	e 1		▶ \$	
(ii) Assets included in Form 990, Part X			► \$	
If the organization received or held works of art, h following amounts required to be reported under S		s for financ		
a Revenues included in Form 990, Part VIII, line 1			▶ \$	

Assets included in Form 990, Part X

ar	Titl Organizations Maintaining Co	llections of Art	<u>, Hist</u>	oric	<u>cal Tre</u>	asur	es, or (<u> </u>	<u>r Similai</u>	r Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e foll	owing th	at are	a sıgnıfıc	ant u	se of its co	ollection	Ì	
а	Public exhibition		d	Γ	Loan o	rexch	ange prog	rams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
1	Provide a description of the organization's co	ollections and explai	ın how	they	further	the or	ganızatıo	n's ex	cempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					nılar	Γ.	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						answere	ed "Y	es" to For	rm 990	,	
	Part IV, line 9, or reported an ar											
.a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ions oi	other as:	sets	not	Γ.	Yes	∏ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the 1	follown	ng ta	ıble		Г					
_							}			A mou	nt	
C _	Beginning balance						}	1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
a:	Did the organization include an amount on Fe	orm 990, Part X, line	21?							Γ,	Yes	┌ No
	If "Yes," explain the arrangement in Part XI\											
Pa	rt V Endowment Funds. Complete										\	
_	Beginning of year balance	(a)Current Year 1,079,341	(B)	Prior '	year ,447,945	` '	o Years Bac	к (а	Three Years	васк (е)Four Ye	ears Back
a L		1,075,511			, 117,515			-		-		
b	Contributions	51,983			-368,604							
c d	Grants or scholarships	31,303			300,001							
u e	Other expenditures for facilities							-				
	and programs											
f	Administrative expenses											
g	End of year balance	1,131,324		1	,079,341							
2	Provide the estimated percentage of the yea	r end balance held a	ıs									
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment • 100.000 %											
c	Term endowment ▶											
a	Are there endowment funds not in the posse	ssion of the organiza	ation th	hat a	re held	and ad	mınıstere	d for	the			
	organization by										Yes	No
	(i) unrelated organizations			•				•		3a(i)	Yes	
	(ii) related organizations					•		•		3a(ii)		N o
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•						•		3b		
) 3	t VI Investments—Land, Building					Λ Da	rt V line	10				
u	Description of investment	s, and Equipmen	iit. 36	(a	Cost or	other	(b)Cost or basis (ot	other	(c) Accun		(d) Bo	ok value
a	Land							10,000	1			40,000
	Buildings							20,000		109,500		10,500
	Leasehold improvements							98,677		79,124		19,553
	Equipment							94,848		87,864		6,984
	Other							19,661		1,105		18,556
_			-	1				-,	i	-, -00	1	_0,000

95,593

Part VII Investments—Other Securities. See	Torin 990, Part X, line 12		d . 6 l
(a) Description of security or category (including name of security)	(b)Book value		d of valuation - year market value
Financial derivatives			
Closely-held equity interests			
O ther			
_			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		<u></u>	
			d of valuation
(a) Description of investment type	(b) Book value		-year market value
		 	
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III (a) Descrip			(b) Book value
(4) 5050111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		58,366
ACCRUED INVESTMENT INCOME			
BENEFICIAL INTEREST IN PERPETUAL TR			1,131,324
BENEFICIAL INTEREST IN PERPETUAL TR			
BENEFICIAL INTEREST IN PERPETUAL TR			1,131,324
BENEFICIAL INTEREST IN PERPETUAL TR			1,131,324
BENEFICIAL INTEREST IN PERPETUAL TR			1,131,324
BENEFICIAL INTEREST IN PERPETUAL TR			1,131,324
BENEFICIAL INTEREST IN PERPETUAL TR			1,131,324
BENEFICIAL INTEREST IN PERPETUAL TR			1,131,324
BENEFICIAL INTEREST IN PERPETUAL TR			1,131,324
BENEFICIAL INTEREST IN PERPETUAL TR			1,131,324
BENEFICIAL INTEREST IN PERPETUAL TR			1,131,324
BENEFICIAL INTEREST IN PERPETUAL TR			1,131,324
BENEFICIAL INTEREST IN PERPETUAL TR INVEST HELD AT OREGON COMMUNITY FN			1,131,324 891,145
BENEFICIAL INTEREST IN PERPETUAL TR INVEST HELD AT OREGON COMMUNITY FN Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			1,131,324
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	, line 25.		1,131,324 891,145
BENEFICIAL INTEREST IN PERPETUAL TR INVEST HELD AT OREGON COMMUNITY FN Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			1,131,324 891,145
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		1,131,324 891,145
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25.		1,131,324 891,145
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25.		1,131,324 891,145
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25.		1,131,324 891,145
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25.		1,131,324 891,145
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25.		1,131,324 891,145
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25.		1,131,324 891,145
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25.		1,131,324 891,145
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25.		1,131,324 891,145
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25.		1,131,324 891,145
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25.		1,131,324 891,145
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25.		1,131,324 891,145
() 5	, line 25.		1,131,324 891,145
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25.		1,131,324 891,145
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25.		1,131,324 891,145
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25.		1,131,324 891,145
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25.		1,131,324 891,145

es (Form 990, Part IX, column (A), line 25) eficit) for the year Subtract line 2 from line 1 ed gains (losses) on investments vices and use of facilities expenses edjustments ribe in Part XIV) nents (net) Add lines 4 - 8 eficit) for the year per financial statements. Combine lines 3 a nciliation of Revenue per Audited Financial State ue, gains, and other support per audited financial statements cluded on line 1 but not on Form 990, Part VIII, line 12 ed gains on investments	tements W	/ith Revenue	2 3 4 5 6 7 8 9 10 per Return	2,549,732 -12,454 96,197 51,983 148,180 135,726
ed gains (losses) on investments vices and use of facilities expenses edjustments ribe in Part XIV) ments (net) Add lines 4 - 8 eficit) for the year per financial statements. Combine lines 3 a mciliation of Revenue per Audited Financial State ue, gains, and other support per audited financial statements cluded on line 1 but not on Form 990, Part VIII, line 12 red gains on investments	2a 2b 2c	/ith Revenue	4 5 6 7 8 9 10	96,197 51,983 148,180 135,726
expenses adjustments ribe in Part XIV) ments (net) Add lines 4 - 8 eficit) for the year per financial statements. Combine lines 3 a nciliation of Revenue per Audited Financial State ue, gains, and other support per audited financial statements cluded on line 1 but not on Form 990, Part VIII, line 12 red gains on investments	2a 2b 2c	/ith Revenue	5 6 7 8 9 10	51,983 148,180 135,726
expenses adjustments ribe in Part XIV) nents (net) Add lines 4 - 8 eficit) for the year per financial statements. Combine lines 3 a nciliation of Revenue per Audited Financial State ue, gains, and other support per audited financial statements cluded on line 1 but not on Form 990, Part VIII, line 12 ted gains on investments	2a 2b 2c	ith Revenue	6 7 8 9 10 per Return	148,180 135,726
ribe in Part XIV) nents (net) Add lines 4 - 8 eficit) for the year per financial statements. Combine lines 3 a nciliation of Revenue per Audited Financial State ue, gains, and other support per audited financial statements cluded on line 1 but not on Form 990, Part VIII, line 12 ted gains on investments	2a 2b 2c	/ith Revenue	7 8 9 10	148,180 135,726
ribe in Part XIV) nents (net) Add lines 4 - 8 eficit) for the year per financial statements. Combine lines 3 a nciliation of Revenue per Audited Financial State ue, gains, and other support per audited financial statements cluded on line 1 but not on Form 990, Part VIII, line 12 ted gains on investments	2a 2b 2c	ith Revenue	8 9 10 per Return	148,180 135,726
ribe in Part XIV) nents (net) Add lines 4 - 8 eficit) for the year per financial statements. Combine lines 3 a nciliation of Revenue per Audited Financial State ue, gains, and other support per audited financial statements cluded on line 1 but not on Form 990, Part VIII, line 12 ted gains on investments	2a 2b 2c	/ith Revenue	9 10 per Return	148,180 135,726
nents (net) Add lines 4 - 8 eficit) for the year per financial statements. Combine lines 3 a nciliation of Revenue per Audited Financial State ue, gains, and other support per audited financial statements cluded on line 1 but not on Form 990, Part VIII, line 12 eed gains on investments	2a 2b 2c	/ith Revenue	10 per Return	148,180 135,726
nciliation of Revenue per Audited Financial State ue, gains, and other support per audited financial statements cluded on line 1 but not on Form 990, Part VIII, line 12 ted gains on investments rvices and use of facilities of prior year grants cribe in Part XIV)	2a 2b 2c	/ith Revenue	per Returr	135,726 1
nciliation of Revenue per Audited Financial States ue, gains, and other support per audited financial statements cluded on line 1 but not on Form 990, Part VIII, line 12 sed gains on investments	2a 2b 2c	ith Revenue	per Returr	1
ue, gains, and other support per audited financial statements cluded on line 1 but not on Form 990, Part VIII, line 12 ted gains on investments	2a 2b 2c			
rvices and use of facilities	2b 2c			
rvices and use of facilities	2b 2c			
of prior year grants	2c			
cribe in Part XIV)				
	2d			
a through 2d				
			2e	0
e 2e from line 1			3	2,499,171
cluded on Form 990, Part VIII, line 12, but not on line 1				
expenses not included on Form 990, Part VIII, line 7b .	4a			
cribe in Part XIV)	4b	38,107		
a and 4b			4c	38,107
			5	2,537,278
	atements \	With Expense	s per Retu	
			1	2,537,881
	2a			
djustments	2b		1	
5	2c		1	
ribe in Part XIV)	2d		1	
through 2d			2e	0
e 2e from line 1			3	2,537,881
cluded on Form 990, Part IX, line 25, but not on line 1:				
expenses not included on Form 990, Part VIII, line 7b	4a			
ribe in Part XIV)	4b	11,851	.]	
and 4b			4c	11,851
ses Add lines 3 and 4c. (This should equal Form 990, Part I, I	line 18) .		5	2,549,732
it in the interest of the inte	the expenses not included on Form 990, Part VIII, line 7b. Scribe in Part XIV) Ala and 4b. Induction of Expenses per Audited Financial States and losses per audited financial Included on line 1 but not on Form 990, Part IX, line 25 Increase and use of facilities Increase and use	the expenses not included on Form 990, Part VIII, line 7b . 4a 4b	the expenses not included on Form 990, Part VIII, line 7b . 4a 4b 38,107 4a and 4b	the expenses not included on Form 990, Part VIII, line 7b . 4b . 38,107 At a and 4b

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		INCREASE IN MKT VALUE OF PERPETUAL trusts 51983
Part XII, Line 4b - Other Adjustments		investment fees 11851 gain on disposal of property 6069 realized gains 20187
Part XIII, Line 4b - Other Adjustments		investment fees 11851

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DLN: 93493136036331 OMB No 1545-0047

Department of the Treasury

Schedule I

(Form 990)

Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Grants and Other Assistance to Organizations,

Open to Public

nternal Rever lame of the c	•						Employer identifica	Hispection
Sunshine D	-							tion number
Part I	General Info	mation on Gra	nts and Assistance				93-0429354	
1 Does the se 2 Descr	the organization m election criteria us ribe in Part IV the	naintain records to s ed to award the gra organization's proc	substantiate the amount of the stantiate the amount of the stance?edures for monitoring the us	e of grant funds in the	United States			ГYes Г
Part II	Form 990, Part	IV, line 21 for ai	e to Governments and ny recipient that receive 990) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use
org	e and address of ganization overnment	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter	total number of se	ction 501(c)(3) and	d government organizations					
	total number of ot		<u> </u>	· ·				

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part	t IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Food and Clothing assistance	35979		2,075,184	\$1 50 per lb of food and \$10 per lb of clothing	Food and clothing assistance
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Assistance is provided to applicants based on need

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DLN: 93493136036331

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Sun	shine Division Inc	93-0429354			
Pa	rt I Questions Regarding Compensation	75 0425334			
				Yes	Νo
1a		ded any of the following to or for a person listed in Form o provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orga reimbursement orprovision of all the expenses describ		1b		
2	Did the organization require substantiation prior to rein officers, directors, trustees, and the CEO/Executive D		2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee				
	▼ Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	rt VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	yment?	4a		Νo
b	Participate in, or receive payment from, a supplementa	al nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-base	ed compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	ide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of	ne 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the net earnings of	ne 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," des		7		No
8	Were any amounts reported in Form 990, Part VII, pair subject to the initial contract exception described in R in Part III	·	8		No
9	If "Yes" to line 8, did the organization also follow the re	ebuttable presumption procedure described in Regulations			

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name			W-2 and/or 1099-MI		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior
		(i) Base compensation	incentive compensation	(iii) Other reportable compensation	compensation			Form 990 or Form 990-EZ
Ofc Phil Kent	(1) (11)	0	0		0	0		0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
Supplemental Information	Part III	Executive director's base compensation and benefits are paid by an unrelated party

Schedule J (Form 990) 2009

DLN: 93493136036331

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Internal Revenue Service Name of the organization Sunshine Division Inc

Employer identification number

93-0429354

Pa	Trt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of de reven	etermı	nıng	
1	Art-Works of art	аррпсавіс		19				
	Art—Historical treasures .							
	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
,	goods	X		338,890	\$10 per lb of clothir	ng		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory	Х	19,500	1,528,850	\$1 50 per lb of food			
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ▶ ()							
	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization compl				29		Yes	No No
30a	During the year, did the organiza	tion receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three year							
	for exempt purposes for the enti					30a		No
ь	If "Yes," describe the arrangeme					30a		
31	Does the organization have a gif			eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell r	non-cash	32a		Νο
b 33	If "Yes," describe in Part II If the organization did not report	: revenues ı	n column (c) for a type of p	roperty for which column (a)) is checked,			
	describe in Part II							

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

Software ID: **Software Version:**

EIN: 93-0429354

Name: Sunshine Division Inc

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As Filed Data -

DLN: 93493136036331

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Employer identification number

Inspection

OMB No 1545-0047

2009

Name of the organization Sunshine Division Inc

93-0429354

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		John Hren is a Sunshine Division board member and a principal with Portland Patrol, Inc., which employs Cliff Madison, who is the past chair of the board

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The Form 990 is discussed as an agenda item at a regularly scheduled executive committee meeting where it is accepted in a formal vote. Once approved, the Form 990 is made available for board members prior to filing

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Board members are required to disclose any conflicts of interest annually

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		At this time the organization the organization does not have paid officers or key employees. A review was done with the TACS organization for the compensation of the previous Operations Manager

ldentifier	Return Reference	Explanation	
Form 990, Part VI, Section C, line 19		Upon request	

ldentifier	Return Reference	Explanation			
Form 990, Part XI, Line 2c		the process has not changed from prior year			

Software ID: Software Version:

EIN: 93-0429354

Name: Sunshine Division Inc

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours		(C) Position (check all that apply)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
CLAUDIA Barnard	1 00	Х		х				0	0	0
SECretary CLIFF MADISON	1 00	X						0	0	0
past CHAIR DAVID JENKINS	1 00	^						0	0	
DIREctor	1 00	Х						0	0	0
DON LEE Director	1 00	Х						o	0	0
GENEVA JONES Director	1 00	Х						0	0	0
HARRY BRAUNSTEIN	1 00	X						0	0	0
Director HARRY CHRISTENSEN										
Director	1 00	Х						0	0	0
Jane Braaten Director	1 00	Х						0	0	0
JEAN DELACY-BOURKE Director	1 00	х						О	0	0
LARRY SCHWARTZ CHAIR	1 00	Х		х				0	0	0
shellie grammer DIREctor	1 00	Х						0	0	0
ROBERT PRICE Director	1 00	Х						0	0	0
BUD LEWIS Director	1 00	Х						0	0	0
TERRI WALLO-STRAUSS Vice chair	1 00	Х		х				0	0	0
WILLIAM GOOD Director	1 00	Х						0	0	0
HENRY GROEPPER Director	1 00	Х						0	0	0
KELLY PERRY Director	1 00	Х						0	0	0
BILL YOUNCE Director	1 00	Х						0	0	0
BRIAN HOYT	1 00	X		x				0	0	0
JOHN HREN	1 00	Х						0	0	0
REPRESENTATIVE LT Jeff Kaer	1 00	X						0	0	0
LIAISON HARRY JACKSON	1 00	X						0	0	0
DIRector ashley wilson rePRESENTATIVE	1 00	Х						0	0	0
capt donna henderson	1 00	Х						0	0	0
Ofc Phil Kent executive director	40 00			х				0	0	0
executive unector	[<u> </u>	<u> </u>		l				