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## Form **990-EZ** Department of the Treasury

## Shor<u>t</u> Form Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-1150

Open to Public Inspection

Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. JUL 31, For the 2009 calendar year, or tax year beginning AUG 1, 2009 and ending Check if applicable C Name of organization D Employer identification number use IRS VALLEY OF NASHUA label or Name change GEORGE CHAPTER OF ROSE CROIX 02-0263003 print or type Initial returr Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Specific 196 MAIN STREET #16 603-882-4931 Instruc-City or town, state or country, and ZIP + 4 Amende F Group Exemption 03060-2999 NASHUA, NH Number ▶ 0259 G Accounting method X Cash Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Accrual Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► WWW.SUPREMECOUNCIL.ORG H Check ► X if the organization is not Tax-exempt status (check only one) -  $\boxed{X}$  501(c) ( 10 )  $\blacktriangleleft$  (insert no )  $\boxed{ }$  4947(a)(1) or  $\boxed{ }$ 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Check Light organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part 1) Contributions, gifts, grants, and similar amounts received 1 Program service revenue including government fees and contracts 2 8,734.3 Membership dues and assessments 3 4 Investment income 4 STMT 3 11,050 5a Gross amount from sale of assets other than inventory 5a ,299 5b b Less cost or other basis and sales expenses <249.> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5с Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) 6a b Less direct expenses other than fundraising expenses 6b c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 60 7a Gross sales of inventory, less returns and allowances 7a Less cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe ► FEES 125. 8  $\overline{10},061.$ Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 STMT 5 150. Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 7 2011 1,418. 12 Salaries, other compensation, and employee benefits 12 210. 13 Professional fees and other payments to independent contractors 13 3,807. 14 Occupancy, rent, utilities, and maintenance 14 1,566.15 Printing, publications, postage, and shipping 15 4,234. SEE STATEMENT 16 Other expenses (describe 16 11,385. 17 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) <1,324.>18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 94,048. (must agree with end-of-year figure reported on prior year's return) 19 SEE STATEMENT 6,035. 20 Other changes in net assets or fund balances (attach explanation) 20 98,759 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 74,698.Cash, savings, and investments  $70,111.|_{22}$ 22 23 Land and buildings 23 SEE STATEMENT 2 23,937. 24 Other assets (describe 24 24,061. 94,048. 98,759. 25 25 Total assets 0. 26 Total liabilities (describe 0. 26 94,048. 27 98,759.

Net assets or fund balances (line 27 of column (B) must agree with line 21)

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

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Form **990-EZ** (2009)

•	VALLEY OF NASHUA	▼ ′				٠.	٠,
Forr	m 990-EZ (2009) ST. GEORGE CHAPTER OF ROS	E CROTX		02-	-026	3001	3 Page:
P	art III Statement of Program Service Accomplishmen		Part III )	<u> </u>		Exper	
	at is the organization's primary exempt purpose?DOMESTIC FRATE					ed for sec	ction 501(c)(3)
Des	scribe what was achieved in carrying out the organization's exempt purp	poses. In a clear and conc	ise manner, descr	ibe			ganizations and 1) trusts, options
the	services provided, the number of persons benefited, and other relevan	t information for each prog	ram title.		for othe		i, iidas, opaoni
28	DOMESTIC FRATERNAL ORGANIZATION						
		<del>.</del>					
				_			
	(Grants \$ ) If this amount includes foreign g	rants, check here			28a		
29							
	(Grants \$ ) If this amount includes foreign of	rente check here			29a		
30	Jir this amount includes foreign g	rants, check here			290		
-							
		<del></del>					
	(Grants \$ ) If this amount includes foreign of	rants, check here	<u> </u>	$\overline{}$	30a		
31	Other program services (attach schedule)				1000		
	(Grants \$ ) If this amount includes foreign g	rants, check here	•		]  31a		
32	Total program service expenses (add lines 28a through 31a)			<b></b>	32		-
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated	(See th	e instructi	ons for P	art IV)
		(b) Title and average hours	(a) Componentian		ontributi		(a) Evacace
	(a) Name and address	per week devoted to	(c) Compensation (If not paid, enter		employe efit plans	• 1	(e) Expense account and
		position	-0)		deferred	_	ner allowances
				con	npensatio	n	
_		MOST WISE MAS					_
_	VENUE, NASHUA, NH 03064-1540	1.00	0.			0.	0.
_	· · · · · · · · · · · · · · · · · · ·	SR. WARDEN	_				0
	5 CLIFF ROAD, NASHUA, NH 03062-2356 EROME T. BECKER	JR. WARDEN	0.		-	0 •	0.
	RAYMOND RD, CANDIA, NH 03034-2123		0.			,	۸
		ORATOR	<u> </u>	-	1	0.	0
	RIVE, NASHUA, NH 03062-2399	1.00	0.			0.	0
		TREASURER		-	'	-	<u> </u>
	ASHUA, NH 03064-2041	1.00	300.	1		0.	0
		SECRETARY AND		F C	CERE		
	(25/10), 5 DONOVAN DRIVE, NASHUA,	5.00	231.	•		0.	0
		TRUSTEE				<del>-</del>	
	CORONA AVE, NASHUA, NH 03063-3107	1.00	0.		(	0.	0
		SECRETARY				+	
	WALNUT CIRCLE, MERRIMACK, NH 03054	5.00	808.		(	0.	0
		HOSPITALER	<del>-</del> _				
	JDSON, NH 03051-4021	1.00	0.		(	0.	0 .
KE		ACTING SECRET					
	ANE, MERRIMACK, NH 03054-2540	1.00	0.	L		0.	0
	DBERT S. BEAN, III, 22A ARLENE	CAPTAIN OF TH					
	RIVE, PELHAM, NH 03076-2401	1.00	0.	<u> </u>	- (	0.	0
	OHN G. SENTER, M.S.A., 3 SHAWNEE	TYLER	_				_
	RIVE, NASHUA, NH 03062-1874	1.00	0.	<u> </u>		0.	0
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ΝU	DAD, MANCHESTER, NH 03104-2018	1.00	0.	-		0.	0
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			:	-		+	

932172 02-08-10

	The information (Note the statement requirements in the instructions for Part V.)		Yes	No			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	1	X			
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Х			
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not						
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T						
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,						
	and proxy tax requirements?						
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"						
	complete applicable parts of Sch. N	36		X			
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions						
b	Did the organization file Form 1120-POL for this year?	37b		X			
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made						
	in a prior year and still outstanding at the end of the period covered by this return?	38a		X			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A						
39	Section 501(c)(7) organizations Enter						
а	Initiation fees and capital contributions included on line 9 39a N/A	]					
b	Gross receipts, included on line 9, for public use of club facilities $N/A$	]					
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under						
	section 4911 $\blacktriangleright$ , section 4912 $\blacktriangleright$ , section 4955 $\blacktriangleright$ $N/A$						
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the						
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction						
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/	A			
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers.						
	or disqualified persons during the year under sections 4912, 4955, and 4958						
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the						
	organization N/A						
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter						
	transaction? If "Yes," complete Form 8886-T	40e		<u> X</u>			
41	List the states with which a copy of this return is filed NONE		001				
42 a	The organization's books are in care of ► DAVIS K. BRYANT Telephone no ► 603-88						
		306	4				
D	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		Yes				
	account)?	42b		X			
	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			.,			
Ü	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X			
49	If "Yes," enter the name of the foreign country						
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	BT / B					
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	·				
			V. 7	N.F.			
44	Did the executation mointain any dense advised funded (6 P/ce F Com. 000		Yes	No			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			17			
AE.	Form 990-EZ	44		Х			
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	,_		v			
		45 Form 0	90-EZ (	(2000)			
		rviili 9	20-EZ (	120091			

ST. GEORGE CHAPTER OF ROSE CROIX

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Part VI	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitable and 51.						
46 Did th	ne organization engage in direct or indirect political campaign activities	es on behalf of or in opposition to d	andidates for public		Yes	No	
office? If "Yes," complete Schedule C, Part I							
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II							
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
	ne organization make any transfers to an exempt non-charitable relate				48 49a	1	
	s," was the related organization a section 527 organization?			<b>-</b>	49b	<u> </u>	
<b>50</b> Comp	plete this table for the organization's five highest compensated employ \$100,000 of compensation from the organization. If there is none, ent		, trustees and key ei	mployees) who ead	ch received	more	
	(a) Name and address of each employee paid more than \$100,000 $\rm N/A$	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Exp accoun other allo	and	
<b>51</b> Comp	number of other employees paid over \$100,000 plete this table for the organization's five highest compensated indepenization If there is none, enter "None"  N/A	endent contractors who each receive	ved more than \$100	,000 of compensat	ion from th	e	
	(a) Name and address of each independent contractor paid mo	re than \$100,000	(b) Type of ser	vice (c)	Compensa	tion	
					-		
				I			
d Total	number of other independent contractors each receiving over \$100,0	000	<b>&gt;</b>			<u>_</u>	
Sign	number of other independent contractors each receiving over \$100,0  Under penalties of penury, I declare that I have examined this return, including correct, and complete Declaration of prepare (other than officer) is based on a	accompanying schedules and statemen all information of which preparer has any	ts, and to the best of miknowledge	y knowledge and belie	ef, it is true,		
d Total o	Under penalties of penury, I declare that I have examined this return, including correct, and complete Declaration of prepare (other transfers) is based on a		ts, and to the best of my knowledge	y knowledge and belie	of, it is true,		
Sign Here Paid Preparer's	Under penalties of penury, I declare that I have examined this return, including correct, and complete Declaration of prepare (other than officer) is based on a Signature of officer  Type or print name and title  Preparer's signature	Date  Date  09/07/10 emp	ck if self-	Date  Date  Date  P000	nber (See ins		
Sign Here Paid	Under penalties of penury, I declare that I have examined this return, including correct, and complete Declaration of prepare (other than officer) is based on a Signature of officer  Type or print name and title  Preparer's signature  DAVID E. TULLY & ASSOCIATION OF TRAFALGAR SQUARE SIGNATURE  20 TRAFALGAR SQUARE SIGNATURE	Date 09/07/10 CIATES, PA	ck if self- loyed Prep	parer's identifying num P000  02-033	nber (See ins 0 0 8 5 7 0 2 7 4	·	
Sign Here Paid Preparer's Use Only	Under penalties of penury, I declare that I have examined this return, including correct, and complete Declaration of prepare (other than officer) is based on a Signature of officer  AUIS  Type or print name and title  Preparer's signature  DAVID E. TULLY & ASSOCIATION	Date  09/07/10 emp  CIATES, PA  UITE 202	ck if self- loyed ▶ ☐	parer's identifying num P000 02-033 e 603-88	nber (See ins 0 0 8 5 7 0 2 7 4	·	

FORM 990-EZ	ОТН	IER EXPENSES		STATEMENT	1
DESCRIPTION				AMOUNT	
ASSESSMENT AND FEES				4	14.
INSURANCE					63.
INVESTMENT MANAGEMEN					72.
MEETINGS AND CONVOCA PAST OFFICER'S AND O				2,2	52. 33.
MISCELLANEOUS	THER SEWELS				00.
TOTAL TO FORM 990-EZ	, LINE 16			4,2	34.
FORM 990-EZ	ro 	THER ASSETS		STATEMENT	2
DESCRIPTION			BEG. OF YEAR	END OF YEA	AR
125 CHC MACONTO BUILT	DNG ASSOCIATION	STOCK	6,250.	6,2	50
INVESTMENT - NASHUA	MASONIC BODIES T	RUST	17,687.	17,8	
		TRUST -			11.
INVESTMENT - NASHUA TOTAL TO FORM 990-EZ		=	23,937.	17,8	11.
INVESTMENT - NASHUA TOTAL TO FORM 990-EZ FORM 990-EZ GAIN	, LINE 24	=	23,937.	24,00	11.
INVESTMENT - NASHUA  TOTAL TO FORM 990-EZ  FORM 990-EZ GAIN  DESCRIPTION  SEE ATTACHED	(LOSS) FROM PUE	= BLICLY TRADED S COST OR	23,937.  ECURITIES  EXPENSE OF SALE	17,8 24,00 STATEMENT  NET GAIN OR (LOSS	3
INVESTMENT - NASHUA  TOTAL TO FORM 990-EZ  FORM 990-EZ GAIN  DESCRIPTION  SEE ATTACHED SCHEDULE	GROSS SALES PRICE  11,050.	COST OR OTHER BASIS	23,937.  ECURITIES  EXPENSE OF SALE  0.	17,8 24,00 STATEMENT  NET GAIN OR (LOSS	3
INVESTMENT - NASHUA  TOTAL TO FORM 990-EZ  FORM 990-EZ GAIN  DESCRIPTION  SEE ATTACHED SCHEDULE  TO FORM 990-EZ, LINE	GROSS SALES PRICE  11,050.	COST OR OTHER BASIS  11,299.	23,937.  ECURITIES  EXPENSE OF SALE  0.	17,8 24,00 STATEMENT  NET GAIN OR (LOSS	3
INVESTMENT - NASHUA  TOTAL TO FORM 990-EZ  FORM 990-EZ GAIN  DESCRIPTION  SEE ATTACHED  SCHEDULE  TO FORM 990-EZ, LINE  FORM 990-EZ OTHER	GROSS SALES PRICE  11,050.	COST OR OTHER BASIS  11,299.	23,937.  ECURITIES  EXPENSE OF SALE  0.	17,8 24,00  STATEMENT  NET GAIN OR (LOSS  <24	11. 61. 3 ) 49.3
INVESTMENT - NASHUA  TOTAL TO FORM 990-EZ  FORM 990-EZ GAIN  DESCRIPTION  SEE ATTACHED SCHEDULE  TO FORM 990-EZ, LINE	GROSS SALES PRICE  11,050. C 5 11,050. C CHANGES IN NET	COST OR OTHER BASIS  11,299.	23,937.  ECURITIES  EXPENSE OF SALE  0.	17,8 24,00  STATEMENT  NET GAIN OR (LOSS  <24  STATEMENT	11. 61. 3 ) 49.3 49.3

FORM 990-EZ CASH GRANTS AND ALLOCA	TIONS	STATEMENT	5
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUN	r
SUPREME COUNCIL CHARITIES 33 MARRETT ROAD LEXINGTON, MA 02421	NONE	1!	50.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		1:	50.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	S	TATE	MENT	6
DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[ ]	YES	[X]	NO
	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	• [ ]	YES	[X]	NO

ST. GEORGE CHAPTER OF ROSE CROIX VALLEY OF NASHUA 02-0263003
GAIN/LOSS SCHEDULE 08/01/2009 THRU 07/31/2010

GAIN (LOSS)	(17.35)	(122 86)	(76.15)	(108.35)	(56 10)	(41.75)	20.83	93.92	(307.81)	1 1	90.6	0.80	(1.65)	(6.62)	(4.92)	(3.67)	(98.9)	2.73	28 31	23.93	86.01	2.10	6.46	12.56	32.65	180.91
TOTAL COST 449.05	136.43	889.76	276.09	338.79	346 86	376.74	92.76	285.13	3,194.61	1.024.10	•	•	16.61	86.21	19.28	12.12	220.17	10.15	67 90	•	1	•	,	•	-	1.456.54
GROSS SALES PRICE 449.05	119 08	766 90	199.94	230.44	290 76	334.99	116.59	379.05	2,886.80	1.024.10	90.6	0.80	14.96	79 59	14.36	8.45	213 31	12.88	96.21	23.93	86.01	2 10	6.46	12.56	32.65	1.637.45
DESCRIPTION TD ASSET MGMT US GOVT PORT INSTL #2	BARON GROWTH FUND #587	COLUMBIA VALUE & RESTRUCTURING FUND #2051	DAVIS NY VENTURE FUND INC CL Y FUND 909	FIDELITY ADVISOR EMERGING MARKET CLASS I FUND #1290	MFS RESEARCH INTERNATIONAL FUND I FUND #899	T ROWE PRICE GROWTH STOCK FUND #40	T ROWE PRICE MID-CAP GROWTH FD #64	VANGUARD SELECTED VALUE FUND #934		TD ASSET MGMT US GOVT PORT INSTL #2		T ROWE	BARON GROWTH FUND #587	COLUMBIA VALUE & RESTRUCTURING FUND #2051	DAVIS NY VENTURE FUND INC CL Y FUND 909			T ROWE PRICE MID-CAP GROWTH FD #64	VANGUARD SELECTED VALUE FUND #934	PIMCO 1				VANGUA	VANGUARD GNMA FUND #36	
<b>QTY</b> 449 050 UNITS			6.487 SHS					24.559 SHS		1,024.100 UNITS	CAPITAL GAIN DIST	CAPITAL GAIN DIST					7.729 SHS	0.266 SHS	5 848 SHS	CAPITAL GAIN DIST						
DATE SOLD VARIOUS	10/21/2009	10/21/2009	10/21/2009	10/21/2009	10/21/2009	10/21/2009	10/21/2009	10/21/2009		VARIOUS	12/7/2009	12/16/2009	1/21/2010	1/21/2010	1/21/2010	1/21/2010	1/21/2010	1/21/2010	1/21/2010	12/11/2009	12/11/2009	12/21/2009	12/21/2009	12/31/2009	12/31/2009	

GAIN (LOSS)	- (183.43) (394.64) 0.31 2.24 3.45 0.47 3.64 6.21 21.12 (540.63)	. (11.68) 1.43 364.08 47.55 7.63 (15.84) 2.80 3.83 15.21 0.12 3.10
TOTAL	469.27 652.23 1,663.22 105.11 202.38 436.36 53.26 297.29	541.31 190.72 160.84 1,191.81 111.32 14.57 66.71 49.38 106.56 234.27 92.21 2,768.93
GROSS SALES PRICE	469.27 468.80 1,268.58 105.42 204.62 439.81 53.73 300.93 6.21 21.12 3,338.49	541.31 179.04 162.27 1,555.89 158.87 22.20 50.87 52.18 110.39 249.48 9.35 95.31 3,187.16
DESCRIPTION	TD ASSET MGMT US GOVT PORT INSTL #2 FIDELITY ADVISOR EMERGING MARKET CLASSI FUND #1290 MFS RESEARC INTERNATIONAL FUND I FUND #899 ARTIO TOTAL RETURN BOND FD-I #1524 FEDERATED TOTAL RETURN FD #328 PIMCO TOTAL RETURN INSTL #35 TD ASSET MGMT SHORT TERM BOND #4 VANGUARD GNMA FUND #36 VANGUARD GNMA FUND #36	TD ASSET MGMT US GOVT PORT INSTL #2 BARON GROWTH FUND #587 T ROWE PRICE GROWTH STOCK FUND #40 T ROWE PRICE MID-CAP GROWTH FD #64 VANGUARD SELECTED VALUE FUND #934 FIDELITY ADVISOR EMERGING MARKET CLASSI FUND #1290 MFS RESEARCH INTERNATIONAL FUND I FUND #899 ARTIO TOTAL RETURN BOND FD-I #1524 FEDERATED TOTAL RETURN BOND FD #328 PIMCO TOTAL RETURN INSTL #35 TD ASSET MGMT SHORT TERM BOND #4 VANGUARD GNMA FUND #36
QTY	469.270 UNITS 24.066 SHS 95.096 SHS 7.803 SHS 18.704 SHS 40.276 SHS 5.268 SHS 5.268 SHS CAPITAL GAIN DIST CAPITAL GAIN DIST	541 310 UNITS 4 121 SHS 5.997 SHS 31.093 SHS 9 588 SHS 1.092 SHS 3.814 SHS 3.770 SHS 9.848 SHS 0.911 SHS 8.634 SHS
DATE	VARIOUS 2/11/2010 2/11/2010 2/11/2010 2/11/2010 2/11/2010 2/11/2010 3/30/2010	VARIOUS 6/14/2010 6/14/2010 6/14/2010 7/21/2010 7/21/2010 7/21/2010 7/21/2010 7/21/2010

TOTALS

(249.30)

11,049.90 11,299.20