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SCANNED WAY 17 2010

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2010

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

Open to Public

		the Treasury ue Service	► The organization may have to use a copy of this return to satisfy state re	portina reaure	ements.	Inspection
_			ndar year, or tax year beginning Sept. 1 2009, 2010, and ending	Aug.	3 ı	,20 (🔿
		applicable	C Name of organization AMELICAN RED POLL ASSOCIA		D Employ	er identification number
	Address		Doing Business As		47	- 0278465
	Name ch		Number and street (or PO box if mail is not delivered to street address) Room/sur	te	E Telepho	one number
	Initial ret		PO BOX 43515		502 -	475 - 7850
	Terminat		City or town, state or country, and ZIP + 4			
	Amende		LOUISUILLE KY 40253		G Gross n	eceipts \$
_		on pending	F Name and address of principal officer.	H(a) is this a	group return	for affiliates? Yes No
				H(b) Are al	affiliates in	ncluded? Yes No
1	Tax-exe	mpt status	☐ 501(c)(3)	If "No	o," attach a	list (see instructions)
J	Websit	e: > red	pollusa, org	H(c) Group	exemption	number 🕨
K	Form of o	organization	Corporation ☐ Trust 🔀 Association ☐ Other ► L Year of forma	tion /883	M State	of legal domicile
Pa	art I	Summ	ary			
	1	Briefly de	scribe the organization's mission or most significant activities:			
Ф		Prono		DUCAT	IONA	۷
ě		Ac	TIDITIES FOL RED POLL CATTLE	<u> </u>		
Activities & Governance	İ					
ð	2	Check th	is box ► ☐ if the organization discontinued its operations or disposed of more than 25%	of its net assets		1 1
<u>ح</u> مع	3		of voting members of the governing body (Part VI, line 1a)		3	/3/
93	4	Number	of independent voting members of the governing body (Part VI, line 1b)		4	
×.	5		nber of individuals employed in calendar year 2010 (Part V, line 2a)		5	0
5	6		nber of volunteers (estimate if necessary)		6	0
_	7a		elated business revenue from Part VIII, column (C), line 12		7a	<u> </u>
	b	Net unre	ated business taxable income from Form 990-T, line 34	· · · ·	7b	
			<u> </u>	Prior Ye	ar	Current Year
ą	8		tions and grants (Part VIII, line 1h)	0 (M)	_	211100
Revenue	9	_	service revenue (Part VIII, line 2g)	3976	7	<u> </u>
ě	10		int income (Part VIII, column (A), lines 3, 4, and 7d)	4/6		4745
	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4953	_	39/43
	12			7700	6	$\frac{\alpha r \cdot \sigma}{\sigma}$
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)			
	14 15		paid to or for members (Part IX, column (A), line 4)			
Expenses	ł		other compensation, employee benefits (Part IX, column (A), lines 5–10) onal fundraising fees (Part IX, column (A), line 11e)			· · · · · · · · · · · · · · · · · · ·
Ë	16a		draising expenses (Part IX, column (D), line 25) ▶			
ă	17		penses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u> </u>		
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5525	5/	42416
	19		less expenses. Subtract line 18 from line 12	- 5713	5	-12773
¥ 8		110101100		Beginning of Cur		End of Year
Assets or	20	Total ass	ets (Part X, line 16)	332,2	83	280.462
88 E	21		illities (Part X, line 26)	121		1/12
žĒ	22	Net asse	ts or fund balances. Subtract line 21 from line 20	331, 0	7/	279,350
Pa	art II		ture Block	,-		
Un tru	der pena e, correc	alties of perju	iry, I declare that I have examined this return, including accompanying schedules and states lete. Declaration of peoples (other than officer) is based on all information of which preparer	ments, and to the	ne best of nedge	ny knowledge and belief, it is
		7	Ra- SIX			
Sig	jn	Sign	ature of officer	' Dat	e /	7
He	re	IN "	BRIAN SHUTER. EXECUTIVE SECRETARY		4/19	5/1/
		Тур	e or print name and title		7	/
Pa	id .	Print/Ty	pe preparer's name Preparer's signature Da	te	Check	of PTIN
	epare	r L			self-emp	· had
	e On		name ►	Firm	's EIN ▶	
		Firm's	address >	Pho	пе по	
Ма	y the li	RS discus	s this return with the preparer shown above? (see instructions)			· Yes No
			estion Act Notice con the concepts instructions	- 110001		Form 990 (2010)

	0 (2010)				Pa	ge å
art	Stateme	ent of Program Service	Accomplishments esponse to any question in this Par	+ 111		_
1	Briefly describ	e the organization's mission				
2	prior Form 99	0 or 990-EZ?	ficant program services during the year.	ear which were not listed on the	Yes [No
3	Did the organ	ribe these new services on nization cease conducting	, or make significant changes in I	now it conducts, any program	Yes 🗌	No
4	Describe the 6 501(c)(3) and	501(c)(4) organizations and	edule O. ents for each of the organization's thr section 4947(a)(1) trusts are required if any, for each program service repo	to report the amount of grants		
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)	
						. .
	•					
						.
4b	(Code:) (Eypangas \$	including grants of \$	\/Payanua \$		
40	(Code.) (Expenses a) (Develue \$	' '	
						.
	••••••					
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)	
		••••••				
		•••••••				

) (Revenue \$

Part	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,"			/ز
_	complete Schedule A	1		
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		/
	candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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		/
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		V
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		\ <u>\</u>
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		<i>V</i>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		N/
b	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	11b		V
С	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	11c		~
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		V
	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		/
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		/
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14 a		14a		V
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, Parts I and IV	14b		_/
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, Parts II and IV	15		V
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, Parts III and IV	16		レ
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 (see instructions)	17		ارا
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		V
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		~
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	 	V
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		~
			990	(2010)

Checklist of Required Schedules (continued)

Part IV

	·		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		/
22	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		V
23	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 Schedule J	23		/
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		/
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		V
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		ン
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		V
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		V
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	12.3		\$-%
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<u> </u>
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		$\overline{\nu}$
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u></u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		/
33	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		V
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		V
35 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		
36	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		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		V
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note . All Form 990 filers are required to complete Schedule O	38		_/
		Forr	n 990	(2010)

Form 990 (20								Page	•
Part V	Statements Regarding Other IRS Filings and Tax Compliance								Τ
	Check if Schedule O contains a response to any question in this Part V		_•					· []

			Yes	No	<u></u> -
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	-		_	_
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 6	1 . 1		٠.	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1 1	3.		
-	reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	` .	,	-	Ξ,
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2	5.7 %	19 3	.	٠,
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			4	,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		\sqcup	
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	ł			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial				ĺ
	account)?	4a			٠.
b	If "Yes," enter the name of the foreign country: ▶		• /		i
_	See instructions for 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			
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1	
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-	_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			П	
	organization solicit any contributions that were not tax deductible?	6a		 	_
b	gifts were not tax deductible?	6Ь			
7	Organizations that may receive deductible contributions under section 170(c).	OD		 -	
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	\ \ \ \ \). a====================================	,-	
.	and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			_
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<u> </u>		1	_
_	required to file Form 8282?	7c		Ц	
d	If "Yes," indicate the number of Forms 8282 filed during the year			1	_
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	2.11		,	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	-5	- 1	14	Ĺ
	organization, have excess business holdings at any time during the year?	8		Щ	
9	Sponsoring organizations maintaining donor advised funds.	12.	`	1.15	- '
а	Did the organization make any taxable distributions under section 4966?	9a		\vdash	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		 	
10	Section 501(c)(7) organizations. Enter:	, .	100	-	
a	Initiation fees and capital contributions included on Part VIII, line 12	1 .;	a.,	1	1
ь 11	Section 501(c)(12) organizations. Enter:	1 .			1
11 a	Gross income from members or shareholders	[:	,	1 -	1
b	Gross income from other sources (Do not net amounts due or paid to other sources	1.		2.5	-
_	against amounts due or received from them.)	1	1	Ę	- {
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Ī	1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				_
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L	<u> </u>	L	-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.	. 3			-
b	Enter the amount of reserves the organization is required to maintain by the states in which	1:	:		
	the organization is licensed to issue qualified health plans	1.		1	
С	Enter the amount of reserves on hand	1	<u> </u>	<u> </u>	_
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	├	
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	~ <u>99</u> c	1/00	

rait	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang O. See instructions. Check if Schedule O contains a response to any question in this Part VI	es in	Sche	
Secti	on A. Governing Body and Management			_ <u></u>
4	For the state of t		Yes	No
1a b	Enter the number of voting members of the governing body at the end of the tax year Enter the number of voting members included in line 1a, above, who are independent	- , '		, '~;
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	`.	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		\vdash
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		\Box
6	Does the organization have members or stockholders?	6		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	<u> </u>	1
Ър	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	ļ	-
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	, , , ,	1, 5	1:
a	The governing body?	8a	ļ	$\vdash \vdash \downarrow$
9	Each committee with authority to act on behalf of the governing body?	8b	ļ	
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	
			Yes	No
_	Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?.	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-		1
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	 	1
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give nse to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13	<u> </u>	1
14	Does the organization have a written document retention and destruction policy?	14	ļ	1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	, , , ,	3	<u> </u>
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b	<u>. </u>	<u> </u>
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	- ``	١.	1.
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	,	1
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the	1		[:,
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure		L	
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.)s onl	y) ava	ilable
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.	of inte	rest p	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization:			

Form	AAA	(201	U)

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Part VII	Compensation of Officers,	Directors, Tru	stees, Key Emp	oloyees, Highest	Compensated Employ	ees,
	and Independent Contract	ors				

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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, if any. See instructions for definition of "key employee."
- 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 neither the organization no		d orga	aniz			ompe	nsa	ted any curren		
(A)	(B)			. (0	-			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr or director	Institutional trustee	Officer	Key employee	Highest compensated at employee		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
(1)										
(2)										
(3)										· · · · · ·
(4)					-					
(5)										
(6)	j									
(7)										
(8)	-									
(9)					-					
(10)										
(11)										
(12)					-					
(13)	-									
(14)										
(15)							-			
(16)	†		<u> </u>					1		

Part	Section A. Officers, Directors, True (A)	(B)	Етрк	оуес		ana C)	nigne	:SL	(D)	(E)	(contir	iuea)	/ <u>//</u> /	4
	Name and title	Average	Posit	lon (d	•	•	that ap	pły)	Reportable	Reportab			timated	
		hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation related organizatio (W-2/1099-N	ons	com fro orga	nount o other pensation om the anization d relate anization	on on d
(17)														
(18)					-									
(19)											1			
(20)										-				
(21)		-				-						-		
(22)														
(23)		-									\top			
(24)													_	
(25)						-						<u> </u>		
(26)		-										•		
(27)		<u> </u>											-1.5	
(28)													_	
1b c d	Sub-total			•	•			> >						
2	Total number of individuals (including but reportable compensation from the organi	t not limited					above	e) w	no received m	ore than \$1	00,000) in		
3	Did the organization list any former of employee on line 1a? If "Yes," complete									est compe	nsated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150,	000)? <i>[</i> :	f "Ye:	s,"	complete Sch	nedule J fo	r such	4	3	V
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co ? If "Yes," o	ompe compl	nsat lete	tion Sch	froi nedi	m any <i>ıle J f</i>	un or s	related organiz such person	zation or inc	dividua · ·	5		V
	on B. Independent Contractors		- d 1 -							- d	- 6400	2000		
1	Complete this table for your five highest compensation from the organization.	compensat	ea inc	aep	ena	ent	contr	acto		ed more tha] [A
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Comper		
					-									
				·										
2	Total number of independent contractor received more than \$100,000 in compens							th	nose listed ab	ove) who	. ,		• • • • • •	 -,
	1.000 timi w 100,000 iii compen			. yaı	******	JU11		<u> </u>			-	·	QQ	0.000

Part	VIII	Statement of 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
91 0	1a	Federated campaigns	1a		-, -			
Contributions, gifts, grants and other similar amounts	b		1b 2/7	<u> </u>	2175	2175	. '	
g S	ł	· · · · · · · · · · · · · · · · · · ·		<u> </u>	21/15	2000	S S S	, ,
a, g	С	Fundraising events	1c			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	12 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	* * ** *** (
gr	d	Related organizations	1d			20 182 4	55	
ž Ē	е	Government grants (contributions)	1e			ペリオ ガ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Ď.	f	All other contributions, gifts, grants,			1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
돌		and similar amounts not included above	1f		经金属等			
o ti	_	Noncash contributions included in lines 1a					3, 3, ()	`
5 5	9		·		` خُــٰــٰــٰ ` ا	1 To 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4 ,
	h	Total. Add lines 1a-1f		<u> </u>	2175	7 - 12 - 15 - 1	3 3 C C 3 3 C C	· · · · · · · · · · · · · · · · · · ·
Program Service Revenue				ss Code	·	7 4 5 3	Participation of the last	
Ven	2a	MEMBER SERVICES MAGAZINE PUBLICATION	5		19236			
æ	ь	MAYARINE PUBLICATION	us		7737			
8	_	MH6ACINE WOSIEN J. 107			1.1.0			
Ž								
တ္တ	a							
ᇤ	e							
5	f	All other program service revenu	Je.				l	
ᇫ	g	Total. Add lines 2a-2f		. ▶	26973	\$10 H 1/5		
	3	Investment income (including		nterest.			<u> </u>	
				•	4945			
		•			44 10			
	4	Income from investment of tax-exer	mpt bona proc	eeas 🟲				
	5	Royalties	<u> </u>	. ▶				
		(i) Real	l (ii) Pe	rsonal	1 (5)	(3) (3)	1 3 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	6a	Gross Rents			100万年的第二		17 am 2 24	13 12 15 16 18 18 18 18 18 18 18 18 18 18 18 18 18
	b	Less: rental expenses			16.20		Control of the control	
					`	19 + 12 995 77	3-26	313
	С	Rental income or (loss)			, , ,	1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	1 4 2 4	100
	d	Net rental income or (loss) .		. ▶				
	7a	Gross amount from sales of (i) Securit	tes (ii) C	Other	これでは、よう違う	[漢字(2)][2]	1. 1	· · · · · · · · · · · · · · · · · · ·
i		assets other than inventory			1 1 3 3 4 3			
	ь	Less, cost or other basis						
		and sales expenses .	1		1 mg 2 2 2 3 3	N. 1978 3		
		`				*		
	С	Gain or (loss)			,			
	d	Net gain or (loss)	· · <u>· · ·</u>	<u> </u>				
Revenue	8a	Gross income from fundraising events (not including \$						
é		of contributions reported on line 1	c).		F.3.734 (1)	13.83 8 11.0		
-		See Part IV, line 18	· a		Brown Said			
Other			<u> </u>			The state of the s		
δ	b	Less: direct expenses	. b		-	P - 1-11 11 5		4 12 ST
	C	Net income or (loss) from fundra		<u> </u>	 _			
	9a	Gross income from gaming active	- 1		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	[3] (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		Fire the
		See Part IV, line 19	· a		80 T 3 T 3		10 10 10 10 10 10 10 10 10 10 10 10 10 1	j. / "
	b	Less: direct expenses	. b				1 3 3 5 7 C 1	.,
	C	Net income or (loss) from gamin	g activities .	. >				i
	10a	Gross sales of inventory,	less	•	, , 5	- 1 - 1 - 1	₹7 ÷ , (≥ ,	
		returns and allowances	. a		1 1	15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 3 1	
	١.				- [100		
	b	Less: cost of goods sold			100 11/60	77 62	1	3 400
	С	Net income or (loss) from sales				<u></u>		
	L	Miscellaneous Revenue	Busine	ss Code]		F 13 8 2 7	
	11a				t			
	ь			•		<u> </u>		
	C	All alban marranes			 	· -	 	
	d	All other revenue	· L		 	<u> </u>		
	е	Total. Add lines 11a-11d		. ▶		1 1 1 1 1 1 1	4.57.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	12	Total revenue. See instructions	<u></u>	. ▶	34.093	L	<u> </u>	L
					7			Form 990 (2010)

Part IX Statement of Functional Expenses

	and 501 (c)(4) organizations must complete all columns.	
All other organizations must complete	te column (A) but are not required to complete columns (B), (C),	and (D)

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundralsing
1	3b, 9b, and 10b of Part VIII. Grants and other assistance to governments and		expenses	general expenses	expenses
•	organizations in the U.S. See Part IV, line 21 .				11 2 50 5 37
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22		I		
3	Grants and other assistance to governments,			2 4 4 4 6	
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				writer for
4 5	Benefits paid to or for members 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 8	Other salanes and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	07.75			
a b	Management	23,175			
C	Accounting		<u></u>		
ď	Lobbying				<u> </u>
е	Professional fundraising services. See Part IV, line 17		1, 1, 2, 2, 2, 4, 3,	1 1 1 1 1 S	
f	Investment management fees				
9	Other				
12	Advertising and promotion	5,453			
13 14	Office expenses	3.805			
15	Royalties	3,800			
16	Occupancy			<u> </u>	
17	Travel	749			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates	· · · · · · · · · · · · · · · · · · ·			
22 23	Depreciation, depletion, and amortization . Insurance	46			
24	Other expenses. Itemize expenses not covered	\$33.5%.5%.		7 X 10 X	
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)	9.734.7 33.71		(4年) (11) (4) (4)	
a b	MAGAZINE KEDDUCTION	259			
C	•••••				
d					
e	All other expenses		· · · · · · · · · · · · · · · · · · ·		
25	All other expenses Total functional expenses. Add lines 1 through 24f	42415			
26	Joint costs. Check here if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		-		
		L	<u> </u>	1	

Cash - non-interest-bearing	Р	art X	Balance Sheet			
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 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()(1)), persons described in section 4958()(3)(6), and contributing employees beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 7 Notes and loans receivable net 7 Notes and loans loan			•			End of year
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4956(f)), persons described in section 501(c)(g) voluntary employees described or used in section 4956(f)), persons described in section 501(c)(g) voluntary employees derivers or sections. See Part IV, line 11 float floa		1	Cash – non-interest-bearing	6836	1	1713
A Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(6)(1)), persons described in section 4958(c)(3)(8), and contributing employees beneficiary organizations of section 501(c)(9) voluntary employees' beneficiary organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Notes and loans receivable, net Inventiones for sale or use Preparal expenses and deferred charges Inad, buildings, and equipment cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation India bustments—publicly traded securities. See Part IV, line 11 Intangible assets The Total assets. Act line 11 The Total assets. Act lines 1 through 15 (must equal line 34). The Total assets are lines 1 through 15 (must equal line 34). The Total assets are lines 1 through 15 (must equal line 34). The Total assets are lines 1 through 15 (must equal line 34). The Total assets are lines 1 through 15 (must equal line 34). The Total assets are lines 1 through 15 (must equal line 34). The Total assets are lines 1 through 15 (must equal line 34). The Total assets are lines 1 through 15 (must equal line 34). The Total assets are lines 1 through 15 (must equal line 34). The Total assets are lines 1 through 15 (must equal line 34). The Total assets are lines 1 through 15 (must equal line 34). The Total assets are lines 1 through 15 (must equal line 34). The Total assets are lines 1 through 15 (must equal line 34). The Total assets are lines 1 through 15 (must equal line 34). The Total assets are lines 1 through 15 (must equal line 34). The Total assets are lines 1 through 15 (must equal line 34). The Total assets are lines 1 through 15 (must equal line 34). The Total assets are lines 1 through 15 (must equal line 34). The Total assets are lines 1 through 15 (must equal line 34).		2	Savings and temporary cash investments	878	2	
Securables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4956(f)(1)), persons described in section 4956(f)(1)), persons described in section 4956(f)(1), persons described in section 4956(f)(1), persons described in section 501(c)(9) voluntary employers and sponsoring organizations of section 501(c)(9) voluntary employers and sponsoring organizations (see instructions) Notes and loans receivable, net Notes and loans receivable. See Part IV, organizations (see instructions) Bellow the set of the securities. See Part IV, organizations (see instructions) Bellow the session of the securities. See Part IV, line 11 Investments—publicly traded securities Investments—program-related. See Part IV, line 11 In		3	Pledges and grants receivable, net		3	
employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(I), persons described in section 501(c)(I) voluntary employees and sponsoring organizations (see instructions) 7 Notes and loans receivable, net 8 Inventones for sale or use 9 Prepare despresses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 11 Investments – publicity traded securities 12 Investments – program-related. See Part IV, line 11 13 Investments – program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assetts. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 21 Escrow or oustodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 21 Deferred revenue 22 Total liabilities. Add lines 17 through 25 23 Secured mortages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 17 through 25 28 Temporanity restricted net assets Organizations that 0 not follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. 27 Permanently restricted net assets Organizations that 0 not follow SFAS 117, check here and complete lines 27 through 25, and lines 31 and 34. 29 Permanently restricted net assets Organizations that 0 not follow SFAS 117, check here and complete lines 31 and 34. 20 Tax-axis and a seek of		4	Accounts receivable, net	3610	4	1112
495-8(f(f)), persons described in section 495-8(g)(g), and contributing employers and sponsoring organizations of section 501(c)(g) voluntary employers and sponsoring organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 b Less: accumulated depreciation 11 Investments – publicly traded securities 12 Investments – program-related. See Part IV, line 11 13 Investments – program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disquale to unrelated third parties 23 Unrestricted net assets 24 Unrestricted net assets 25 Other liabilities. Add lines 17 through 25 27 Total liabilities and to not follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. 28 Temporanly restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances	s	5	employees, and highest compensated employees. Complete Part II of		ı	
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10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D b Less: accumulated depreciation 10b 10c 11 Investments — publicly traded securities 50, 200 11 4996 12 Investments — other securities. See Part IV, line 11 270, 0 / 7 12 20 / 64 1 13 Investments — program-related. See Part IV, line 11 13	As	8	Inventones for sale or use		8	
tother basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments — publicly traded securities 12 Investments — publicly traded securities 13 Investments — other securities. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 14 Intangible assets 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117, check here □ and complete lines 27 through 29, and lines 33 and 34. 28 Temporanly restricted net assets 29 Organizations that do not follow SFAS 117, check here □ and complete lines 20 through 34. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 31 Total liabilities and net assets/fund balances 32 J Total liabilities and net assets/fund balances 33 Total liabilities and net assets/fund balances		9	Prepaid expenses and deferred charges	740	9	
b Less: accumulated depreciation 10b 10c 11 Investments – publicity traded securities 50,200 11 49996 270,07 12 220 64 1 13 Investments – program-related. See Part IV, line 11 13 Investments – program-related. See Part IV, line 11 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 330, 283 16 280, 462 17 18 18 19 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Complete Part X of Schedule D 25 7 26 Total liabilities. Add lines 17 through 25 7 26 7 27 28 7 28 7 28 7 28 7 29 29 29 29 29 29 20 20		10a				
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13 Investments – program-related. See Part IV, line 11 14 Intangible assets 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 330, 283 16 280, 462 17		12	· · · · · · · · · · · · · · · · · · ·		12	
14		13	Investments - program-related. See Part IV, line 11	, ,	13	
16 Total assets. Add lines 1 through 15 (must equal line 34)		14	Intangible assets		14	
17 Accounts payable and accrued expenses		15	Other assets. See Part IV, line 11		15	
18 Grants payable		16	Total assets. Add lines 1 through 15 (must equal line 34)	332, 283	16	280,462
19 Deferred revenue 19 20 Tax-exempt bond liabilities . 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 . /2/2 . 28 Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets . 28 29 Permanently restricted net assets . 29 29 Permanently restricted net assets . 29 30 Capital stock or trust principal, or current funds . 30 31 Paid-in or capital surplus, or land, building, or equipment fund . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 31 Total net assets or fund balances . 331, 077, 33 332, 28, 3, 34, 280, 46 ≥		17	Accounts payable and accrued expenses	1212	17	<u></u>
20 Tax-exempt bond liabilities		18	Grants payable		18	
21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 23 Secured mortgages and notes payable to unrelated third parties		19	Deferred revenue		19	
Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporanly restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 372 283 34 280, 462		20				
23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25	θS	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25	iabiliti	22	employees, highest compensated employees, and disqualified persons.			
24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25	_	22	·			
25 Other liabilities. Complete Part X of Schedule D		Í	• • • • • • • • • • • • • • • • • • • •			
Total liabilities. Add lines 17 through 25		_				_
Organizations that follow SFAS 117, check here Innes 27 through 29, and lines 33 and 34. Unrestricted net assets			·	12/2		
34 Total liabilities and net assets/fund balances			Organizations that follow SFAS 117, check here ▶ ☐ and complete		73%	
34 Total liabilities and net assets/fund balances		27	Unrestricted net assets		27	
34 Total liabilities and net assets/fund balances		1			28	
34 Total liabilities and net assets/fund balances	P	29	Permanently restricted net assets		29	
34 Total liabilities and net assets/fund balances	ts or Fun					2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
34 Total liabilities and net assets/fund balances		30	Capital stock or trust principal, or current funds		30	
34 Total liabilities and net assets/fund balances	88	31			31	
34 Total liabilities and net assets/fund balances	Ą	32	Retained earnings, endowment, accumulated income, or other funds .		32	
34 Total liabilities and net assets/fund balances	ě	33		331,07/	33	
	_	34	Total liabilities and net assets/fund balances	1332,283	34	280,462 50m 990 (2010)

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Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				· 🛮
1	Total revenue (must equal Part VIII, column (A), line 12)	1			
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6			
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				· <u> </u>
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," expl Schedule O.	ain in		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	1/
b	Were the organization's financial statements audited by an independent accountant?		2b		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove of the audit, review, or compilation of its financial statements and selection of an independent account	_	2c		
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.	ain in	, , , ,	1.3	27.
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year issued on a separate basis, consolidated basis, or both:	were	ا ا		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		-	5	

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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?
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