



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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.

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

OMB No 1545-1150

2009**Open to Public Inspection****A** For the 2009 calendar year, or tax year beginning **OCTOBER**, 2009, and ending **SEPTEMBER 30**, 2010**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**NATIONAL CONSERVATION FOUNDATION, INC.**

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

9731 LOCK TENDER LANE

City or town, state or country, and ZIP + 4

WILLIAMSPORT, MD 21795**D** Employer identification number**90-0136120****E** Telephone number**(301) 223-6872****F** Group Exemption Number

Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method ☐ Cash ☒ Accrual
Other (specify) ►**I** Website: ►**J** Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the 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.**L** Add lines 5b, 6b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **158199****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)**

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	14815
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	6975
	5a	Gross amount from sale of assets other than inventory	5a	136409
	b	Less: cost or other basis and sales expenses	5b	133073
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	3336
	6	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)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ►)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	25126	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	31400
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	8318
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ►)	16	2244
	17	Total expenses. Add lines 10 through 16	17	41962
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(16836)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	322249
	20	Other changes in net assets or fund balances (attach explanation)	20	13387
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	318800

Part II 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
22 Cash, savings, and investments	40136	22 16440
23 Land and buildings		23
24 Other assets (describe ►)	282113	24 302360
25 Total assets	322249	25 318800
26 Total liabilities (describe ►)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	322249	27 318800

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

Form **990-EZ** (2009)

SCANNED JAN 19 2011

ISA

96

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? RESEARCH & EDUCATION: ENVIRONMENTAL MATTERS
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	SUPPORTER OF STATE AND LOCAL RESEARCH AND EDUCATIONAL ENDEAVORS RELATING TO ENVIRONMENTAL CONCERNS IN AGRICULTURE AND FORESTRY. FIVE PROGRAMS WERE FUNDED IN CURRENT YEAR. (Grants \$ <u>31400</u>) If this amount includes foreign grants, check here ☐	28a	41962
29	_____ (Grants \$ _____) If this amount includes foreign grants, check here ☐	29a	
30	_____ (Grants \$ _____) If this amount includes foreign grants, check here ☐	30a	
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here ☐	31a	
32	Total program service expenses (add lines 28a through 31a) ☐	32	41962

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
RUDY RICE DUQUIN IL 62832	BOARD CHAIR .5	0	0	0
TIM REICH BELLE FOURCHE SD 57717	BOARD VICE CHAIR .5	0	0	0
MIKE MOSEL OGALLALA NE 69153	BOARD SECRETARY .5	0	0	0
DONALD SPICKLER WILLIAMSPORT MD 21795	BOARD TREASURER .5	0	0	0
NEDRA TURNEY TEXARKANA AR 71854	TRUSTEE .5	0	0	0
JOHN COMPTON BATON ROUGE LA 70808	TRUSTEE .5	0	0	0
WILLIAM COWELL CAPTAIN COOK HI 96704	TRUSTEE .5	0	0	0
TERRY DAVIS ROSEVILLE IL 61473	TRUSTEE .5	0	0	0
JOHN FREZIERES FRUITA CO 81521	TRUSTEE .5	0	0	0
BILL GREENLEE MARION NC 28752	TRUSTEE .5	0	0	0
CHARLES HOLMES MARION AL 36758	TRUSTEE .5	0	0	0
BILL JEFFERS HOLBROOK AZ 86025	TRUSTEE .5	0	0	0
T. LARRY NIX GAINSVILLE GA 30507	TRUSTEE .5	0	0	0
DAVID VERTIN NEVADA CITY CA 95959	TRUSTEE .5	0	0	0
ROBERT WARNER BRIGHTON CO 80601	TRUSTEE .5	0	0	0
JOHN REDDING MONROE GA 30655	TRUSTEE .5	0	0	0

Part V Other 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		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		
38a 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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
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		X
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 ▶ 0		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e 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		X
41 List the states with which a copy of this return is filed. ▶		
42a The organization's books are in care of ▶ DONALD SPICKLER Telephone no. ▶ 3012236872 Located at ▶ LABEL ADDRESS ZIP + 4 ▶		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
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 ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 **NONE**

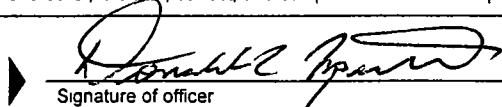
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 **NONE**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here



Signature of officer

12/14/10

Date

DONALD L SPICKLER, TREASURER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4



Kevin E Anders
Williamsport, MD 21795

Date

12/14/10

Check if self-employed ☐

Preparer's identifying number (See instructions)

EIN

Phone no 3015822920

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

NATIONAL CONSERVATION FOUNDATION, INC.

Employer identification number

90-0136120

Part I 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.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ 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: _____
- 5 ☐ 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ 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.
 - a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
 - e ☐ 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).**
 - f 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 ☐
 - g 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) and (iii) below, the governing body of the supported organization? ☐
 - (ii) A family member of a person described in (i) above? ☐
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
 - h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									0

Part II Support Schedule for Organizations Described in Sections 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.)

Section A. Public Support

Calendar 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")	18694	15624	5305	12950	14815	67388
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	18694	15624	5305	12950	14815	67388
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						13524
6 Public support. Subtract line 5 from line 4						53864

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	18694	15624	5305	12950	14815	67388
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12540	16051	17882	11351	7067	64891
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	5256					5256
11 Total support. Add lines 7 through 10						137535

- 12 Gross receipts from related activities, etc. (see instructions) **12**
- 13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

- 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) **14** 39.16 %
- 15 Public support percentage from 2008 Schedule A, Part II, line 14 **15** %
- 16a **33 1/3 % support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒
- b **33 1/3 % support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐
- 17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐
- b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐
- 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

FORM 990-EZ	PAGE 1	LINE 5-	SHARES SOLD	DATE ACQUIRED	DATE SOLD	SALE PROCEEDS	DIVIDENDS	GAIN (LOSS)	TOTALS
SECURITIES SOLD:									
ASTOR/TAMBO SMALL CAP CL N		92,003	ACB	11-25-09	11-25-09	1,181,69	1,508.55	(90.17)	
WILLIAM BARR INT'L GROWTH CL N		8,403	ACB	11-26-09	11-26-09	1,555.91	1,803.8	(250.00)	
DIETZUS BOND MKT INDEX INVS		48,478	ACB	11-25-09	11-25-09	511,925	4,904.92	21,433	
DIETZUS INT'L STOCK INDEX		13,480	ACB	11-25-09	11-25-09	19,481	1,300.8	46.73	
FEDERATED INTERIM CORP BOND FD CL SS		101,842	ACB	11-25-09	11-25-09	1,005.19	894.17	11.01	
SPARTAN US EFT7 INDEX FID ADVANTAGE		10,896	ACB	11-25-09	11-25-09	4,273.5	4,549.1	(275.6)	
SPARTAN S/T TREAS BOND FID ADVANTAGE		10,573	ACB	11-25-09	11-25-09	1,176	1,16.7	1.59	
SPARTAN HIGHGROWTH STAT MK NEW SEL		20,657.2	ACB	11-25-09	11-25-09	2,294.83	2,319.6	(247.8)	
SPARTAN HIGH TEND BOND FD CL A		16,320	ACB	11-25-09	11-25-09	1,238.7	1,159.1	99.6	
MFS INT'L VALUE FUND CL A		3,205	ACB	11-25-09	11-25-09	734.0	43.52	29.88	
TREAS PRICE GROWTH STOCK ADVISOR		7,923	ACB	11-25-09	11-25-09	2,116	2,109.1	25	
TEN TREAS RETURN BOND CL N		161,784	ACB	11-25-09	11-25-09	17,185	16,403.99	776.6	
TREAS MID CAP GROWTH INV		4,553	ACB	11-25-09	11-25-09	1,171.9	1,094.5	77.4	
VICTORY DIVERSIFIED STOCK CL A		15,374	ACB	11-25-09	11-25-09	2,094.0	2,216	(152.0)	
CLM MID CAP VALUE INVESTMENT SHS		14,804	ACB	11-25-09	11-25-09	3,460.4	3,971.90	(1,511.5)	
TEN TOTAL RETURN BOND CL N		3,332	ACB	11-25-09	11-25-09	3,529.46	3,466.63	146.81	
ASTOR/TAMBO SMALL CAP CL N		30,752	ACB	11-25-09	11-25-09	5,080.2	5,043.3	36.9	
MANGLER INFLATION PRO BOND PORT INV A		67,673	ACB	11-25-09	11-25-09	7,410	6,780.8	46.2	
WILLIAM BARR INT'L GROWTH CL N		15,593	ACB	11-25-09	11-25-09	2,806.9	3,336.25	(529.3)	
DODS RICE GLOBAL REAL EST SEC CL S		34,538	ACB	11-25-09	11-25-09	2,210.4	3,450.2	(1,239.8)	
DIVERSIFIED COMMODITY TRENDS STRATEGY FMS		42,004	ACB	11-25-09	11-25-09	1,520.8	2,183.19	(531.10)	
DIETZUS BOND MKT INDEX INVS		40,716.9	ACB	11-25-09	11-25-09	4,214.28	4,152.76	570.05	
FEDERATED INTERIM CORP BOND FD CL SS		724,608	ACB	11-25-09	11-25-09	7,151.88	6,865.30	782.58	
SPARTAN HIGH TEND BOND FD CL A		89,209	ACB	11-25-09	11-25-09	6,842.4	6,171.4	671.0	
LEONARD ENERGY MKTS OPEN CLAS		30,415	ACB	11-25-09	11-25-09	6,490.7	5,772.4	718.3	
QUANTUM FUND CORP GROWTH INV		48,458	ACB	11-25-09	11-25-09	5,199.3	4,191.4	1,007.9	
MANGLER INFLATION PRO BOND PORT INV A		77,019	ACB	11-25-09	11-25-09	1,404.2	1,212	192.1	
WILLIAM BARR INT'L GROWTH CL N		11,057	ACB	11-25-09	11-25-09	840.28	7,717.3	285.5	
DIETZUS BOND MKT INDEX INVS		593,004	ACB	11-25-09	11-25-09	19,648	2,275.0	(41,025)	
DIETZUS INT'L STOCK INDEX		161,785	ACB	11-25-09	11-25-09	5,696.11	5,544.07	152.04	
FEDERATED INTERIM CORP BOND FD CL SS		764,444	ACB	11-25-09	11-25-09	20,304.0	1,580.64	449.76	
SPARTAN HIGHGROWTH STAT MK NEW SEL		177,546	ACB	11-25-09	11-25-09	7,560.35	6,734.25	826.10	
SPARTAN S/T TREAS BOND FID ADVANTAGE		5,666	ACB	11-25-09	11-25-09	2,295.74	2,295.74	(11.01)	
SPARTAN HIGH TEND BOND FD CL A		6,754	ACB	11-25-09	11-25-09	6,552	6,567	(15.0)	
LEONARD ASSET ALLOCATION FID		159,520	ACB	11-25-09	11-25-09	5,180	4,711	469	
PRIMO TOTAL RETURN CL D		301,335	ACB	11-25-09	11-25-09	15,282.0	16,265.6	(1,183.6)	
						3,241.69	3,241.69	512.2	

SPARTAN S/T TARGETING BOND FUND ADVANTAGE

