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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: ARGHAND TRUST INC
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 3 HUBBARD PARK
City or town, state or country, and ZIP + 4: CAMBRIDGE, MA 02138

D Employer identification number: 20-5077509
E Telephone number
F Group Exemption Number

G Accounting method: Accrual
I Website: www.arghand.org
J Tax-Exempt status: 501(c)(3)

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 \$50,000

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$145,379

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows and 2 columns. Rows include Revenue (Contributions, Program service, Membership, Investment, Gaming, Other revenue) and Expenses (Grants, Salaries, Professional fees, etc.). Total revenue is 145,379 and total expenses is 338,866. Net assets at end of year is 138,248.

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	109,986	22	60,652
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	223,566	24	80,332
25 Total assets	333,552	25	140,984
26 Total liabilities (describe in Schedule O)	1,817	26	2,736
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	331,735	27	138,248

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

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

What is the organization's primary exempt purpose?

THE ORGANIZATION'S MISSIONS ARE TO HELP THE PEOPLE OF AFGHANISTAN REBUILD THEIR SOCIAL AND ECONOMIC STRUCTURES SHATTERED BY YEARS OF WAR, IN SUSTAINABLE ENVIRONMENTALLY RESPECTFUL WAYS, BY UNDERTAKING INITIATIVES IN AFGHANISTAN TO (A) EXPAND THE PRODUCTION OF LICIT LOCAL CROPS AND CREATE VALUE-ADDED PRODUCTS FROM THOSE CROPS FOR THE DOMESTIC AND INTERNATIONAL MARKETS, AND (B) ASSIST LOCAL AND REGIONAL DEVELOPMENTAL PLANNING EFFORTS

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

28 ARGHAND COOPERATIVE PURPOSE IS TO CONTRIBUTE TO THE ECONOMIC DEVELOPMENT OF SOUTHERN AFGHANISTAN BY PRODUCING HIGH QUALITY, ALL NATURAL SKIN CARE AND CERTAIN OTHER PRODUCTS FROM THE LEGENDARY FRUITS OF THE KANDAHAR REGION - THUS ALSO COMPETING WITH THE OPIUM INDUSTRY BY EXPANDING THE MARKET FOR LICIT CROPS (Grants \$ 298,413) If this amount includes foreign grants, check here

28a

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 (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a) **32** 298,413

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

Check if the organization used Schedule O to respond to any question in this 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
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, tax reporting, and financial accounts. Includes checkboxes for 'Yes' and 'No' and input fields for amounts and dates.

Yes No

Table with 3 columns: Question (45, 45a, 46), Yes, No. Questions about controlled entities and political activities.

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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

Table with 3 columns: Question (47, 48, 49a, 49b), Yes, No. Questions about lobbying, school status, and related organizations.

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"

Table with 5 columns: (a) Name and address, (b) Title and average hours, (c) Compensation, (d) Contributions to benefit plans, (e) Expense account and other allowances.

50(f) Total number of other employees paid over \$100,000

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"

Table with 3 columns: (a) Name and address, (b) Type of service, (c) Compensation.

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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 section with fields for Signature of officer, Date, and Type or print name and title.

Paid Preparer's Use Only section with fields for Preparer's signature, Date, Check if self-employed, Preparer's taxpayer identification number, Firm's name, address, and ZIP + 4, EIN, and Phone no.

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
ARGHAND TRUST INC

Employer identification number

20-5077509

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?

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

- (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 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)

(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									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	82,768	352,250	137,012	219,561	48,609	840,200
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	82,768	352,250	137,012	219,561	48,609	840,200
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)						0
6 Public Support. Subtract line 5 from line 4						840,200

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	82,768	352,250	137,012	219,561	48,609	840,200
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		107	323	111	47	588
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				1,477	312	1,789
11 Total support (Add lines 7 through 10)						842,577
12 Gross receipts from related activities, etc (See instructions)					12	300,688

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	99.720 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2010. 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—2009.** If the organization did not check the 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—2010.** 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—2009.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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 		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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Additional Data

Software ID: 10000105
Software Version: 2010v3.2
EIN: 20-5077509
Name: ARGHAND TRUST INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
ALYSON J CONOVER 35 BENTON ROAD BELMONT, MA 02478	FINANCE OFFICER 0	6,809		
RIP PARMLEE 31 KING LANE CONCORD, MA 01742	Director 20 00	0		
CATHERINE PARMLEE 31 KING LANE CONCORD, MA 01742	Director 20 00	0		
MARI KATHERINE MICHENER OYE 167 BENVENUE STREET WELLESLEY, MA 02482	Director 1 00	0		
SULTANA PARVANTA BLOKA -I-KALULA PUSHTA TAYMANI, KABUL AF	Director 1 00	0		
SARAH P CHAYES 28 RUE DE FAUBERG ST MARTIN PARIS, FRANCE 75101 FR	President 1 00	0		
PATRICIA CAMBELL MALONE 31 LINCOLN STREET SOUTH NATICK, MA 01742	Director 1 00	0		
PASHTOON ATIF 14 EDISON AVENUE MEDFORD, MA 02155	Treasurer 10 00	10,000		
MARY CLARKE 26 BARTLETT HILL ROAD CONCORD, MA 01742	Director 1 00	0		
MARITETTA PARKER 410 E 54TH STREET KANSAS CITY, MO 64110	Director 1 00	0		
PATRICIA J COOPER 5 POLO PLACE 3000 E CEDAR AVE DENVER, CO 80209	Director 1 00	0		
JENNIFER GREEN PMB 112 8168 CROWN BAY MARINA ST THOMAS, VI 00802	US COORDINATOR 20 00	36,000		
JEFFERSON T EATON 8 STOREY DRIVE LINCOLN, MA 017732109	Secretary 1 00	0		
DIRK JAMESON 7100 VALBURN DRIVE AUSTIN, TX 78731	Director 1 00	0		
BETTY JAMESON 7100 VALBURN DRIVE AUSTIN, TX 78731	Director 1 00	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
BARBARA BUCHAN 162 BEDFORD ROAD LINCOLN, MA 01773	Director 1 00	0		
AMIR SOLTANI 2851 SOUTH 2870 EAST SALT LAKE CITY, UT 84109	Director 1 00	0		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
ARGHAND TRUST INC

Employer identification number

20-5077509

Identifier	Return Reference	Explanation
Form 990-EZ, Part V, Line 35	Reason for Income Not Reported on Form 990-T	THE ORGANIZATIONS INCOME FROM THE SALES OF SOAPS, OILS AND SCARVES IS DIRECTLY RELATED TO THE ORGANIZATIONS EXEMPT PURPOSE OF CREATING ECONOMIC DEVELOPMENT IN SOUTHERN AFGHANISTAN BY PRODUCING HIGH QUALITY, ALL NATURAL SKIN CARE AND CERTAIN OTHER PRODUCTS FROM THE LEGENDARY FRUITS OF THE KANDAHAR REGION - THUS ALSO COMPETING WITH THE OPIUM INDUSTRY BY EXPANDING THE MARKET FOR LICIT CROPS

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1	Total Liabilities 1	OTHER CURRENT LIABILITIES - Beginning \$0 OTHER CURRENT LIABILITIES - Ending \$1219

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1001	Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$1817 Accounts Payable and Accrued Expenses - Ending \$1517

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1	Other Assets 1	WORKER ADVANCES - Beginning \$7005 WORKER ADVANCES - Ending \$6922

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1011	Other Assets 1011	Prepaid Expenses and Deferred Charges - Beginning \$6000 Prepaid Expenses and Deferred Charges - Ending \$3000

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1010	Other Assets 1010	Inventories - Beginning \$1200 Inventories - Ending \$14128

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1006	Other Assets 1006	Pledges and Grants Receivable - Beginning \$134815 Pledges and Grants Receivable - Ending \$0

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1005	Other Assets 1005	Accounts Receivable - Beginning \$3905 Accounts Receivable - Ending \$2620

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1003	Other Assets 1003	Machinery and Equipment - Beginning \$66262 Machinery and Equipment - Ending \$50138

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1002	Other Assets 1002	Furniture and Fixtures - Beginning \$1106 Furniture and Fixtures - Ending \$1342

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1001	Other Assets 1001	Automobiles - Beginning \$3273 Automobiles - Ending \$2182

Identifier**Return Reference****Explanation**

Form 990-EZ, Part I, Line 16 14

Other Expenses 14

CURRENCY EXCHANGE \$15

Identifier

Return Reference

Explanation

Form 990-EZ, Part I, Line 16 13

Other Expenses 13

FEES AND DUTIES \$70

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 12	Other Expenses 12	TELEPHONE \$107

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 11	Other Expenses 11	DUES AND SUBSCRIPTIONS \$227

Identifier

Return Reference

Explanation

Form 990-EZ, Part I, Line 16 10

Other Expenses 10

FUNDRAISING COSTS \$949

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	UTILITIES \$2609

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	BANK CHARGES \$3662

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	COMPUTER EXPENSES \$3986

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	EQUIPMENT EXPENSE \$4751

Identifier

Return Reference

Explanation

Form 990-EZ, Part I, Line 16 5

Other Expenses 5

MAINTENANCE \$5793

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	RENT \$6253

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	MISCELLANEOUS \$8884

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	REDUCTION OF GRANT RECEIVABLE \$48718

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	COST OF GOODS SOLD \$56780

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1009	Other Expenses 1009	Depreciation \$17913

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1005	Other Expenses 1005	Travel \$10762

Identifier

Return Reference

Explanation

Form 990-EZ, Part I, Line 16 1002

Other Expenses 1002

Office Expenses \$3027

Identifier

Return Reference

Explanation

Form 990-EZ, Part I, Line 16 1001

Other Expenses 1001

Advertising and Promotion \$5607

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 8 1	Other Revenue 1	MISCELLANEOUS INCOME \$312