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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2010

Open to Public

Department of the Treasury Internal Revenue Service Inspection ► The organization may have to use a copy of this return to satisfy state reporting requirements 2010, and ending For the 2010 calendar year, or tax year beginning C Name of organization Employer identification number Check if applicable Doing Business As Address change Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Name change Initial return ☐ Terminated G Gross receipts \$ Amended return H(a) Is this a group return for affiliates? Yes Vo No Application pending RENEE CAULUTT TREAS. YANASOUNNNT H(b) Are all affiliates included? Yes No ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 If "No," attach a list. (see instructions) Tax-exempt status: Website: ▶ H(c) Group exemption number ▶ Form of organization Corporation Trust Association Other L Year of formation M State of legal domicile Summary Briefly describe the organization's mission or most significant activities. RUVIDE LIARARY SERVICES TO THE Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 R Contributions and grants (Part VIII, line 1h) . 46838 q Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, land 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1 e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 13 Grants and similar amounts paid (Part IX,)column)(A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 86751 Professional fundraising fees (Part IX, column (A), Lline 11e) 16a b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20

Under penaltie true, correct, a	es of perjury, I declare that I have examine and complete Declaration of preparer (other)	ed this return, including accompany ier than officer) is based on all inform	ing schedules and statements, an nation of which preparer has any k	d to the best of my knowledge and being knowledge	ef, it is
Sign Here	Signature of officer RENTE Type or print name and title	Crace 17.	I TREASUREA	3/28/11 Date	
Paid Proparer	Pnnt/Type preparer's name	Preparer's signature	Date	Check if PTIN self-employed	

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

Signature Block

Firm's name

Firm's address >

Part II

Preparer

Use Only

Cat No 11282Y

Firm's EIN ▶

Yes ☐ No Form **990** (2010)



Part	90 (2010) # 2/-0688779 III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	
	PRUVIOE LIBEARY SERVICES TO THE PUBLIC	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	≅No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	⊋ No
4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. So 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocation others, the total expenses, and revenue, if any, for each program service reported.	ection
4a	(Code:) (Expenses \$ 101.556 including grants of \$ 0) (Revenue \$ 0	
	SALARY BENEFITS	
4b	(Code:) (Expenses \$ 26260 including grants of \$ 0) (Revenue \$ 0	
	LIBRARY MATERIALS	
4c	(Code:) (Expenses \$ \$\alpha \text{SU15} including grants of \$\alpha \text{O}) (Revenue \$\alpha \text{O})	
	OCCUPANCY	
4d	Other program services. (Describe in Schedule O.)	

		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 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 candidates for public office? If "Yes," complete Schedule C, Part I	3		سد
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		ע
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		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		V
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.			,
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		
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		~
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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	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 14 a b	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	13 14a		<u>_</u>
15	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 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	14b		
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	15		1
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)	16		<u></u>
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		<u></u>
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		سسند
b	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		<u></u>
		Form	990	(2010)

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			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		سد
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		V
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		
c b	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		
	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		-1/
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		ســـــــــــــــــــــــــــــــــــــ
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		
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<u>'</u>
С	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		<u></u>
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		<u></u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
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? <i>If "Yes," complete Schedule R, Part I</i>	33		·
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		~
35 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		V
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		<u></u>
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		
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		
	,	Form	990	(2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	<u>.</u> .		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4		ч
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		1
С	reportable gaming (gambling) winnings to prize winners?	1c		
2a		··C		1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	1		
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)			ŧ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Ĩ
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4 a	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			1 -
	account)?	4a		
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		L	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	organization solicit any contributions that were not tax deductible?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7	Organizations that may receive deductible contributions under section 170(c).	6b		;
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			i
	and services provided to the payor?	7a		<i>i</i>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		سنا
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		ت حودم
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		A.
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	_7h		
•	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1/
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			1
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			į
1	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			- 1
a b	Gross income from members or shareholders	-		*
-	against amounts due or received from them.)		1	:
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ر ــــ ـ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		_ {
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.		-	1
þ	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans]	ĺ	:
_	100		ĺ	į
C 40	Enter the amount of reserves on hand	4.		
4a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
IJ	n res, has it hed a form rzo to report these payments? It ivo, provide an explanation in Schedule O .	14b	1	

Part	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change			
	O. See instructions.	53 III	JUITE	Juuie
	Check if Schedule O contains a response to any question in this Part VI			П
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10			1
b	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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		سن
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Does the organization have members or stockholders?	6		سأ
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing both?	_		ر ا
b	of the governing body?	7a 7b	-	
8 8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75	1	
а	The governing body?	8a	·/	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b		1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
C4:	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	200	سنا ا
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>
	If "Yes," does the organization have written policies and procedures governing the activities of such			1
	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 filling the			
	form?	11a		<u></u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40	-	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 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>
14 15	Does the organization have a written document retention and destruction policy?	14		·
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			,
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
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		سا
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 organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	ַנוטט		<u> </u>
17				
18	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 only	/) ava	ilable
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.	finter	est p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: \triangleright $PGNGC$ $CAULICTT$ $(232)223-1503$ SS $BRUND$ ST $RNNNSOUAN$ $NVOX736$	of the		

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Form 990 (2010)	#	-21

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

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 nor any related organization compensated any current officer, director, or trustee.										
(A)	(B) (C)							(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	s Institutional trustee	Officer	all Key employee	Highest compensated employee	oly) Former	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) AND CAPEUL BUARD PRESIDENT (2) RENEE CAUGETT	2							O	0	O
2) RENEE CAULIETT BUARD TREASCACE	5							0	0	0
3 DAUNDURKE- SUNFO SECRETARY	/							0	0	0
14) FEURGE MECHINALINA RUNRO VICE PRESIDENT	7							0	0	0
15) NAMEY FORCEAN	/							0	0	0
16) SUSAN CRONEDER TRUSTEC	1							0	0	0
M EliceN MCC AST	1							0	0	0
(8) JUHN DUISCALL	/							O	0	0
(9) DOTTY GERVACH	/							0	0	0
(10) LOKENINE PROVOST	/							0	0	0
(11) CARA MOENIE TA	30							32162		
(12)		-					•	- 1,125A		
(13)										
(14)										
(15)										
(16)										

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Part	VII Section A. Officers, Directors, Trus	stees, Key	<u>Emplo</u>	oyee	es, a	and_	<u>Highe</u>	est (Compensated	Employees	(continu	ued)
	(A)	(B)			(6	C)			(D)	(E)	1	(F)
	Name and title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportab compensation related organizatio (W-2/1099-N	n from	Estimated amount of other compensation from the organization and related organizations
(17)												
(18)												
(19)					-							
(20)						-						
(21)						-						
(22)				-		 !						
(23)					-							
(24)			_			-				-		
(25)												
(26)						_						
(27)				-						1	_	
(28)			_									
1b c	Sub-total . Total from continuation sheets to Part Total (add lines 1b and 1c)						•	> > >	33/62	0		0
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w	ho received m		00,000	
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direc	tor o	r tr	uste ındi	e, vidi	key e	emp	oloyee, or high	est compe	nsated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of regreater that	portal an \$1	ole (50,	con 000	nper 1? <i>II</i> 	nsatio f "Ye:	n a s,"	nd other comp complete Sch	ensation from	om the r such 	4
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or ind		5 2
Section	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization.	compensate	ed inc	depe	end	ent	contra	acto	ors that receive	ed more tha	n \$100,	,000 of
	(A) Name and business add	ress							(B) Description of s	ervices	C	(C) Compensation
	NA				, -							
2	Total number of independent contracto							th	ose listed abo	ove) who		
	received more than \$100,000 in compens											

21-06 8 877 9

Paru	VIII	Statement of Nevenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
99 va	1a	Federated campaigns 1a				
걸	b	Membership dues 1b	1			
흀ᅙ			-			
اع تع	С	Fundraising events 1c /5863	ļ			'
를 를	d	Related organizations 1d				
ğΈ	e	Government grants (contributions) 1e /36363				
io I	f	All other contributions, gifts, grants,				
五 五 五		and similar amounts not included above 1f		ļ		
를 함	g	Noncash contributions included in lines 1a-1f: \$	1	1	ļ	
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a–1f ▶	152226			
		Business Code	130000		-	
Program Service Revenue			2			
Š	2a	KENTAL PEES 208	2045		 	
e e	Ь	MEMBERSHIP PEES	_ الإكراك		_	
읒	С	MEMBERSHIP PEES	1080			
Se	d	MUCFEES	445			
돑	e				l	
ğ	f	All other program service revenue .				
<u>۾</u>	g	Total. Add lines 2a–2f	7068			
	3	Investment income (including dividends, interest,	7 - 20		T	<u> </u>
		and other similar amounts)	1323			
	4	Income from investment of tax-exempt bond proceeds ▶	1000			
	l _					
	5	Royalties			 	
	_		-			
	6a	Gross Rents				
	Ь	Less: rental expenses				
	С	Rental income or (loss)			<u> </u>	
	ď	Net rental income or (loss)			<u></u>	
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory	1			
	ь	Less. cost or other basis	1			
		and sales expenses .				
	С	Gain or (loss)	1		}	
	ď					
	u	Net gain or (loss)				
Revenue	8a	Gross income from fundraising events (not including \$				
æ		of contributions reported on line 1c).				ļ ,
ē		See Part IV, line 18 a				
o th	b	Less: direct expenses b				
٦	С	Net income or (loss) from fundraising events				
	_	Gross income from gaming activities.			-	
		See Part IV, line 19 a				
						
	b					
	C	· · · · · · · · · · · · · · · · · · ·				
	_	Gross sales of inventory, less returns and allowances a				
	b	Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory .				
		Miscellaneous Revenue Business Code				
	11a				L	
	b					
	С					
	d	All other revenue				
	e	Total. Add lines 11a–11d			 	
	12	Total revenue. See instructions.	160617			
		TOTAL STORMER COCKINGLIGOROLOG	1000/		L	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

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

	All other organizations must complete co	diffit (A) but are not			
Do 1	not include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		i		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
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)	93693	93693		
7 8	Other salanes and wages	•			
9 10 11	Other employee benefits	7863	7863		
a b c	Management	/337	1337		
d e	Lobbying				
f g	Investment management fees				
12 13	Advertising and promotion	1832	1832		
14 15 16	Information technology	28015	28015		
17 18	Travel		XUU		
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
20 21	Interest				
22 23	Depreciation, depletion, and amortization . Insurance	9473	9413		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If	•			
	Inne 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)	01010	0.00		
a b	SPECIAL PROGRAMS	4986	4986		
c d e	FUND RISING-EXPENSE	1910	1410		
f	All other expenses				
	Total functional expenses. Add lines 1 through 24f	174877	170577		
25 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.	///0//	///0//		

21-0688779 Sheet

Pa	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	10756	1	3520
Ì	2	Savings and temporary cash investments	220058	2	212004
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	-	4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
S	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	-	6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	-
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b	686 701	10c	67244
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	-	12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	917515	16	887963
	17 ·	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Se	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
abi		employees, highest compensated employees, and disqualified persons.			
Ĩ		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	O	26	
ø		Organizations that follow SFAS 117, check here ▶ ☐ and complete			·
ces		lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets		27	
Ва	28	Temporarily restricted net assets	•	28	
힏	29	Permanently restricted net assets		29	
or Fund Balar		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
986	31	Paid-in or capital surplus, or land, building, or equipment fund	686701	31	672441
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds .	239814	32	21524
9	33	Total net assets or fund balances	9/75/5	33	887965
	34	Total liabilities and net assets/fund balances	917515	34	887 965
		· · · · · · · · · · · · · · · · · · ·			Form 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			<u>.</u>
1 2 3 4 5 6		/3 /14 917 90	106 18 26 51 0	17
	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," explain in Schedule O.		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		
b	Were the organization's financial statements audited by an independent accountant?	2b		1/
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			1
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?	3a		·/
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Fort	n 990	(2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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

Internal Revenue Service Employer identification number Name of the organization UBLIC 21-068877 .INAL. 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental ענונים described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. 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 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting 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 Yes No (iii) below, the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(m) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of in col (i) listed in your organization the organization in (described on lines 1-9 organization in col support above or IRC section governing document? col (i) of your (i) organized in the support? US? (see instructions)) No Yes Yes No Yes Nο (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2010

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.)

<u>Sect</u>	on A. Public Support						
Caler	ndar 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.")	131960	137769	135642	137417	13 6363	679151
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	131960	137769	135642	137417	136363	679151
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)		7,				
6	Public support. Subtract line 5 from line 4.	131960	137769	135642	137417	136363	679151
	on B. Total Support						
	idar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	131960	137769	135642	137417	136363	679151
- 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2526	10975	5500	6615	1323	21939
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.)	6235	6879	6121	7469	7068	34372
11	Total support. Add lines 7 through 10	140721	155623	147863	151501	144754	740462
12	Gross receipts from related activities, etc					12	<i>O</i>
13	First five years. If the Form 990 is for the organization, check this box and stop he				, or fifth tax ye	ear as a sectio	n 501(c)(3)
Secti	on C. Computation of Public Suppor			· · · · · · · · · · · · · · · · · · · 	• • • • •		<u> </u>
14	Public support percentage for 2010 (line 6			1 column (fi)		14	92 %
15	Public support percentage from 2009 Sch			,, coluini (1))		15	9/ %
16a	331/3% support test-2010. If the organization	zation did not d	check the box	on line 13, and	d line 14 is 331		heck this
	box and stop here. The organization qua	lifies as a publi	icly supported	organization		•	. • ,
b	331/3% support test—2009. If the organic check this box and stop here. The organic	ization did no zation qualifies	t check a box s as a publicly :	on line 13 or supported org	16a, and line anization	15 is 33 ¹ / ₃ %	or more,
17a							
	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	on meets the eets the "facts	"facts-and-cir -and-circumsta	cumstances" ances" test. Ti	test, check thine organization	is box and sto n qualifies as a 	p here. publicly
18	Private foundation. If the organization did instructions	d not check a t	oox on line 13,	16a, 16b, 17a	, or 17b, check	this box and	see . ▶ □

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Part III	Support Schedule for	Org	janizatio	ons	Des	scrib	ped 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 Poly If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	,					
	dar 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			ļ			_
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513			1			
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		7				
	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				Į.		
	or 1% of the amount on line 13 for the year						
. с	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)			<u> </u>	L		
	on B. Total Support	(a) 2006	(b) 2007	(2) 2000	(4) 2000	(-) 0010	/A T-1-1
Calen 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 10a		· · · · · · · · · · · · · · · · · · ·					
IVA	Gross income from interest, dividends, payments received on securities loans, rents,		i				
	royalties and income from similar sources						
b	Unrelated business taxable income (less						
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	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.)		<u> </u>				
14	First five years. If the Form 990 is for th						
<u> </u>	organization, check this box and stop her			<u></u>	<u></u>	· · · ·	🕨 🗌
	on C. Computation of Public Suppor						
15 16	Public support percentage for 2010 (line 8	, column (f) di	vided by line 1	3, column (f))		15	%
16 Section	Public support percentage from 2009 Schon D. Computation of Investment Inc	edule A, Part	ntogo	<u> </u>	<u>· · · · · · · · · · · · · · · · · · · </u>	16	%
17	Investment income percentage for 2010 (li			uline 10 -elim	nn (fl)	47	
18	Investment income percentage for 2010 (iii	Schedula A	nn (I) aiviaea bi	y iirie 13, colun	(1))	17	<u>%</u>
19a	331/3% support tests—2010. If the organization	zation did not	check the boy	on line 14 an	 nd line 15 is m	18 ore than 331/29	% and line
	17 is not more than 331/3%, check this box a	and stop here	The organization	n mualifiee ae a	in iiiie 15 is M	ore man 331/39 orted organization	· ·
ь	331/3% support tests—2009. If the organiza						
J	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did						

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,

OMB No 1545-0047 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ▶ Attach to Form 990. ▶ See separate instructions.

Employer identification number 4SUC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax vear ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 R Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

Schedu	e D (Form 990) 2010 # 2/-	06887	779	Ž			Page 2
Part				torical 7	Treasures, o	or Other Similar	Assets (continued)
3	Using the organization's acquisition, accollection items (check all that apply):	ccession, and ot	ther reco	rds, chec	ck any of the	following that are a	significant use of its
а	☐ Public exhibition		d	Loa	an or exchang	je programs	
b	☐ Scholarly research		е	☐ Oth	ner	· · · · · · · · · · · · · · · · · · ·	
c	☐ Preservation for future generations	S					
4	Provide a description of the organization		and expla	ain how t	they further th	ne organization's ex	empt purpose in Part
	XIV.		•		•		
5	During the year, did the organization s	olicit or receive	donation	s of art,	historical trea	asures, or other sin	nilar
	assets to be sold to raise funds rather t						· Yes Wo
Part	IV Escrow and Custodial Arrar line 9, or reported an amount				ganization ar	swered "Yes" to	Form 990, Part IV,
1a	Is the organization an agent, trustee,				or contributio	ns or other assets	not
	included on Form 990, Part X?						· Yes AND
b	If "Yes," explain the arrangement in Par	t XIV and compl	ete the fo	ollowing t	able:		
	_						Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount						. Tyes No
_	If "Yes," explain the arrangement in Par	•					
	V Endowment Funds. Complet		ration ar	swered	"Yes" to Fo	rm 990. Part IV. li	ne 10.
		(a) Current year		or year	(c) Two years		
1a	Beginning of year balance						
b	Contributions				-		
c	Net investment earnings, gains, and			//-	-		
•	losses	1	/ / /	/ ナ			
d	Grants or scholarships		//				
e	Other expenditures for facilities and						
·	programs						
			ļ	-	 		
f	Administrative expenses				+		
ď	End of year balance	a very and balan			Ļ		
2	Provide the estimated percentage of the		ice neid a	is:			
a	Board designated or quasi-endowment		%				
b	Permanent endowment ▶	%					
C	Term endowment ▶ %				- A 1 - 1 - 1		11-
3a	Are there endowment funds not in the	possession of tr	ne organi	zation th	at are neid ar	na administered for	
	organization by:						Yes No
	(i) unrelated organizations						. 3a(i)
_	(ii) related organizations						3a(ii)
	If "Yes" to 3a(ii), are the related organiz						. 3b
4	Describe in Part XIV the intended uses						
Part	, , , , , , , , , , , , , , , , , , , ,	nent. See Forn	n 990, Pa	art X, lin	e 10.		
	Description of investment	(a) Cost or ot (investm			or other basis other)	(c) Accumulated depreciation	(d) Book value
1a	Land						
b	Buildings			_			677441
С	Leasehold improvements			_			
d	Equipment			_			
е	Other						

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Part VII	Investments—Other Securities	s. See Form 990, Part X, lin	e 12.	
-	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financia	al derivatives			
(2) Closely-	held equity interests			
(3) Other				
(A)				
(B)	·····			
(C)	A/-//+	<u> </u>		
(D) (E)				
(E)				
(G)				
(H)				
(I)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments-Program Relate	d. See Form 990, Part X, lii	ne 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)	····			
(2)	1//1			
(3)	1///			
(4)	/ / /			
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets. See Form 990, P			
		a) Description	(b) Book va	lue
(1)				
(2)	<u> </u>			
(3)	<u> </u>			
(4)				
(5)				
(6)				
(7)				
(8)				
(10)				
	umn (b) must equal Form 990, Part X, o	ol. (B) line 15.)		
Part X	Other Liabilities. See Form 990			
1.	(a) Description of liability	(b) Amount		
(1) Federa	I income taxes			
(2)	10			
(3)	1///			
(4)	10/17			
(5)				
(6)	· · · · · · · · · · · · · · · · · · ·			
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25.) ▶			
		the text of the footnote to the	e organization's financial statements that repor	ts the

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

#240688719

Parl	XI Reconciliation of Change in Net Assets from Form 990 to A	udited Financial Statem	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	1/0
5	Donated services and use of facilities		5	1///-
6	Investment expenses		6	70//
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine		10	
Part			r Retu	m
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		_
d	Other (Describe in Part XIV.)	2d		1 1/1
е	Add lines 2a through 2d		2e	NIT
3	Subtract line 2e from line 1		3	'
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	
Part	XIII Reconciliation of Expenses per Audited Financial Statem	nents With Expenses p	er Re	turn
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		10
C	Other losses	2c		1///
d	Other (Describe in Part XIV.)	2d		NIT
е	Add lines 2a through 2d		2e	/
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			·
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b	7]	
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5	
	XIV Supplemental Information	· · · · · · · · · · · · · · · · · · ·		
Comp	ete this part to provide the descriptions required for Part II, lines 3, 5, and	9; Part III, lines 1a and 4;	Part IV	, lines 1b and 2b,
	line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII,	lines 2d and 4b. Also con	nplete 1	this part to provide
any ac	ditional information.	/		
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Schedule D (Fo	orm 990) 2010	#21-0	68811	/		Page 5
Part XIV	Supplemental	Information (co	ntinued)			
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SCHEDULE O (Fòrm 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. Employer identification number

7	DIAC	\$ 19046
SPECIAL PROGAMS		4986
FULD RAISING EXPENSE		1418
INSURANCE OFFICE EXPENSE		1832
		9423
PAYROU PREPARATION		¥ 1337
MANASQUAN PUBLIC CISLARY	0/10	0088111
MANIASONIAN PHINCE CIRCART	12/	2088///