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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2010

Open to Public

	Inter	nal Rever	iue Service	┸	The organization	tion may ha	ve to use a cop	y of this return	to satisfy stat	te repor	ting requi	rements	Inspection	
	Α	For the	2010 cale	ndar y	rear, or tax ye	ar beginnin	ng		, 2010, and er	nding			, 20	
	В	Check if	applicable	C Nam	e of organization	Builo	ing OWN	OS 4 Mai	d 03500	- OF		D Emplo	yer identification number	
		Address	change	Doing Business As INDIANA DOL'S, IN									-0205710	
		Name cl	nange	Num	ber and street (or	PO. box if ma	ail is not delivered	to street address)	Roor	π/suite		E Teleph	one number	
		Initial ref	turn	-13	33 W.	mar	MU SI	-/W, H	297			1317	632,4104	
		Termina	ted	City	or town, state or	country, and			-		-			
		Amende	d return	T	npiano	20011	, Fn 4	16204				G Gross	receipts \$	
		Applicat	ion pending	F Na	me and address	of principal of	officer		_		H(a) Isthus	a group retur	n for affiliates? Yes No	
													included? Yes No	
	<u> </u>	Tax-exe	mpt status		501(c)(3)	501	(c) (6) ◀ (ins	sert no) 🔲 494	7(a)(1) or 5	27	If "N	lo," attach	a list (see instructions)	
	J	Websit	:e: ►								H(c) Grou	p exemptio	on number 🕨	
	K	Form of	organization	Ū√60	rporation Tru	st Asso	ociation 🔲 Other	>	L Year of 1	formation	1	M State of legal domicile In		
	P	art i	Summ											
		1	Briefly de	scribe	e the organiza	ation's mis	ssion or most	significant ac	tivities:	14	WOLK	ling	- Cachanac	
	0		04/1	2.00	USt/U	11/10	MALIO	1 401	mem	DVS	SOF	YMC	- COMMECLIA	
	Ĕ		MINI	e 3/	MC 11	nuil	-M·	-						
	Ē						•							
	Governance	2	Check thi	s box	x ▶ 🗌 if the on	ganization de	continued its ope	rations or dispos	ed of more than	25% of i	ts net æsset	s.		
	ত অ	3	Number of	of voti	ing members	of the gov	erning body ((Part VI, line	a)			3	16	
5	Sa	4	Number of	of inde	ependent vot	ing memb	ers of the gov	erning body	(Part VI, line	1b) .		4	\mathcal{O}	
1802	Activities	5	Total num	nber d	of individuals	emploÿed	in calendar y	ear 2010 (Pa	t V, line 2a)			5		
Ø	₹	6	Total num	nber d	of volunteers	(estimate i	f necessary)					6	50	
₹ =3	•	7a	Total unre	elated	l business rev	enue fron	n Part VIII, col	umn (C), line	12			7a	0	
2		b	Net unrel	ated b	ousiness taxa	ble incom	e from Form 9	990-T, line 34	<u> </u>			7b	Ø	
JUN							DEC	EIVED	1		Pnor Ye	ear	Current Year	
<u> </u>	<u>o</u>	8	Contribut	ions a	and grants (P	art VIII, lin	e 1h) . REC		- ol · ·	L.	0		0	
	Revenue	9	Program	servic	e revenue (P	art viii, iin	p.2g)⊤			\Box	8665	^ <i>7</i>	143,768	
氢	Š	10	Investme	nt inc	ome (Part VII	l, column (A) ines 3,4,	and27d)[][[. 1었		116	14	2.191	
		11					es 5, 6d, 8c,			16	9, 19	Ó	156 008	
SCANNED		12					(must_equal-P			77	63,09	//	351, 907	
Ŵ		13					: X, col@n⊕}		<u>. </u>					
		14	•				IX , c olumn (A	•		·				
	es	15					e benefits (Parl	-			32, U	74 <u> </u>	198,366	
	SU.	16a					column (A), I				, ,			
	Expenses	b			-		olumn (D), line					法为相约		
	ш	17					nes 11a-11d,			ļ,	191,1	160	301,554	
		18					t equal Part I			3	24,	I34	348, 412	
		19	Revenue	less e	expenses. Su	btract line	18 from line 1	<u> 12 </u>	<u></u>		36,6	<u> アチ</u>	3,055	
	s or									Begi	nning of Cu	rrent Year	End of Year	
	Net Assets or Fund Balance	20			art X, line 16)					14	34,7	48	439,803	
	ag A	21			•	•				<u> </u>	- · · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
		22				. Subtract	line 21 from l	line 20 .	<u></u>	<i>H</i>	36 / 70	48	439803	
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	Sig	ın	Signa	nurelos	officer/				7		L Da	te /	14 / / /	
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		•	Type	or print	t name and title	אינטיק עיין	10,000		,		<u> </u>	11	<u>,</u>	
	D-	:-	Print/Typ	e prep	arer's name		Preparer's sign	nature		Date		Ok	PTIN	
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	US	e Onl	Firm's ac									ne no		

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Form 99	90 (2010) Pa	age 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
1	Brighty describe the organization's mission: TO DESIVELY AND NUSDONS, DIST NEDELSON + THE SHELLST SILLY (OM MESCIA I NEA) ESTATE IN OUTLY 4 MORAN THE EXIL	he pange
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
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?	
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. Sec 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.	ction
4a	(Code:) (Expenses \$ 959 including grants of \$) (Revenue \$ 13, 755) Seminar on runkla (Omm VC'OI run estate 135 uls. no speaky flus were newro, Expense Were for landingable brongart.	
4b	(Code:) (Expenses \$ \frac{\partial 3/148}{\partial 3/148} including grants of \$) (Revenue \$ \frac{\partial 4}{\partial 4}, \tag{38}) \[DN 4 us 1 Trape Show - (\partial 6) ideas Orgalions \[\text{In D us 4 us 1 Trape Show - (\partial 6) ideas Orgalions \[\text{In D us 4 us 1 Trape Show - (\partial 6) ideas Orgalions \[\text{In D us 4 us 1 Trape Show - (\partial 6) ideas Organism \[\text{UN 1 D 1 monly IN SIEL And Luco (\partial 6) ideas \[\text{UN 1 D 1 monly IN SIEL And Luco (\partial 6) ideas \[\text{UN 1 D 1 monly IN SIEL And Luco (\partial 6) ideas \[\text{UN 1 D 1 monly IN SIEL And Luco (\partial 6) ideas \[\text{UN 1 D 1 monly IN SIEL And Luco (\partial 6) ideas \[\text{UN 1 D 1 monly IN SIEL And Luco (\partial 6) ideas \[\text{UN 1 D 1 monly IN SIEL And Luco (\partial 6) ideas \[\text{UN 1 D 1 monly IN SIEL And Luco (\partial 6) ideas \[\text{UN 1 D 1 monly IN SIEL And Luco (\partial 6) ideas \[\text{UN 1 D 1 monly IN SIEL And Luco (\partial 6) ideas \[\text{UN 1 D 1 monly IN SIEL And Luco (\partial 6) ideas \[\text{UN 1 D 1 monly IN SIEL And Luco (\partial 6) ideas \[\text{UN 1 D 1 monly IN SIEL And Luco (\partial 6) ideas \]	
4c	(Code:) (Expenses \$ 5/9/2 including grants of \$) (Revenue \$ \$ +141) PINAUA! (LOH OUTING UNION SITE IN DUST) INTO MASIAN EX PLASTA AM PRIMARY FOR AND GRANTA AM PRIMARY FOR AND	
4d 4e	Other program services. (Describe in Schedule O.) (Expenses \$ 4 1,73 \text{ including grants of \$ }) (Revenue \$ 43,150) Total program service expenses > /38,33	

Form 99	0 (2010)		F	age 3
Part	V Checklist of Required Schedules			
_	In the council to the 11 to 12 504 (20) 4047 (24) (11 to 12 10 10 10 10 10 10 10 10 10 10 10 10 10		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		<u></u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		
3	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		_
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		-
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		V
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		<i>\</i>
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		<u>ر</u>
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		
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, VII, 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		J
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		
e f	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		<u> </u>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		<u></u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		V
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		/
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		
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		
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		

 Did the organization report more than \$5,000 of grants and other assistance to governments and organi in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation organization's current and former officers, directors, trustees, key employees, and highest competemployees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of mor \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer linthrough 24d and complete Schedule K. If "No," go to line 25	21 States 22 of the ensated 23 re than less 24b 24a 24b	Yes	No
 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	States		
 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	of the insated 23 re than es 24b 24a 24b		<u>/</u>
organization's current and former officers, directors, trustees, key employees, and highest competent employees? If "Yes," complete Schedule J	re than less 24b 24a 24b		
\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer line through 24d and complete Schedule K. If "No," go to line 25	es 24b - · · 24a - · · 24b		
 c Did the organization maintain an escrow account other than a refunding escrow at any time during the to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit trans 			/
to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit trans	ne year		
 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 trans 			
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit trans	· · 24c		
			_
with a disqualified person during the year? If "Yes," complete Schedule L, Part I	ı		_
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 99 or	a prior		<u>ー</u>
Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated emploidisqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	yee, or		
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key emp			
substantial contributor, or a grant selection committee member, or to a person related to such an indi- If "Yes," complete Schedule L, Part III			
28 Was the organization a party to a business transaction with one of the following parties (see Sche			
Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," co Schedule L, Part IV	mplete 28b		
c An entity of which a current or former officer, director, trustee, or key employee (or a family member t was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	hereof)		
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule		+ -+	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or que conservation contributions? If "Yes," complete Schedule M	ualified		~
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Sched	dule N.	\vdash	—
Part I	31		
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If complete Schedule N, Part II	"Yes,"		$\overline{}$
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	lations		
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part IV, and V, line 1	s II, III,		
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		\vdash	_ _
a Did the organization receive any payment from or engage in any transaction with a	33		
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	□ No I		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-character organization? If "Yes," complete Schedule R, Part V, line 2	aritable		/
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,	124(10)1		,
Part VI	37		
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 19? Note. All Form 990 filers are required to complete Schedule O	11 and		—

	10 (2010)		Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V		
	Check it Scriedule O contains a response to any question in this Part V		Yes No
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8		Yes No
	<u> </u>	- ľ	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	- 1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a		
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)		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1 1	
	account)?	4a	-
b	If "Yes," enter the name of the foreign country: ▶	1.	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	: 1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		
	organization solicit any contributions that were not tax deductible?	6a	<u></u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		
	gifts were not tax deductible?	6b	•
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		
	and services provided to the payor?	7a	<u></u>
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		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		
	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?		
9		8	
a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	90	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b	
10	Section 501(c)(7) organizations. Enter:	35	
а	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		
11	Section 501(c)(12) organizations. Enter:		
а	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources		
	against amounts due or received from them.)	1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	سانا
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
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.		
b	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		
С	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	

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Part	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang O. See instructions.	es in	and Sche	
Sacti	Check if Schedule O contains a response to any question in this Part VI	<u>· · · · </u>	<u></u> -	<u> </u>
Secu	ion 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 / 6		100	
b 2	Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		-
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	-	
6	Does the organization have members or stockholders?	6	~	<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?			ł
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a 7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a		
ь 9	Each committee with authority to act on behalf of the governing body?	8b		<u> </u>
Sacti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
<u>Seçti</u>	On B. Policies (This Section B requests information about policies not required by the internal Reven	ue Co	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		-
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
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		
14	Does the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	16a		
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		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
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	ılable
19	Own website Another's website Opon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict o	f inter	est p	olicy,

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

\[
\begin{align*}
\text{V. M.M.W.U.M.} - 13\frac{1}{2}\text{W. M.M.W.U.M.} \\
\text{L.M.D.L.M.A.D.O.U.L.} \\
\text{L.M.D.L.M.A.D.O.U.L.L.} \\
\text{L.M.D.L.M.A.D.O.U.L.L.} \\
\text{L.M.D.L.M.A.D.O.U.L.L.L.L.L.L.L.L

and financial statements available to the public.

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Page	

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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.										r, or trustee
(A)	(B) (C)							(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations	Individual tr or director	Institutional trustee	Officer	ਜ਼ੋ Key employee	Highest compensated employee	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
See Attribus WIT	in Schedule O)	stee	rustee		0	ensated		0	0	organizations
(2)										
(3)										
(4)										
(5)										
(6)										,
(7)										
(8)										
(9)										
(10)										
(11)										
(12)	·									
(13)										
(14)										
(15)										
(16)									·	

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(A)	(B)			•)			(D)	(E)	(F)
	Name and title	Average hours per week	—	<u> </u>	Officer	r	hat ap	ply) Former	Reportable compensation from	Reportable compensation from related	other
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	er .	Key employee	Highest compensated employee	ner	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	Snistry or 190 Inwia	500					1		48.048	0	0
(18)	<i>V</i>										
(19)											
(20)											
(21)									-		
(22)											
(23)										-	
(24)											
(25)											
(26)											
(27)										-	
(28)											
1b	Sub-total			•				—			
c d	Total from continuation sheets to Part						•	>	12 2/1/2		0
2	Total (add lines 1b and 1c)	not limited						► e) w	18 048 ho received mo	<i>O</i> ore than \$100,0	
	reportable compensation from the organic	zation				-					Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete S								loyee, or high		
4	For any individual listed on line 1a, is the organization and related organizations individual		an \$1		000						ch ch
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co	mper	nsat	ion				_		
Soction	on B. Independent Contractors	11 165, 0	ompi	ele .	SCII	eau	10 3 10	or s	uch person	· · · · · ·	5
1	Complete this table for your five highest of	ompensate	ed ind	lepe	ende	ent e	contra	acto	ors that receive	d more than \$1	00,000 of
	compensation from the organization.						 -			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	(A) Name and business addi	ress				_			(B) Description of se	ervices	(C) Compensation
2	Total number of independent contractor							th	ose listed abo	ove) who	
	received more than \$100,000 in compens	ation from t	he or	gan	izati	ion l	<u> </u>				

Par	t VIII	Statement of Revenue				
	_		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
মিফ	1a	Federated campaigns 1a				
Contributions, gifts, grants and other similar amounts	b	Membership dues 1b 156,088	1 !		İ	
9. E	С	Fundraising events 1c	1 :			
##	d	Related organizations 1d	1			
S, S	e	Government grants (contributions) 1e	╡			
isi	f	All other contributions, gifts, grants,	 			
ž et	Ì	and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f: \$	1 !		!	
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a–1f ▶	156,008			
		Business Code	17- 57	·		
Ven	2a	Slmina Trooi Shod	13,755			
æ	ь	Traci Show	49 738			
je	С	GODIAI QULINA	87,13,5			
ě	d	Curpher 4 gove	30,450			
Ë	е	COMPRE + 9 DVIC	12,510			
Program Service Revenue	f	All other program service revenue.				
<u> </u>	g	Total. Add lines 2a–2f	193,768			
	3	Investment income (including dividends, interest,	0.61			
		and other similar amounts)	2,191			
	4	Income from investment of tax-exempt bond proceeds ►				
	5	Royalties				
	_		<u> </u>			
	6a	Gross Rents	<u> </u>			
	b	Less: rental expenses	4 1			
	C	Rental income or (loss) Net rental income or (loss)				
	d 7a	Net rental income or (loss)		· · · · · · · · · · · · · · · · · · ·		
	′°	assets other than inventory	-			
	ь	Less: cost or other basis	-			
	С	and sales expenses . Gain or (loss)				
	ď	Net gain or (loss)	ļ			
	_	riot gain or (1000)				,
Ë	8a	Gross income from fundraising				
evenue		events (not including \$				
Re		of contributions reported on line 1c).				
Other R		See Part IV, line 18 a				
Ħ		Less: direct expenses b	1			
		Net income or (loss) from fundraising events . ▶				
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a				
		Less: direct expenses b	ļ			
		Net income or (loss) from gaming activities	ļ			
	iva	Gross sales of inventory, less returns and allowances a				
	_		4			
		Less: cost of goods sold b Net income or (loss) from sales of inventory ▶	 			
		Miscellaneous Revenue Business Code				
	11a		 			
	ь		†			
	c					
	d	All other revenue				
	e	Total. Add lines 11a–11d				
	12	Total revenue. See instructions ▶	351,967			

Part IX Statement of Functional Expenses

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

All other organizations must complete columns (B) (C) and

	All other organizations must complete co	olumn (A) but are not	required to comple	ete columns (B), (C),	and (D).
	not include amounts reported on lines 6b, 8b, 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				
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	Benefits paid to or for members				
5	Compensation of current officers, directors,		·		
-	trustees, and key employees	56,952			
6	Compensation not included above, to disqualified	7 7			
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
_					
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	30,850			
_	The state of the s				
9	Other employee benefits	20,640			 .
10	Payroll taxes	30,524			
11	Fees for services (non-employees):				
a	Management				
ь	Legal	-		· · · · · · · · · · · · · · · · · · ·	
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	187 - 1-11			
13	Office expenses	12,788			
14	Information technology	2418			
15	Royalties				
16	Occupancy				
17	Travel	6,058			
18	Payments of travel or entertainment expenses	,			
	for any federal, state, or local public officials	11000			
19	Conferences, conventions, and meetings	17/0, 049			
20	Interest	17 0 000			
21	Payments to affiliates	29,090			
22	Depreciation, depletion, and amortization .	350			
23	Insurance	7) (7			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
_		7 000			
a b	Cyisalive manulary	4/100			
C	TAILAOLACTARILIII	200	_		
d	m/51	7 2.2			
e	Win-ile	14,213			
f	All other expenses	7.00			
25	Total functional expenses. Add lines 1 through 24f	-			
26	Joint costs. Check here ▶ ☐ if following				-
	SOP 98-2 (ASC 958-720). Complete this line	0			
	only if the organization reported in column (B) joint costs from a combined educational	3481912		i	
	campaign and fundraising solicitation	1/21			

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	436,418	1	434 803
	2	Savings and temporary cash investments		2	, ,,
	3	Pledges and grants receivable, net		3	
Assets	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		-	
	6	Receivables from other disqualified persons (as defined under section		5	·
	"	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		1 1	
		employees' beneficiary organizations (see instructions)	······································	6	
	7	Notes and loans receivable, net		7	
	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 10a		1. 1	
	b	Less: accumulated depreciation 10b		10c	
	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	1/3/2/11/	15	11/1/10/10
	16	Total assets. Add lines 1 through 15 (must equal line 34)	436,748	16	439803
Ø	17 18	Accounts payable and accrued expenses		17	
	19	Grants payable		18 19	
	20	Deferred revenue		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
ij	22	Payables to current and former officers, directors, trustees, key			
Liabilities	_	employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	· · · · · · · · · · · · · · · · · · ·
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
s		Organizations that follow SFAS 117, check here ▶ ☐ and complete			
ဥ		lines 27 through 29, and lines 33 and 34.		1	
lar	27	Unrestricted net assets		27	
ĕ	28	Temporarily restricted net assets		28	
Ę	29	Permanently restricted net assets		29	
Ĕ		complete lines 30 through 34.		. 1	
Net Assets or Fund Balance	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund	•	31	
	32	Retained earnings, endowment, accumulated income, or other funds .		32	
	33	Total net assets or fund balances		33	
	34	Total liabilities and net assets/fund balances	4 16, 748	34	429,803
					Form 990 (2010)

	90 (2010)		Pag	e 12
Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			
1 2 3 4 5 6	Total revenue (must equal Part VIII, column (A), line 12)	351, 348, 6 36, 2	9 6- 112 148 80	_
	Check if Schedule O contains a response to any question in this Part XII			
1	Accounting method used to prepare the Form 990:	A.	res	No
2a b c	Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant?	2a 2b 2c		
d	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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:	2	1.3. (A)	;
За	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	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		

BOMA Financial Report: 2010 January-December, 2010 Sept January Feb March April May June July August October November December TOTAL INCOME Active Dues 26 130 22 110 5 025 4 020 1 005 331 502 63 398 1 256 2 5 1 7 502 Associate Dues 31,310 10,355 3 030 1.010 2.020 1.010 92 610 21.210 9 090 8.835 4.740 Seminars 10 000 2,730 25 150 550 13 755 300 7.338 49,738 Trade Show 11,400 7 900 4.100 16,250 2 750 Golf 16,500 1,550 25.840 12,105 22,315 2,205 2.210 4 400 87.125 Luncheons 2,821 1,955 1,170 2.781 880 1,255 1,610 1,398 1,340 2,440 5.000 8.000 30.650 Interest 126 410 410 483 120 114 114 114 100 100 100 100 2,191 Corp Rec/Dinner 6,000 5,000 11,000 **Environmental Mtg** 1,500 1,500 **Actual Monthly Inc** 71,687 82,915 21,085 32,924 26,129 42,766 17,864 26,668 5,565 5,760 10,002 8,602 351,967 327,603 YearToDate Inc. 154,602 175,687 295,370 322,038 343,365 208,611 234,740 277,506 333.363 351.967 **Budget Monthly Inc** 40,876 88,922 40,876 38,833 833 4,333 833 75,833 833 4,333 833 14,333 311,671 **Budget YearToDate** 40,876 129,798 170,674 209,507 210,340 214,673 215.506 291,339 292,172 296,505 297,338 311,671 **EXPENSES** 4.746 Wages 4 746 4 746 4 746 4 746 4 746 4 746 4 746 4 746 4 746 4 746 4.746 56 952 2,537 2,485 Pay Tax 2 485 2 485 2.485 30.524 2.485 2 485 2.485 2.485 2.485 2.485 3,137 14,250 Staff SEP 16,000 30.250 349 Telephone 349 349 349 349 349 349 349 349 349 349 349 4,188 100 Supplies 125 83 376 185 400 1.269 Postage 310 496 440 440 510 507 722 139 730 4,294 Legislative 2.500 2.500 2,500 7,500 Ins/Fees 350 Intl Dues 7,712 15,424 2,404 3,315 235 29,090 Travel 1,791 1,390 2,877 6,058 Printing 856 624 91 86 87 593 700 3,037 Health Ins 1,720 1,720 1,720 1,720 1,720 1,720 1,720 1,720 1,720 1,720 1,720 20,640 1,720 Misc 2,700 1,100 1,052 1,420 1,731 1,195 999 916 850 850 650 3,850 17,313 Seminars 856 53 50 Trade Show 275 1,200 21,673 23,148 Golf 411 83 1,902 37,135 17,381 56 912 Luncheons 4,576 5,420 2,942 5,000 9,000 500 6.718 34.156 Speakers 550 5 505 6.055 WebSite 100 Corp Spon L/R/D 1,713 240 5.000 6.953 **Environmental Mtg** 172 Actual Monthly Exp. 28.931 32 216 21.537 14,335 52.829 13.934 16.484 39,754 49,168 15.150 11,780 43.802 339,920 YearToDate Exp. 61,147 82,684 97,019 149,848 163,782 180,266 229,434 269,188 284,338 296,118 323,268 Budgeted Mo Expense 35,220 37.878 26.518 28,409 24,909 23,159 13,409 60,659 10,659 20,409 10,659 19,663 311,551 **Budgeted YTD Exp** 73,098 99,616 128,025 152,934 176,093 189,502 250,161 260,820 281,229 291,888 311,551 Net income 42,756 50,699 -452 18,589 -26,700 28,832 1,380 -22,500 -34,189 -9,390 -1,778 -35,200 12,047

350

959

100

172

479,504 530,203 529,751 548,340 NonBudgeted Expenses Legislative Reception 1,694 LapTop 1,945 Printer 473 Mulligan - IN PAC 2.230 IBJ Ad - TOBY 2,650 Total 8.992

530,203

529.751

548,340

521,640

521,640

550,472

550,472

551,852

551,852

529,352

529,352

495,163

495,163

485,773

485,773

483,995

483,995

448,795

479,504

436,748

Beginning 2010

Actual Funds Avail.

Adjusted Fund Available Total 439,803

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