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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

intern	ai nevei	The organization may have to use a copy of this fetalit to satisfy st	- reporting requirements	Inspection						
A F	or the	2010 calendar year, or tax year beginning and ending	3							
B c	heck if opticable		D Employer identific	cation number						
	Addres change	FOUNDATION FOR THE NATIONAL ARCHIVES								
	Name change		52-1	792608						
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/s								
	Termin ated			357-5221						
	Ameno		G Gross receipts \$	5,059,340.						
	Application		H(a) Is this a group re							
	pendir	F Name and address of principal officer THORA R. S. COLOT	for affiliates?	Yes X No						
SAME AS C ABOVE H(b) Are all affiliates included? Yes										
1 T	ax-exe	empt status X 501(c)(3)		luded? Yes No list (see instructions)						
		e: ► N/A	H(c) Group exemption							
			Year of formation. 1992 N							
	rt I	Summary	Toda of formadon, 2992	r otato or logar dominino.						
		Briefly describe the organization's mission or most significant activities SEE PART	III, LINE 1							
Activities & Governance		<u>DEEL TIEL</u>	,							
'na	2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its net as	sets						
Ve		Number of voting members of the governing body (Part VI, line 1a)	3	40						
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)	4	40						
త ర		Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	45						
ij	!	Total number of volunteers (estimate if necessary)	6	41						
Ę	ı	Total unrelated business revenue from Part VIII, column (C), line 12	 	0.						
Ă		Net unrelated business taxable income from Form 990-T, linet34 1//F	7a 7b	0.						
	D		T							
		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	Prior Year 1,433,305.	Current Year 2,187,715.						
ne	l		105,609.							
Revenue	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 3d) 20, 143.									
æ	ı			4,533.						
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,603,368.	1,660,382.						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,081,696.	3,958,239.						
	•	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,000.	15,000.						
	I	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.						
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,450,394.	<u>1,681,644.</u>						
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.						
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) 609,578.								
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,332,881.	4,006,058.						
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,797,275.	5,702,702.						
		Revenue less expenses Subtract line 18 from line 12	-715,579.	<u>-1,744,463.</u>						
Soci			Beginning of Current Year	End of Year						
alar	20	Total assets (Part X, line 16)	4,751,789.	3,101,709.						
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	270,516.	364,899.						
<u>왕</u> 크	22	Net assets or fund balances Subtract line 21 from line 20	4,481,273.	2,736,810.						
Pa	irt II	Signature Block								
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and si	atements, and to the best of m	y knowledge and belief, it is						
true,	correc	t, and complete declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.							
		Trova St Colot	10.1	8.2011						
Sıgı	n	Signature of officer	Date							
Her		THORA R. S. COLOT, EXECUTIVE DIRECTOR								
	-	Type or print name and title		-						
		Print/Type preparer's name Pregarer's signature / 1.	Date Check	PTIN						
Paid	l	DAVID F. GRALING CPA DAW F BALL CPA	10-17-11 If self-employe							
	arer	Firm's name GELMAN, ROSENBERG & FREEDMAN	Firm's EIN							
-	Only	Firm's address 4550 MONTGOMERY AVE., SUITE 650 NOR								
	J.11.	BETHESDA, MD 20814-2930		301) 951-9090						
Ma.	the II	-	Phone no. (
		RS discuss this return with the preparer shown above? (see instructions)								
0320	01 02-2	2-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2010)						

12-21-10

Part IV | Checklist of Required Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		<u>X</u>
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_		X
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	N/	A
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
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		X
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,		7.	
	Part VI	11a	Х	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
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	44-		х
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	11c		
٠	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
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		X
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	17		X
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		X_
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		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
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	000	<u> </u>
		Form	9 90 (2010)

Part IV Checklist of Required Schedules (continued)

			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	X	
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		X
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	X	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			7,7
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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	051		v
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		<u>X</u>
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		х
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
05	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		<u>X</u>
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of		.	
26	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes X No			
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	-		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> X</u>
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37		_ <u>X</u> _
~	Note. All Form 990 filers are required to complete Schedule O	38	x	
	Trace	Form		2010\
		. 01111	(_0.0)

rai				$\overline{}$
	Check if Schedule O contains a response to any question in this Part V			لبيا
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 10			ĺ
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		3,7	
•	(gambling) winnings to prize winners?	1c	X	ļ. —
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 45	1 I	3.7	
В	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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			v
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
D	If "Yes," enter the name of the foreign country			
5a	See instructions for filing requirements for Form TD F 90 22 1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_		х
b b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
ou	any contributions that were not tax deductible?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	- J.		
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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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		l
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A			
	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? N/A	9a		ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
120	,	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O	isa		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			ĺ
	organization is licensed to issue qualified health plans			ĺ
С	Enter the amount of reserves on hand			1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
			990 ((2010)

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI			X							
Sec	tion 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 40										
b	Enter the number of voting members included in line 1a, above, who are independent 1b 40)									
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		<u> X</u>							
3											
	of officers, directors or trustees, or key employees to a management company or other person?	4		_ <u>X</u>							
4											
5											
6	Ÿ										
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			v							
h	governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a	<u>. </u>	X							
ь 8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	7b									
0	by the following										
а	The governing body?	8a	Х								
	Each committee with authority to act on behalf of the governing body?	8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)										
			Yes	No							
10a	Does the organization have local chapters, branches, or affiliates?	10a		X							
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with those of the organization?	10b									
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		X							
b	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	X								
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise										
	to conflicts?	12b	X								
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37								
40	In Schedule O how this is done	12c	X								
13	Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy?	13	X								
14 15	Did the process for determining compensation of the following persons include a review and approval by independent	14									
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
h	Other officers or key employees of the organization	15b		X							
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	100									
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		Х							
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									
<u>Sec</u>	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE O										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for									
	public inspection. Indicate how you make these available. Check all that apply										
	Own website Another's website X Upon request										
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	ınd fına	ncial								
	statements available to the public										
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ation 🕨									
	THORA R. S. COLOT - 202-357-5042	0001									
	700 PENNSYLVANIA AVENUE, N.W., NO. G12, WASHINGTON, DC 20408-		000	(2010)							

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

Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part \	Check if Schedule	O contains a response to	any question in this Part VI
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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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- 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

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average		Position			Reportable	Reportable	Estimated		
	hours per	(c	heck	all t	that	app	ly)	compensation	compensation	amount of
	week (describe	director				İ		from the	from related	other compensation
	hours for	or dire	بو			E E		organization	organizations (W-2/1099-MISC)	from the
	related	trustee or	truste		يو	bens		(W-2/1099-MISC)	(** = / : 555 // : 55,	organization
	organizations	ra t	ional		ploye	2 8	١.			and related
	in Schedule O)	Individual	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
KEN LORE		-	ļ				-		,	
PRESIDENT	3.60	X		Х				0.	0.	0.
JOEL I. PICKET										
VICE CHAIR	1.80	X		X				0.	0.	0.
MICHAEL R. BESCHLOSS										
VICE CHAIR	1.80	X		Х				0.	0.	0.
KEN BURNS	İ									
VICE PRESIDENT	1.80	X	<u> </u>	X				0.	0.	0.
PATRICK BUTLER										
VICE PRESIDENT	1.80	X		X			<u>L</u>	0.	0.	0.
COKIE ROBERTS			ĺ							
VICE PRESIDENT	1.80	X		X				0.	0.	0.
MARVIN F. WEISSBERG					İ					
TREASURER	2.50	X		X		<u> </u>		0.	0.	0.
A'LELIA BUNDLES										
SECRETARY	3.00	X	ļ	Х	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
BESS ABELL		1					١.			
BOARD MEMBER	1.80	X	ļ				ļ	0.	0.	0.
HONEY ALEXANDER										
BOARD MEMBER	1.80	X		<u> </u>				0.	0.	0.
JAMES BLANCHARD										
BOARD MEMBER	1.80	X	_	_		<u> </u>	<u> </u>	0.	0.	0.
PETER CUNEO										
BOARD MEMBER	2.50	X						0.	0.	0.
RICHARD ELIASBERG								_	_	_
BOARD MEMBER	1.80	X	_		_		<u> </u>	0.	0.	0.
JERRY FINGER										
BOARD MEMBER	1.80	X	_		<u> </u>		_	0.	0.	0.
NANCY FOLGER										
BOARD MEMBER	1.80	X		_	ļ	<u> </u>	 	0.	0.	0.
WILLIAM R. HARMON								_	_	
BOARD MEMBER .	1.80	X	-		ļ	<u> </u>	<u> </u>	0.	0.	0.
FRUZSINA M. HARSANYI										
BOARD MEMBER	1.80	X			<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
032007 12-21-10										Form 990 (2010)

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Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)		(D)	(E)	(F)					
Name and title	Average hours per	Position (check all that apply)					ly)	Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
MARILYNN WOOD HILL										
BOARD MEMBER	2.50	X						0.	0.	0.
MARY LYNN KOTZ BOARD MEMBER	1.80	X						0.	0.	0.
CAPPY MCGARR										
BOARD MEMBER	1.80	x						0.	0.	0.
SUE GIN MCGOWAN										
BOARD MEMBER	2.00	X						0.	0.	0.
DAVID MCKEAN BOARD MEMBER	1.80	x			-			0.	0.	0.
DAVID MESKER BOARD MEMBER	1.80	х						0.	0.	0.
MARY MOYNIHAN BOARD MEMBER	1.80	х						0.	0.	0.
LAWRENCE F. O'BRIEN, III BOARD MEMBER	1.80	х						0.	0.	0.
CHARLES OGLETREE BOARD MEMBER	1.80	x						0.	0.	0.
Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A					^ ^ ^		251,284. 251,284.	0. 0.	0. 25,066. 25,066.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization

Yes No

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for service rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(B) Description of services	(C) Compensation
FABRICATION	961,771.
MEDIA DESIGN	276,631.
•	-
MEDIA DESIGN	176,215.
FABRICATION	171,000.
SOFTWARE DEVELOPMENT	153,907.
ed above) who received more than	
	Description of services FABRICATION MEDIA DESIGN MEDIA DESIGN FABRICATION SOFTWARE DEVELOPMENT

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2010)

Х

032008 12-21-10

3958239.

032009

Total revenue See instructions.

1765863.

0.

4,661.

Form 990 (2010)

Part IX Statement of Functional Expenses

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

	All other organizations must comp				
	not include amounts reported on lines 6b, Bb, 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	15,000.	15,000.		
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	276,350.	113,888.	129,491.	32,971.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,137,460.	786,863.	90,949.	259,648.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	24,174.	2,517.	13,345.	8,312.
9	Other employee benefits	143,696.	65,840.	36,213.	41,643.
10	Payroll taxes	99,964.	58,198.	19,543.	22,223.
11	Fees for services (non-employees)				
а	Management				
b	Legal				_
С	Accounting	23,487.		23,487.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other ·	3,170,209.	3,019,870.	23,195.	127,144.
12	Advertising and promotion	229,735.	228,885.	60.	790.
13	Office expenses	427,168.	333,719.	16,547.	76,902.
14	Information technology	34,335.	4,225.	750.	29,360.
15	Royalties				
16	Occupancy				
17	Travel	42,708.	38,274.	3,059.	1,375.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			· · · · · · · · · · · · · · · · · · ·	
19	Conferences, conventions, and meetings	3,010.	2,537.	324.	149.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,474.		2,474.	
23	Insurance	18,115.		18,115.	
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.)				
а	MISCELLANEOUS	19,953.	3,400.	7,492.	9,061.
b	AWARDS	12,780.	12,780.		
С	EQUIPMENT	10,380.	9,804.	576.	
d	CONTRACTS	7,759.	7,759.		· · · · · · · · · · · · · · · · · · ·
е	DUES AND SUBSCRIPTIONS	3,945.	1,185.	2,760.	
f	All other expenses				
25	Total functional expenses Add lines 1 through 24f	5,702,702.	4,704,744.	388,380.	609,578.
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	1		1	

Form 990 (2010)

Form 990 (2010) FOUNDATION FOR THE NATIONAL ARCHIVES 52-1792608 Page 11 Part X | Balance Sheet (A) (B) Beginning of year End of year 2,500. 4,005. 1 Cash - non-interest-bearing 1 1,647,128. 2 Savings and temporary cash investments 2 842,648. 2,339,383. 1,370,226. 3 Pledges and grants receivable, net 5,813. 51,842. 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Notes and loans receivable, net 7 698,548. 746,274. Inventories for sale or use 8 54,695. 77,676. Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 66,373. basis Complete Part VI of Schedule D 10a 57,335 3.722. 10b 9,038. b Less accumulated depreciation 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 Other assets See Part IV, line 11 15 15 4,751,789 3,101,709. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 270,516. 364,899 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities Complete Part X of Schedule D 25 270,516. 364,899. 26 Total liabilities. Add lines 17 through 25 26 X and complete

> 3,101,709. Form 990 (2010)

2,736,810.

<u>877,595.</u>

1,859,215.

Net Assets or Fund Balances

27

28

29

30

31

32

33

Organizations that follow SFAS 117, check here

Organizations that do not follow SFAS 117, check here

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

lines 27 through 29, and lines 33 and 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

1,169,614.

3,311,659.

4,481,273

789

751

27

28

29

30

31

32

33

	•				
Form	990 (2010) FOUNDATION FOR THE NATIONAL ARCHIVES	52-1	792608	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	· Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,95	3,2	39.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,70	2,7	02.
3	Revenue less expenses Subtract line 2 from line 1	3	-1,74	4,4	63.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,48	1,2	73.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,73	5,8	10.
Pa	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 CashX Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O .			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			1
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	on a			ĺ
	separate basis, consolidated basis, or both				ĺ
	X Separate basis Consolidated basis Both consolidated and separate basis				1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			1

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

032012 12-21-10

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of 1	the organizati							ĮE	-	identificat		
Deat 1	Decem	FOUNDAT	TION FOR THE	NATIC	NAL A	RCHIV	ES_		5	<u>2-1792</u>	<u> 1608</u>	}
Part I			rity Status (All organi					tructions				
The organ			because it is (For lines	-		•	•					
1			es, or association of chur			ection 170	(b)(1)(A)(i).				
2			70(b)(1)(A)(ii). (Attach Sc									
3 📙			ital service organization									
4 📖			operated in conjunction	with a hos	pital desc	ribed in se	ection 170	(b)(1)(A)(i	iı). Enter t	:he hospita	l's nan	ne,
	city, and stat		•									
5 📖			benefit of a college or u	niversity o	whed or op	perated by	a govern	mental un	it describ	ed in		
<u> </u>		(b)(1)(A)(ıv). (Compl	•									
6			nent or governmental uni									
7 [X]			ceives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general _I	public desc	ribed	ın
		b)(1)(A)(vi). (Comple	·									
8			section 170(b)(1)(A)(vi).									
9 📖	An organizat	on that normally rec	ceives (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, ar	nd gross re	ceipts	from
			nctions - subject to certa							_		
			axable income (less sec	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	inization a	after June (30, 19	75
		509(a)(2) . (Complete	•									
10	=	-	perated exclusively to te	-	•			•				
11			perated exclusively for the									or
			ations described in secti				2) See se o	ction 509(a)(3). Che	ck the box	that	
			organization and compl		•					1_		
	a Type		Type II		e III - Fund	-	_		d ∟] Type III - (
e	-	•	at the organization is not		-	,	•					
_			than one or more publicl						9(a)(1) or :	section 509	}(a)(2)	
f			tten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				_
		rganization, check t		_		_						<u></u>
9			organization accepted ai			-						т —
		-	directly controls, either a	lone or tog	ether with	persons o	described	ın (ıı) and (iii) below,		Yes	No
	-		upported organization?							11g(i)		_
		•	n described in (i) above?		_					11g(ii)		
		•	a person described in (i)							11g(iii)	<u> </u>	<u> </u>
h	Provide the f	ollowing information	about the supported or	ganization	(S)							
			(III) Type of	() () ()				(44) (4	, the			
	of supported	(ii) EIN	organization	P .	irganization sted in your	, , ,	u notity the tion in col.	(vi) ls organization	on in col.	(vii) Ar		of
orga	anization		(described on lines 1-9	, , ,	document?			(ı) organız U.S	ed in the	sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			(aga managanan)	103	140	163	140	163	110			
					İ							
	•					<u> </u>		 				
					<u> </u>			 				
									1			
				1			-					—
					-	 		 	1			
							 	 	 			
Total												
_	Paperwork Re	duction Act Notice	e, see the Instructions f	or		1		Schedul	e A (Forn	n 990 or 99	 30-F7) 2010

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 FOUNDATION FOR THE NATIONAL ARCHIVES 52-1792608 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	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						
	ınclude any "unusual grants ")	2,160,012.	5,853,576.	1,247,109.	1,433,305.	2,187,715.	12,881,717.
2	Tax revenues levied for the organ-			1			
	ızatıon's benefit and either paid to			Ì			
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to			ŧ			
	the organization without charge						_
4	Total. Add lines 1 through 3	2,160,012.	5,853,576.	1,247,109.	1,433,305.	2,187,715.	12,881,717.
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)						2,314,192.
6	Public support. Subtract line 5 from line 4						10,567,525,
Sec	ction B. Total Support	··					
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	2,160,012.	5,853,576.	1,247,109.	1,433,305.	2,187,715.	12,881,717.
8	Gross income from interest,			ļ			
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	34,824.	<u>55,800.</u>	35,312.	20,143.	4,533.	150,612.
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)	42,546.	55,210.	401.	1,997.	128.	100,282.
11	Total support. Add lines 7 through 10					··	13,132,611.
12	Gross receipts from related activities,	etc (see instruction	ons)			12 14	<u>,169,856.</u>
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectioi	n 501(c)(3)	
Se	organization, check this box and stop ction C. Computation of Publ	here ic Support Per	centage				<u>▶</u>
	Public support percentage for 2010 (I			olumn (f))		14	80.47 %
	Public support percentage from 2009	. ,,	•	0.0.1.1.1 (1))		15	74.13 %
	33 1/3% support test - 2010.If the o			line 13, and line 14	ı 4 ıs 33 1/3% or m		
	stop here. The organization qualifies	-			110 00 17070 01 111	515, 01100K ti 110 50	► X
ŀ	33 1/3% support test - 2009.If the o		•		ine 15 is 33 1/3%	or more, check th	
_	and stop here. The organization qual	•				or more, encour an	
17:	10% -facts-and-circumstances tes		• • •		13 16a or 16b a	nd line 14 is 10%	or more
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"			•	•	now the organ	
,	10% -facts-and-circumstances tes	· ·	·		· ·	7a and line 15 is :	10% or
•	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						´ ⊾ ┌┐
12	Private foundation. If the organization		•	•			
		dia not oncon a l	55 5 15, 10	-,		dule A (Form 990	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

16 Public support percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 96 19 97 19 97 10 97 11 97 1	Sec	ction A. Public Support						
membership less received (Do not include any nursual grants 1) 2 Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's traversimpt purpose 3 Gross receipts from admission that are related to the organization's traversimpt purpose 3 Gross receipts from admission that are not an unrelated trade or bus insess under section 513 4 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf 5 5 The value of services of facilities furnished by a governmental unit to the organization without charge 6 6 Total, Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from desqualified persons by Amounts neutrate enlines 2 and received from desqualified persons by Amounts neutrated in lines 2, and 3 received from desqualified persons by Amounts neutrate enlines 2 and received from desqualified persons and a received from desqualified persons and amounts are selected as a received service where the received received in lines 2 and 7 to 8 Public support talestruck lesines 1 Section B. Criscal year beginning in) by Amounts from the secure of the programment of the programment received in lines 2 and 7 to 8 Public support talestruck lesines 1 Section B. Criscal year beginning in) by Amounts from the secure of the programment received on securities lesins, rents, royalties and nonem from similar sources by Unrelated business stable income (less section 51 laws) from beginness stable income (less section 51 laws) from the 31 laws from 50 laws from 50 laws from 50 l	Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
unclude any "unusual grants" Gross necepts from admissions, merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's travewent purpose Gross necepts from activities that are not an unrelated trade or business under section 513 4. Tax revenues, level for the organization's travewent purpose Gross necepts from activities that are not an unrelated trade or business under section 513 4. Tax revenues, level for the organization's benefit and either paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. The value of services or facilities furnished by a governmental unit to the organization without charge 7. A mounts included on lines 1, 2, and 3 received in general lines 2 and 1 is missed lines and the second in general lines 2 and 1 is missed lines and the second lines 2 and 1 is missed lines and the second lines 2 and 1 is missed lines and the second lines 2 and 1 is missed lines and 1 is missed lines 2 and 1 is missed lines 2 and 1 is missed lines 2 and 1 is missed lines 2 and 1 is missed lines 2 and 1 is missed lines 2 and 1 is missed lines 2 and 1 is missed lines 2 and 1 is missed lines 2 and 1 is missed lines 2 and 1 is missed 2 is missed lines 2 is missed 2 is miss								
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032023 12-21-10

Schedule A (Form 990 or 990-EZ) 2010

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2010
Open to Public Inspection

Name of the organization

Employer identification number

		NATIONAL ARCHIVES	52-1792608
Par			Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	· · · · · · · · · · · · · · · · · · ·	
		(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		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	_	only
	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?	, , ,	Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part IV	/, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	conservation easement on the last
_	day of the tax year		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the organic	\ \
_	year ▶	,g,	3
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year
7	Amount of expenses incurred in monitoring, inspecting, and	-	
8	Does each conservation easement reported on line 2(d) above		· · · · · · · · · · · · · · · · · · ·
	and section 170(h)(4)(B)(ii)?	, , , , , , , , , , , , , , , , , , , ,	Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	•	
	conservation easements		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exi	hibition, education, or research in furtherance of	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descr	ribes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items		ş ş
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial daid	
_	the following amounts required to be reported under SFAS 1	•	· · · · · · · · · · · · · · · · · · ·
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		► \$ ► \$
	- Indiana managa mir ami oogi i wii n		· ·

Schedule D (Form 990) 2010

Schee		ION FOR TH				52-17: ar A sset		
3	Using the organization's acquisition, accession							
	(check all that apply)			•	•			
а	Public exhibition	c	Loan or ex	change programs	3			
b	Scholarly research	e		3 7 3 .				
c	Preservation for future generations	_						
-	Provide a description of the organization's co	ellections and explai	n how they further	the organization's	s exempt purp	nse in Part	XIV	
5	During the year, did the organization solicit or							
•	to be sold to raise funds rather than to be ma				Jimar accord		Yes	☐ No
Par	t IV Escrow and Custodial Arran				s" to Form 990) Part IV Ji		140
	reported an amount on Form 990, Par		oto ii ato organizati	J., 4,,0,,0,0		,,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Is the organization an agent, trustee, custodi		diary for contribution	ns or other asset	s not included			
	on Form 990, Part X?	u., o. o	and y to continuation				Yes	□ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table			<u> </u>	, 103	
	17 105, explain the altangement in alt XIV	and complete the re	mowing table				Amount	
_	Beginning balance				1c		Amount	.
	Additions during the year				1d			
	Distributions during the year							
4	Ending balance				1e 1f			
30	Did the organization include an amount on Fo	orm 990 Part Y line	. 212				Yes	No
	If "Yes," explain the arrangement in Part XIV	om 330, Fart A, ime					J 162	NO
Par		the organization ar	swered "Yes" to F	orm 990. Part IV	line 10		•	
	2 T Zina Cilina i a na a complete ii	(a) Current year	(b) Prior year	(c) Two years b		ears back	(a) Four v	pare hack
1a	Beginning of year balance	(a) Ourient year	(b) Thoryeat	(C) Two years b	dek (d) Three	years back	(e) i oui y	ears back
h	Contributions							
0	Net investment earnings, gains, and losses							
ن				 '				
a	Grants or scholarships Other expenditures for facilities							
е	Other expenditures for facilities							
	and programs			 	 			
T	Administrative expenses							
9	End of year balance	r and halanaa hald a						
2	Provide the estimated percentage of the yea Board designated or quasi-endowment	end balance neld a						
a	Permanent endowment	%	%					
D		⁷⁶ %						
0-			ation that are hold	and administrators	l far tha araan			
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are neid	and administered	i for the organi	zalion	ſ.	/aa Na
	by							<u>'es No</u>
	(i) unrelated organizations						3a(i)	
	(ii) related organizations		on Cabadula DO				3a(ii)	-
b	If "Yes" to 3a(ii), are the related organizations	•					3b	
Par	Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipm							
Fai							4 D D1-	
	Description of investment	(a) Cost or of basis (investigation)	, ,	st or other s (other)	(c) Accumulate depreciation		(d) Book	value
	1	Dasis (IIIVesti	noncy Dasis	(otriel)	depreciation	<u> </u>		
	Land							
	Buildings						_	
	Leasehold improvements			66 272	F7 2	2 =		020
	Equipment			66,373.	57,3	22.	9	<u>,038.</u>
Total	Other Add lines 1a through 1e (Column (d) must e	qual Form 990 Par	Y column (R) line	10(c)			9	038.

Schedule D (Form 990) 2010

	t XI Reconciliation of Change in Net Assets from Form 990 t			<u>52-</u>	<u>1792608</u> ts	Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		3,958	239
2	Total expenses (Form 990, Part IX, column (A), line 25)				5,702	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		2		-1,744	
	Net unrealized gains (losses) on investments		3			403.
4 5	Donated services and use of facilities		5			
6	Investment expenses		6		•	
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8		· ·	
9	Total adjustments (net) Add lines 4 through 8		9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	and Q	10		-1,744,	
	t XII Reconciliation of Revenue per Audited Financial Statem			Return		403.
1	Total revenue, gains, and other support per audited financial statements			1	4,228	219.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				1,220	2 = 3 •
- а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities		69,980	_	•	
-	Recoveries of prior year grants	2c 2	03/300	•		
d	Other (Describe in Part XIV)	2d	· ···	-		
	Add lines 2a through 2d	201	•	2e	269	980.
3	Subtract line 2e from line 1			3	3,958	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				3,330,	233.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b		1		
c	Add lines 4a and 4b			4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	3,958	
Par	t XIII Reconciliation of Expenses per Audited Financial Staten	nents With Exp	enses pe	r Retu		
1	Total expenses and losses per audited financial statements			1	5,972,	682.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a 2	69,980			
b	Prior year adjustments	2b]		
С	Other losses	2c				
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d			2e	269	980.
3	Subtract line 2e from line 1			3	5,702	702.
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				
С	Add lines 4a and 4b			4c		0.
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIV Supplemental Information			5	5,702	702.
Ь	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part	III. lines 1a and 4 F	Part IV lines	1b and	2h Part V line	4 Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also con					-, , art
	RT X, LINE 2: IN JUNE 2006, THE FINANCIAL		-			
		110,000111111	0 011111	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>	
<u>(F</u>	ASB) RELEASED FASB ASC 740-10, INCOME TAXE	ES, THAT P	ROVIDES	S GU	IDANCE E	FOR
REI	PORTING UNCERTAINTY IN INCOME TAXES. FOR T	THE YEAR E	NDED DI	ECEM	BER 31,	
200	9, THE FOUNDATION HAS DOCUMENTED ITS CONS	SIDERATION	OF FAS	SB A	SC 740-1	LO
ANI	DETERMINED THAT NO MATERIAL UNCERTAIN TO	AX POSITIO	NS QUA	LIFY	FOR EIT	THER
REC	COGNITION OR DISCLOSURE IN THE FINANCIAL S	STATEMENTS	.•			
			=			

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

2010
2010
Open to Públic Inspection

Schedule I (Form 990) (2010) 2 | Employer identification number 52-1792608 SUPPORT FOR FELLOWSHIP (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any PROGRAMS recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed and address of organization (b) EIN (c) IRC section or government assistance or government as government 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 15,000 FOUNDATION FOR THE NATIONAL ARCHIVES LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) Enter total number of section 501(c)(3) and government organizations 83-0426548 General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization ADMINISTRATION TRUST FUND - 700 PENNSYLVANIA AVENUE, NW -NATIONAL ARCHIVES RECORDS WASHINGTON DC 20408 Name of the organization Part I

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

FOUNDATION FOR THE NATIONAL ARCHIVES

Employer identification number 52-1792608

Pa	art I Questions Regarding Compensation	-		
	_		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			ĺ
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
		1b		ĺ
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply			
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III	- 1		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		_X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

FOUNDATION FOR THE NATIONAL ARCHIVES

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of W-2	W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(5)	(Q)	(E)	(F)
					Retirement and	Nontaxable	Total of columns	Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)·(D)	reported in prior Form 990 or
	3	181 116	C	c	9 073	5 840	196 029	
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12	3						•	
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13	Ξ							
	Ξ							
14	Ξ							
	Ξ							
15	(ii)							
	Ξ							
16	⊞							

Schedule J (Form 990) 2010

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number FOUNDATION FOR THE NATIONAL ARCHIVES 52-1792608 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: MUSEUM ACTIVITIES INCLUDE DIVERSE WAYS WE SUPPORT THE AUDIENCE DEVELOPMENT, MUSEUM BRANDING AND MARKETING PROMOTING THE NATIONAL ARCHIVES EXPERIENCE, INCLUDING THE CURRENT ASK THE OUESTION CAMPAIGN, WHICH HAS PLACED ADVERTISING IN NATIONAL MEDIA AS WELL AS LOCALLY, IN METRO STATIONS, ON CITY BUSES, AND IN BUS SHELTERS IN WASHINGTON. WE STRIVE TO DEVELOP STRATEGIC AUDIENCES FOR DIVERSITY. EXPENSES \$ 585,838. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. THE WILLIAM G. MCGOWAN THEATER IS WASHINGTON'S PREMIER VENUE FOR DOCUMENTARY FILMS, AUTHOR LECTURES, AND HIGH-PROFILE PANEL DISCUSSIONS EXPLORING HISTORICAL TOPICS AS WELL AS THE MOST PRESSING ISSUES OF THE DAY. THE FOUNDATION NOT ONLY RAISED THE FUNDS TO BUILD THE STATE-OF-THE-ART, 294-SEAT THEATER, BUT ALSO SUPPORTS AND MARKETS ITS ONGOING PROGRAMMING, WHICH IS FREE TO THE PUBLIC. EXPENSES \$ 146,785. INCLUDING GRANTS OF \$ 0. REVENUE S 0. PUBLICATIONS INCLUDE CATALOGUES TO ACCOMPANY EXHIBITIONS AS WELL AS BOOKS ON DOCUMENTS FOUND IN THE NATIONAL ARCHIVES. IN THE PAST YEAR, THE FOUNDATION HAS PRODUCED CATALOGUES FOR RUNNING FOR OFFICE AND BIG! ITS CURRENT PRODUCTION IS A COFFEE TABLE BOOK, CONTAINING STUNNING REPRODUCTIONS OF DOCUMENTS AND RECORDS HOUSED IN THE ARCHIVES, AS WELL AS A BOOK ON THE NATIONAL ARCHIVES BUILDING THAT WILL SERVE AS A LAYPERSON'S GUIDE TO THE ARCHITECTURAL AND SCULPTURAL DETAILS OF JOHN RUSSELL POPE'S MASTERWORK. EXPENSES \$ 153,210. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010) 032211 01-24-11

EDUCATION IN THE BOEING LEARNING CENTER, PLAYS A VITAL ROLE IN TRAINING HISTORY AND CIVICS TEACHERS TO USE NATIONAL ARCHIVES RECORDS IN CLASSROOM LESSONS AROUND THE COUNTRY. LAST YEAR, THE LEARNING CENTER TEAM CONDUCTED MORE THAN 50 WORKSHOPS AND HOSTED NEARLY 80 FIELD TRIPS FOR MORE THAN 3.500 EDUCATORS AND STUDENTS IN WASHINGTON, AND PROVIDED MORE THAN 100 VIDEOCONFERENCES TO REACH THOUSANDS MORE AROUND THE NATION. EDUCATION SUPPORT ALSO HELPS NATIONAL HISTORY DAY FOR WASHINGTON DC STUDENTS, AS WELL AS EDUCATIONAL INTERACTIVES FOR THE WEB. EXPENSES \$ 63,854. INCLUDING GRANTS OF \$ 15,000. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE EXECUTIVE DIRECTOR AND THE ACCOUNTING MANAGER. UPON THE DETERMINATION OF THE ACCURACY OF THE REPORT, THE EXECUTIVE DIRECTOR GAVE THE APPROVAL FOR THE 990 TO BE FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS SIGNED ANNUALLY AND REVIEWED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15A: THERE IS A CONTRACT RENEWAL FOR THE EXECUTIVE DIRECTOR EVERY 2-3 YEARS. THE EXECUTIVE DIRECTOR AND THE DIRECTOR OF ADMINISTRATION CONDUCT SALARY RESEARCH ON COMPARABLE INDUSTRY AND SIMILAR-SIZED NONPROFIT ORGANIZATIONS. THE FINDINGS OF THIS RESULTS ARE PRESENTED TO OFFICERS OF THE BOARD FOR RECOMMENDATIONS. THE LAST SALARY REVIEW TOOK PLACE IN 2009.

Part VII Section A. Officers, Director	Trustees Key E								52-113	2000
Coolion 711 Oniocio, Directo.	l l	mpic	byee		<u>na r</u> C)	ngn	est			(E)
` (A) Name and title	(B) Average	1		Pos				(D) Reportable	(E) Reportable	(F) Estimated
Name and title	hours	(c		call 1			lv)	compensation	compensation	amount of
	per		Γ					from	from related	other
	week			1		o yee		the	organizations	compensation
		recto				emp		organization	(W-2/1099-MISC)	from the
		D so d	ige			sated		(W-2/1099-MISC)		organization
		truste	al trus		yee	mpeu				and related organizations
		Individual trustee or director	Institutional trustee	5	Key employee	Highest compensated employee	- E			Organization o
		lag.	Instr	Officer	Key 6	를	Former			
JOHN PAYTON										
BOARD MEMBER	1.80	X		<u> </u>				0.	0.	0.
MOLLY RAISER							1			
BOARD MEMBER	1.80	X						0.	0.	0.
HENRY RIVERA										
BOARD MEMBER	1.80	X	<u> </u>	L				0.	0.	0.
ANNA ROOSEVELT										
BOARD MEMBER	1.80	X						0.	0.	0.
HOWARD J. RUBENSTEIN									,	
BOARD MEMBER	1.80	X			_	ļ <u>.</u>		0.	0.	0.
DEBORAH RATNER SALZBERG									_	_
BOARD MEMBER	2.00	X	<u> </u>	ļ		ļ		0.	0.	0 .
ALBERT H. SMALL									_	_
BOARD MEMBER	2.50	X	┡	ļ				0.	0.	0.
JOHN FOX SULLIVAN	1 00									•
BOARD MEMBER	1.80	X	-	<u> </u>		<u> </u>	_	0.	0.	0.
RILEY TEMPLE	1 00	,,		}						0
BOARD MEMBER	1.80	X	-				├	0.	0.	0 .
TOM WHEELER	1.80	x						0.	0.	0.
BOARD MEMBER	1.00	^	-	 	\vdash		┢	1	0.	<u> </u>
JOHN H. ZENTAY	1.80	X						0.	0.	0 .
BOARD MEMBER JAY ZIMMERMAN	1.00	A				-	\vdash	0.	0.	<u>_</u>
	1.80	x					1	0.	0.	0 .
BOARD MEMBER JOHN MANISCALCO	1.00	1	\vdash	1-	\vdash					-
YSF REPRESENTATIVE	1.80	x						0.	0.	0
THORA COLOT	2.00	<u></u>					<u> </u>			
EXECUTIVE DIRECTOR	40.00			X	1			181,116.	0.	14,913
E. PATRICIA COLEMAN			1	 -		<u> </u>				
ACCOUNTING MANAGER	40.00			X				70,168.	0.	10,153
								, , ,	-	
				<u> </u>	<u> </u>	<u> </u>				
				-						
<u></u>			<u> </u>	<u> </u>	<u>L</u>	<u> </u>	<u> </u>			
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							1			
			<u> </u>	1	<u> </u>		<u> </u>	<u> </u>		
										0.7
Total to Part VII, Section A, line 1c								251,284.	<u> </u>	25,066