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### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2010

Department of the Treasury Internal Revenue Service

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

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

**Open to Public** 

Inspection

20 For the 2010 calendar year, or tax year beginning 2010, and ending D Employer identification number C Name of organization Check if applicable: Doing Business As 74-11*293*2 Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number Name change Initial return City or town, state or country, and ZIP + 4 Terminated 671 G Gross receipts \$ Amended return F. Name and address of principal officer: Application pending H(a) Is this a group return for affiliates? Yes 00 H(b) Are all affiliates included? Yes X No If "No," attach a list. (see instructions) 501(c)(3) 501(c) ( ) ◀ (insert no.) Tax-exempt status: Website: ▶ H(c) Group exemption number ▶ Form of organization: Corporation Trust ☐ Association ☐ Other ▶ M State of legal domicile: Year of formation: Part I Briefly describe the organization's mission or most significant activities: Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a). 3 000 Number of independent voting members of the governing body (Part VI, line 1b) 4 35000 5 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990=7-line-3 Prior Year **Current Year** D 8 Contributions and grants (Part VIII, line 1h) ! Program service revenue (Part VIII, line 2g) Revenue 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 55 Other revenue (Part VIII. column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . D 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 43254 16a Professional fundraising fees (Part IX, column (A), line 11e) . Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f). 8035128 17 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 278389 19 Revenue less expenses. Subtract line 18 from line 12 666 135 Beginning of Current Year 20 Total assets (Part X, line 16)

22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block

Total liabilities (Part X, line 26) .

21

SCANNIED JUN 22

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

Sign Here	Signature of officer  Type or print name and title	Palasota	Controller		Date	5-13-1	1
Paid Preparer	Print/Type preparer's name	Preparer's si	gnature	Date		Check I if self-employed	PTIN
Use Only	Firm's name ▶	Firm's EIN ▶					
	Firm's address ▶				Phone	e no.	
May the IRS	discuss this return with th	e preparer shown abo	ve? (see instructions) .				Yes 🗌 No
For Donorwo	de Reduction Act Notice, co.	a the concrete instruction	nnc	O-1 N- 44000	,		5 000 0040

Cat. No. 11282Y

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OHILL	ココレ	120101

Part	Ш	Statement of Program Service Check if Schedule O contains	ce Accomplishments a response to any question in this Part III	🗆
1		fly describe the organization's mi	e + inneral Produts + Services	6
	<u>.Q.</u>	ur Members at	reasonable costs.	
			·	
2	prio	r Form 990 or 990-EZ?	ignificant program services during the year which were not listed on the	☐ Yes X No
3		es," describe these new services	on Schedule O. ting, or make significant changes in how it conducts, any program	•
	serv	ices?		□ Yes 📈 No
4		<del>_</del>	ements for each of the organization's three largest program services by exp	enses. Section
			and section 4947(a)(1) trusts are required to report the amount of grants an ue, if any, for each program service reported.	d allocations to
4a	(Co	de:) (Expenses \$	including grants of \$ ) (Revenue \$	)
4b	(Co	de:) (Expenses \$	including grants of \$) (Revenue \$	)
		***************************************		
4c	(Co	de:) (Expenses \$	including grants of \$) (Revenue \$	)
		****		
				*
		***************************************		************************
4d		er program services. (Describe in		<del> </del>
4e		penses \$ including all program service expenses •	g grants of \$ ) (Revenue \$ )	

Form 99 Part			F	age
rart t	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			X
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		X
4	candidates for public office? If "Yes," complete Schedule C, Part I	3 4		X 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		X
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, VIII, IX, or X as applicable.	To the		
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
	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		X
	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? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		X
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		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.	11f		<u>х</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	_	X
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 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	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 (see instructions)	17		X
18 19	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	If "Yes," complete Schedule G, Part III	19		X

20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H .

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)

20a

Part IV	Checkli	st of Requ	ired Schedule:	s (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		<del>X</del> Y
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	Χ	
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
c b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<u> </u>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		$\overline{\chi}$
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		_ X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
C	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 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		$\overline{\chi}$
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? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Ż
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>,                                    </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		$\overline{\chi}$
		For	n 990	(2010)

Part V  Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Page  Yes No
Check if Schedule O contains a response to any question in this Part V	
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	
c Did the organization comply with backup withholding rules for reportable payments to vendors ar reportable gaming (gambling) winnings to prize winners?  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  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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?  If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	
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<ul> <li>b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O</li></ul>	3a X
<ul> <li>At any time during the calendar year, did the organization have an interest in, or a signature or other authori over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</li> <li>b If "Yes," enter the name of the foreign country:</li> <li>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</li> <li>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</li> <li>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</li> <li>c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?</li> <li>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?</li> <li>b If "Yes," did the organization include with every solicitation an express statement that such contributions gifts were not tax deductible?</li> </ul>	3b X
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<ul> <li>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?</li> <li>b If "Yes," did the organization include with every solicitation an express statement that such contributions gifts were not tax deductible?</li> </ul>	5b ×
organization solicit any contributions that were not tax deductible?	5c X
b If "Yes," did the organization include with every solicitation an express statement that such contributions gifts were not tax deductible?	6a X
· · · · · · · · · · · · · · · · · · ·	
7 Organizations that may receive deductible contributions under section 170(c).	6b X
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	Program Tringson Seems
and services provided to the payor?	7a X
<ul> <li>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</li> <li>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was</li> </ul>	7b X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	as   7c   X
d If "Yes," indicate the number of Forms 8282 filed during the year	70
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	t? 7e 🗶
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	d? <b>7</b> g 💢
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	[23.007.5] [0.12.001] [0.12.00
organizations. Did the supporting organization, or a donor advised fund maintained by a sponsorir organization, have excess business holdings at any time during the year?	
9 Sponsoring organizations maintaining donor advised funds.	8   1
a Did the organization make any taxable distributions under section 4966?	9a X
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9b X
10 Section 501(c)(7) organizations. Enter:	
a Initiation fees and capital contributions included on Part VIII, line 12 10a 🗁	
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:  a Gross income from members or shareholders	
a Gross income from members or shareholders	
against amounts due or received from them.)	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a X
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	20.23990 2000-2007 20020
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	
a Is the organization licensed to issue qualified health plans in more than one state?	
Note. See the instructions for additional information the organization must report on Schedule O.	13a X
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	

c Enter the amount of reserves on hand . . . . .

14a Did the organization receive any payments for indoor tanning services during the tax year? . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

13b

13c

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang O. See instructions.  Check if Schedule O contains a response to any question in this Part VI	es in		
Occur	on A. devenning body and management		Yes	No
1a b 2	Enter the number of voting members of the governing body at the end of the tax year	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		X
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Does the organization have members or stockholders?  Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	4 5 6	X	X
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	X 数 数	
a b 9	The governing body?	8a 8b	X	<u> </u>
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	ode.)	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		
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		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	13.5		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		<u> </u>
14 15	Does the organization have a written document retention and destruction policy?	14		
а	The organization's CEO, Executive Director, or top management official	15a	erects)	
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		
	ion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ►  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)s only	y) ava	ailable
19	☐ Own website ☐ Another's website ☑ Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.	of inte	rest p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: > 501 West State Hwy b (254) 776-790		)	

<del>-</del> om	990	(2010	))

Page 7

# 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 VII . . . .

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	d orga	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
(A)	(B) (C)							(D)	(E)	(F)
Name and Title	Average hours per	Position (check all that apply						Reportable compensation	Reportable compensation from	Estimated amount of
	week	Indi or c	or d lnst		<u>\$</u>	eng H	Former	from	related	other
	(describe hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	nest	ם	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	al tr	onal		믕	9 0		(W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations in Schedule	uste	tz.		8	per				and related
	O)	Ď	stee		l	Highest compensated employee		}		organizations
(1) RAYMOND Weldon					$\vdash$	ă				<del></del>
(1) RAYMOND WeldON ChairMAN								1143.00		
(2) Austin Vasek		<u> </u>	$\vdash$		$\vdash$		H	1112,00	_	
Vice Chairman	1	1					l	-		
(3) JO ANN Brown							$\vdash$			
Secretary								1247.00		
(4) Louis Wadenegee										
Director		1						935.00		
								1, ~.		
Orector		_	-				-	63100	-	
(6) Karen Richardson		ر، ا	-				İ	_		
(7) RAIDL BANKDALE			H	$\vdash$			-			
Director	1	V						~		
(B) Joe Hutgra	40									
<u>CEO</u>	40	<u> </u>				<b>V</b>		61684	D	15000
(9) William Palasota	145	İ			ł	1				
CFO	40	<u> </u>		<u> </u>		<u> </u>	<u> </u>	116681	0	15000
(10)	-									
(11)			-		├		_			<del></del>
<u></u>	†									
(12)										
· · · · · · · · · · · · · · · · · · ·	1	1								
(13)										
			_	<u> </u>	L		L			
(14)		1				1				
(45)		ļ —	-	<del>                                     </del>	-	-	<u> </u>			
(15)	1		1							
(16)		1	$\vdash$	╁	╁	<del> </del>	$\vdash$			
\	†									

Part	VII Section A. Officers, Directors, Trus	tees, Key	Emplo	yee	es, a	and	Highe	est	Compensated	Employees	(continued)	1 ago O
	(A)	(B) Average	(C)						(D)	(E)	(F)	
	Name and title		Individual tr or director	nstitutional trustee	Officer	di Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation related organization (W-2/1099-M	from amount other compensa ISC) from the organization	of ation e lon
		organizations in Schedule O)	stee	rustee		ě	bensated				and relat organizati	
(17)												
(18)												
(19)												
(20)												···
(21)												
(22)												
(23)												
(24)												
(25)										<del></del>		
(26)										1		
(27)												-
(28)		-										
1b c d	Sub-total						· ·	<b>▶ ▶</b>				
2	Total number of individuals (including but reportable compensation from the organization)	t not limited					above	e) w	no received m	ore than \$10	00,000 in	
3	Did the organization list any former of employee on line 1a? If "Yes," complete								oloyee, or high			s No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150,	,000	)? <i>I</i>	f "Ye	s, "	complete Sch	nedule J for		
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co? If "Yes," o	ompe comp	nsa lete	tion <i>Scl</i>	fro hedi	m any ule J f	or s	related organi: such person	zation or ind	ividual 5	X
Section 1	on B. Independent Contractors  Complete this table for your five highest compensation from the organization.	compensat	ted in	dep	end	ent	contr	act	ors that receive	ed more tha	n \$100,000 of	
	(A) Name and business add	fress							(B) Description of s	services	(C) Compensation	n
			·					-				
2	Total number of independent contractor received more than \$100,000 in compensations.							th	nose listed ab	ove) who		
	Tooling that grou, ood in compens			. ya	1120							<b>90</b> (2010)

Part	Ť	Statement of Heve	enue			(A)	(0)	(0)	T
		•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts its	1a	Federated campaigns		1a	D		٠.	;	
gifts, grants lar amounts	b	Membership dues .	[	1b	D			h i	
is, g	С	Fundraising events .		1 <u>c</u>	D	· 5.			
ons, gift similar	d	Related organizations		<u>1d</u>	D			,	1
ns,	е	Government grants (conti		1e	δ				
ıtlo er s	f	All other contributions, giff					1	1	22 747
tribution other		and similar amounts not incl	1	1f			18 ~ 26 /		
Contributions, and other simi	g	Noncash contributions include			$\mathcal{L}$	3. 48 - 1 - Sec.			
	h	Total. Add lines 1a-1f	<u> </u>	·	<u></u> ▶	<u> </u>	92 2 2	وَيُسْفِينِ فِي مِنْ لِي الْمُرْكِينِ	
Program Service Revenue					Business Code	Branch Commence	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	The said of the sa	
eve	2a								
ě	b								
Ž	C				· · · - · · · · · · · · · · · · · · · ·				
လ္တ	d				<del></del>		l		
檀		All other program servi	ioo rovonu						
ဋ	g	Total. Add lines 2a–2f							
	3	Investment income (i				]		l	<u> </u>
		and other similar amou				11555161	11555161		11555 161
	4	Income from investment	-			11377101	1133319		11333 101
	5			•	•				
		1.0,0	(i) Real	<u> </u>	(ii) Personal		Carlo Variation		
	6a	Gross Rents	2593	2 2.00			Contract of		41.0
	b	Less: rental expenses	1800			7 St.	2.5		
	c	Rental income or (loss)		3.00					
	d	Net rental income or (le	oss) .		<b>.</b>	7933.00	_	7933.00	
	7a	Gross amount from sales of	(ı) Secunti	es	(iı) Other	73 PK 25 PK			
		assets other than inventory							
	b	Less: cost or other basis							
		and sales expenses .							
	С	Gain or (loss)							
	d	Net gain or (loss) .			▶				
o	_								
ğ	8a	Gross income from fur	ndraising						
ě.		events (not including \$		·					7.00
Other Reven		of contributions reported See Part IV, line 18 .							
Ę		•	• • •	· a					
δ	b	Less: direct expenses		. b		S. M. Walkaring			
	9a	Net income or (loss) from Gross income from gar			events . >	ANNOLISE CONTRA		HERRORAN FENCLISHER	
	74		ming activit		1	医视频系列		4.5.45	
	Ь	Less: direct expenses		· а . b					
	C	Net income or (loss) from				Fencile		V n. # 34 13 13 2 2 2 2 2	
	10a	Gross sales of inv				F 12 F 17 7	1 - 12 K 2 K 2 K 2 K 2 K 2 K 2 K 2 K 2 K 2		TO MOTE AND AND THE
		returns and allowance		. а		1			
	Ь	Less: cost of goods so	old	. b	<del></del>			Taran	
	c	Net income or (loss) from		-			<del>                                     </del>	1 1 2	*****
		Miscellaneous Re		•	Business Code				4. 118 . 7. 20126
	11a	ATM FIRS +MB	I + M: 5	<u>ر</u>		45292 0		45292.00	Harm 1997 (1994) and 1 1 1997 (1997) 24.
	b								
	С								
	d	All other revenue .		•		1589779	15 89 779	D -	1589 779
	е	Total. Add lines 11a-1			<del> •</del>		The state of the s		PARKET IN
	12	Total revenue. See in	structions		▶	13198165.	13144940	53225	13144 940

# Part IX Statement of Functional Expenses

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

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

	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	-D-	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	· ~ D-	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	-4-	D		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	-D- 276745	٥		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	- D-		:	
7 8	Other salaries and wages	2357239			
9 10	Other employee benefits	348755			
11 a b	Fees for services (non-employees):  Management	212 812			
c d	Accounting				
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees				
12 13	Advertising and promotion	271012 1538532			
14 15 16	Information technology				
17 18	Travel	118829			
19 20	Conferences, conventions, and meetings . Interest	3541383			
21 22 23	Payments to affiliates	596 569			
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.)				
a b c	LOAN LOSS Expense	141597			
d e					
25 26	All other expenses  Total functional expenses. Add lines 1 through 24f  Joint costs. Check here ▶ ☐ if following	9819931			
	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				

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	2343209	1	1861395
	2	Savings and temporary cash investments	4471768	2	10123783
	3	Pledges and grants receivable, net		_3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	_	5	
ts	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net	89052977	7	90 846 790
As	8	Inventories for sale or use		8	10 8 18 1 10
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b	5521627	10c	5248973
	11	Investments—publicly traded securities	156 262713	11	191925554
	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	2785812	15	3386554
	16	Total assets. Add lines 1 through 15 (must equal line 34)	260 438 106	16	303393049
	17	Accounts payable and accrued expenses	221 449 570	17	26/026279
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	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	D	22	<u> </u>
	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	Organizations that follow SFAS 117, check here ▶ ☐ and complete		26 - 3	
ည		lines 27 through 29, and lines 33 and 34.			
<u>ā</u>	27	Unrestricted net assets		27	
ä	28	Temporarily restricted net assets		28	
핕	29	Permanently restricted net assets		29	Particular Security Company of Company of Company
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶   and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund	2000	31	// 5 /
χA	32	Retained earnings, endowment, accumulated income, or other funds .	38988536	32	42 366 770
ž	33 34	Total net assets or fund balances	21 113811	33	3.3.00= 200
	34	Total liabilities and het assets/fullu balances	260 438 106	34	303393049 Form 990 (2010)

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
1 2 3 4 5 6	Other changes in net assets or fund balances (explain in Schedule O)	3198 362 3976 8988 0	25° 48° 75°	03 86
	Check if Schedule O contains a response to any question in this Part XII	<u>.</u>		
1	Accounting method used to prepare the Form 990: 💆 Cash 🗌 Accrual 🗍 Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		Yes	No
2a b	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a . 2b	X	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
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		
		Form	990	(2010)

### **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

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

OMB No. 1545-0047

Internal Revenue Service

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

Assets included in Form 990, Part X .

Part	III Organizations Maintaining	Collections of	Art, His	torical	Treasures	, or Oth	ner Similar /	Assets (cor	itinued)
3	Using the organization's acquisition, a collection items (check all that apply):								
а	☐ Public exhibition		d		oan or excha	nge prog	grams		
b	Scholarly research		е		ther				
C	☐ Preservation for future generation								
4	Provide a description of the organizat	ion's collections	and expl	ain how	they further	the orga	anization's ex	empt purpos	se in Part
	XIV.								
5	During the year, did the organization								
	assets to be sold to raise funds rather								s 🗌 No
Part					rganization	answer	ed "Yes" to	Form 990, I	Part IV,
	line 9, or reported an amoun								
1a	Is the organization an agent, trustee,	custodian or of	her interr	nediary	for contribut	ions or	other assets	not	
	included on Form 990, Part X?							· 🗌 Yes	s 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIV and comp	lete the f	ollowing	table:			- <u></u>	
								Amount	
C	Beginning balance					1c	+		
d	Additions during the year					1d	<del></del>		
е	Distributions during the year					1e			
f	Ending balance					<u>1f</u>			
	Did the organization include an amour	·-	Part X, line	€21? .				. □Yes	s 🗌 No
	If "Yes," explain the arrangement in Pa				107	-			
Par	V Endowment Funds. Comple								
	B. C. C. Labore	(a) Current year	(b) Pr	or year	(c) Iwo year	rs Dack	(d) Three years b		
1a	Beginning of year balance								
b	Contributions	<del></del>							
С	Net investment earnings, gains, and losses								* * * * * * *
	i i	<u> </u>	-			1			
d	Grants or scholarships Other expenditures for facilities and		<del> </del>			3			CHC -
E	programs					366			
	Administrative expenses					3			
f	End of year balance		-						
g 2	Provide the estimated percentage of t	he year end bala	nce held	200	<del></del>		to a vale to the		<u> </u>
a	Board designated or quasi-endowmer			a <b>s</b> .					
b	Permanent endowment		<sup>70</sup>						
C	Term endowment ▶ %								
3a	Are there endowment funds not in the		the organ	ization i	that are held	and adr	ninistered for	the	
	organization by:	, , , , , , , , , , , , , , , , , , , ,							res No
	(i) unrelated organizations							. 3a(i)	
	(ii) related organizations							. 3a(ii)	
b	If "Yes" to 3a(ii), are the related organi							. 3b	$\dashv$
4	Describe in Part XIV the intended uses	s of the organiza	tion's end	owmen	t funds.				
Par	VI Land, Buildings, and Equip	ment. See For	m 990, F	art X, I	ine 10.				
	Description of investment	(a) Cost or (invest		(b) Cos	st or other basis (other)		ccumulated preciation	(d) Book	value
	Land		<del></del>	1106	107		5 25 <b>8</b> 5 8	11061	70
b	Buildings				4960	00 10 47.7	5094	41398	
С	Leasehold improvements				<del></del>				<del></del>
d	Equipment						·····		
е	Other						· · · · · · · · · · · · · · · · · · ·		
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form	990, Part	X, colui	nn (B), line 10	O(c).) .	•	5248	973

Schedule D (Form 990) 2010		<u> </u>	Page 3
Part VII Investments—Other Securities		K, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year i	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			· · · · · · · · · · · · · · · · · · ·
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			···
(1)			# M. C. L. 26 - 2 - 104 - 1 - 100 -
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments—Program Related	i. See Form 990, Part	X, line 13.	
(a) Description of Investment type	(b) Book value	(c) Method of va Cost or end-of-year	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			· ·
(7)			
(8)			<u> </u>
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets. See Form 990, Pa	art X, line 15.		
	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)		-	
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, c		<u> </u>	<u> </u>
Part X Other Liabilities. See Form 990			
1. (a) Description of liability	(b) Amount		
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			

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

Part	·		ts
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		<del></del>
6	Investment expenses		<del></del>
7	Prior period adjustments		<del></del>
8	Other (Describe in Part XIV.)		<del></del>
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3		<del></del>
	XII Reconciliation of Revenue per Audited Financial Statements W		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 <del></del>	
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
ď	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3   
4			
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)	<del></del>	
С 5	Add lines <b>4a</b> and <b>4b</b>		4c
Part			
	Total expenses and losses per audited financial statements		
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1
2			
a			
b	Prior year adjustments		
C	Other losses		
đ	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)	***************************************	
C	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Part		10 P 4 14 5	. 0.4 10 10 10 10 10 10 10 10 10 10 10 10 10
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part		
	/, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2	a and 4b. Also comple	ete this part to provide
ally at	dditional information.		
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Schedule D (For		Page 5
Part XIV	Supplemental Information (continued)	
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### SCHEDULE L (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(8)(9)(10) ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

**Employer identification number** 

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No (1)(2)(3)(4)(5)(6)2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (f) Approved (e) in default? (a) Name of interested person and purpose (b) Loan to or from (c) Original (d) Balance due (g) Written by board or the organization? principal amount agreement? committee? Yes To From No Yes No Yes No (1) (2)(3)(4)(5)(6)(7) (8)(9) (10)Total Part III **Grants or Assistance Benefiting Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount and type of assistance organization (1) (2)(3) (4)(5)(6)(7)

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	zation's
					Yes	No
				······································		-
	· · · · · · · · · · · · · · · · · · ·				-	<u> </u>
V	Supplemental Information Complete this part to provide	additional information for re	esponses to question	ns on Schedule L (see instruction	ns).	
		***************************************				
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