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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form 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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2010

Open to Public Inspection

Form **990-EZ** (2010)

Cat. No. 10642I

A 1	For the	2010 calendar year, or tax year beginning $2/01$, 2010, and ending	2/5	اا 20. ا
_	Check if ap		nolover id	ientification number
	Address c		Ø~	BSV2V3
=	Name cha		dephone n	number
=	Initial retur		79 4	
	Terminate		<u>, </u>	, , , , , , , , , , , , , , , , , , ,
=	Amended		roup Exe	•
	Application	7	lumber I	
				if the organization is no t
-	Websit ax-exem			tach Schedule B 0-EZ, or 990-PF).
K	Check ▶	if the organization is not a section 509(a)(3) supporting organization and its gross receipts are norma	ily not m	ore than \$50,000. A
	Form 99	0-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions)		
•	to file a	return, be sure to file a complete return.		
LA	Add lines	5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part	li,	<u> </u>
line	25, col	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	► s	
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instr	uctions	s for Part I.)
		Check if the organization used Schedule O to respond to any question in this Part I		
	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	7944
	5a	Gross amount from sale of assets other than inventory 5a		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	Ь	Less: cost or other basis and sales expenses	7	
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundralsing events		
ø	а	Gross income from gaming (attach Schedule G if greater than		
Revenue	1 .	\$15,000) - APR 2 9 2011 - 6	႕ :	
Š	b	Gross income from fundraising events (not including \$ of contributions	į į	
æ	İ	from fundraising events-reported on-line-1) (attach Schedule G if the		
		sum of such gross income and contributions exceeds \$15,000) 6b	_	
	С	Less: direct expenses from gaming and fundraising events 6c	_	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtractions)	t	
		line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances		
	Ь	Less: cost of goods sold	_	
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	
	10	Grants and similar amounts paid (list in Schedule O) Control of the Control of th	10	3825
	11	Benefits paid to or for members	11	
S	12	Salaries, other compensation, and employee benefits	12	
38	13	Professional fees and other payments to independent contractors	13	
Expenses	14	Occupancy, rent, utilities, and maintenance	14	
ă	15	Both the state of	15	
	16	Other expenses (describe in Schedule 0) . Book Chist	16	- 2
	17	Total expenses. Add lines 10 through 16	17	3283
	18	Total expenses. Add lines 10 through 16		LANT 1
鱼	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		TOP
Net Assets	"	end-of-year figure reported on prior year's return)		
¥	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
Ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	4061
	,	The manufacture of the principles of the princip	1	1 100

For Paperwork Reduction Act Notice, see the separate instructions.

Pa	Balance Sheets. (see the instruction Check if the organization used Schedu	s for Part II.) le O to respond to any que	stion in this Part I	1	
	Oncor II the organization about correct	io o to roopona to any quo			(B) End of year
22	Cash, savings, and investments		10	6143 22	110204
23	Land and buildings			23	
24	Other assets (describe in Schedule O)			. 24	
25	Total assets		\cdots $1c$	6143 25	110204
26	Total liabilities (describe in Schedule O) .		· · * -	26	116 77
27	Net assets or fund balances (line 27 of colum			6143 27	110 SOF
Par	Statement of Program Service According Check if the organization used Schedu				Expenses ' uired for section
14/2-	t is the organization's primary exempt purpose?		Parti	501(c)(3) and 501(c)(4)
Desc	it is the organization's primary exempt purpose?	on's exempt purposes. In a dea	rand concise man		nizations and section
	ervices provided, the number of persons benefited, an			1 101	'(a)(1) trusts; optional thers.)
28		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		T
	*				
	(Grants \$) If this amou	nt includes foreign grants, ch	eck here	. ▶ 🔲 28a	
29					
					1 ×
					
	(Grants \$) If this amou	nt Includes foreign grants, ch	eck here	. ▶ 🗌 29a	
30					
	***************************************				-
		nt includes foreign grants, ch	eck here	. ▶ 🗌 30a	
31	Other program services (describe in Schedule O				1
	(Grants \$) If this amount	nt includes foreign grants, ch	eck here	. ▶ □ 31a	
	Total program service expenses (add lines 28				otions for Port IV
Par	List of Officers, Directors, Trustees, and K Check if the organization used Schedu				
Par	Check if the organization used Schedu	le O to respond to any que	stion in this Part I	V	(e) Expense
Par		le O to respond to any que	stion in this Part I	v	(e) Expense
	Check if the organization used Schedu	(b) Title and average hours per week	stion in this Part I (c) Compensation (If not paid,	(d) Contributions to employee benefit plans 8	(e) Expense account and
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AND STA	Check if the organization used Schedu	(b) Title and average hours per week	stion in this Part I (c) Compensation (If not paid,	(d) Contributions to employee benefit plans 8	(e) Expense account and
	Check if the organization used Schedu (a) Name and address So Shandan Elkini A So Shandan Elkini A DX9 Shandan D	(b) Title and average hours per week	stion in this Part I (c) Compensation (If not paid,	(d) Contributions to employee benefit plans 8	(e) Expense account and
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	Check if the organization used Schedu (a) Name and address So Shandan Elkini A So Shandan Elkini A DX9 Shandan D	(b) Title and average hours per week	stion in this Part I (c) Compensation (If not paid,	(d) Contributions to employee benefit plans 8	(e) Expense account and

Part	Check if the organization used Schedule O to respond to any question in this Part V		·
	Check if the organization used schedule of to respond to any question in this part v		Yes No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	les No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	+
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36	ナナ
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		1
b 38a	Did the organization file Form 1120-POL for this year?	37b	+
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-	
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities	┪ ┃	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶ ; section 4955 ▶	1	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		
_	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь	4
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	
41	List the states with which a copy of this return is filed.		
42a	The organization's books are in care of ► Lind State Telephone no. ► 40 Located at ► 2089 State Telephone no. ► 21P + 4 ► 12	195	ኃѕ᠔ኃኃ
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes No
	account)?	42b	
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. ▶□
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes No
b	completed instead of Form 990-EZ	44a	V
c	completed instead of Form 990-EZ	44b 44c	文
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	4

Form 99	0-EZ (2(010)						P	age 4
								Yes	No
45	Is any	related organization a controlled entity	y of the organization within the	meani	ng of section	n 512(b)(13)?	45		Y
a		e organization receive any payment fro							
		ing of section 512(b)(13)? If "Yes," Fo	orm 990 and Schedule R may	need	to be comp	leted instead of			
							45a		4
46		ne organization engage, directly or indir ndidates for public office? If "Yes," cor					46		+
Part '		Section 501(c)(3) organizations a					ll sec	tion	
		501(c)(3) organizations and section and 52, and complete the tables fo	4947(a)(1) nonexempt chari r lines 50 and 51.	table	trusts mus	t answer questic	ns 4	7–491	b
		Check if the organization used Sched	dule O to respond to any ques	Stion i	n this Part V	<u> </u>	<u> </u>		Щ
	5 144		dia O IS Was Bases Late Oak	4.4.	D4-0			Yes	No
47		ne organization engage in lobbying acti	-			 -	47	X	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
48		organization a school as described in se					48		\
49a		ne organization make any transfers to a	•	_			49a		1
50		s," was the related organization a secti plete this table for the organization's fiv					49b	20.00	4 400
30		byees) who each received more than \$1							u key
	Cilipi	yeas) who each received more than \$1	(b) Title and average		compensation	(d) Contributions to		Expen	90
	(a) Na	me and address of each employee paid more than \$100,000	hours per week	1	•	employee benefit plans & deferred compensation	ac	allowa	ınd
		(lian \$100,000	devoted to position			Octorios Compensation	Outer	anowa	unces
							l		
		Non		 					
				1	,	•			
		**************************************		1					
	•							•	
f	Total	number of other employees paid over \$	\$100,000						
51		plete this table for the organization's f			nt contracto	ors who each rec	eived	more	than
	\$100	000 of compensation from the organiz		one."					
		(a) Name and address of each independent contri	actor paid more than \$100,000		(b) Typ	e of service	(c) Co	npensa	ation
						İ			
		And the second s							
		11000							
						ł			
							•		
d	Total	number of other independent contracte	ors each receiving over \$100 00			J.			
52		ne organization complete Schedule A?	•		ne and 494	7(a)(1)			
JZ		xempt charitable trusts must attach a c					Yes		No
Linder o		of perjury, I declare that I have examined this retu		and state	ements and to				
true, co	rrect, an	d complete. Declaration of preparer (other than of	ficen is based on all information of which	h prepar	rer has any kno	wledge.	-go u	2 50	, ~
		1-1 11	**			11101	-		
Sien.	}	Nende Slu			1.	4123/1	1		
Sign		Signature of officer			1	Date			
Here		Landa Sta	ナく						
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature		Date	Check if	PTIN		
Prep						self-employed			
Use		Firm's name ▶				īrm's EIN ▶			
		Firm's address ▶				hone no.			
May ti	he IRS	discuss this return with the preparer sl	hown above? See instructions		<u>.</u>	<u> ▶ [</u>	Yes	ı	No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2010

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Employer identification number Name of the organization りんける Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives; (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III-Functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (1) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 119(1) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . 11g(iii) h Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) is the (vii) Amount of organization in col. (i) listed in your ne organization in col. (i) of your (described on lines 1-9 organization in col. support above or IRC section governing document? (i) organized in the support? U.S.? (see instructions)) No Yes Yes Yes (A) **(B)** (C) (D) (E)

Total

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(v	ri)	
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under							
<u> </u>	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)							
	on A. Public Support	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2000	(6) 2007	(0) 2000	(4) 2003	(0) 2010	(1) 10183	
•	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3	0	7	7	0	0	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	3	0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	D	-0-	D	8	3	
4	Total. Add lines 1 through 3	73	70	6	8	8	-62_	
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)			-				
6	Public support. Subtract line 5 from line 4.	<u> </u>	<u> </u>	L <u> </u>		<u> </u>	<u> L</u>	
	on B. Total Support	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	#8 Total	
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(C) 2008	2009	(e) 2010	(f) Total	
7	Amounts from line 4	O.	9	0	<u> </u>	1 O'	S	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	767/	6229	146547	<i>I</i> S3S	7944	8725	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	D	0	0	ð	200	0	
10	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	2	3	Ø	0	9	
11	Total support. Add lines 7 through 10	767/	6229	14645	7 <i>75</i> 33	7344	8734	
12	Gross receipts from related activities, etc					12		
13	First five years. If the Form 990 is for the organization, check this box and stop he	•	n's first, secon	•	•		, ,, ,	
Secti	on C. Computation of Public Suppo				<u> </u>			
14	Public support percentage for 2010 (line			1, column (f))		14 -	%	
15	Public support percentage from 2009 Sc	hedule A, Part	II, line 14 .			15 🔍	2 %	
16a	331/3% support test-2010. If the organi				d line 14 is 33¹	/3% or more, o	_	
	box and stop here. The organization qua	· · · · · · · · · · · · · · · · · · ·		-			· · 🕨 🗆	
b	331/s% support test—2009. If the organ	ization qualifie	s as a publicly	supported org	janization .		▶ □	
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "organization."	ets the "facts- facts-and-circu	and-circumsta umstances" tes	inces" test, cho st. The organiz	eck this box ar ation qualifies	nd stop here. I as a publicly s	Explain in supported	
b	10%-facts-and-circumstances test 2 15 is 10% or more, and if the organiza Explain in Part IV how the organization in supported organization	tion meets the	facts-and-ci	ircumstances" tances" test. T	test, check the	nis box and st	top here.	
18	Private foundation. If the organization d instructions						see	
					Sol	hedule A (Form 90	90 or 990-EZ) 2010	

Part III Support Schedul			
िशासी। Support Schedul			

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

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees	1					ļ
_	received. (Do not include any "unusual grants.")						<u> </u>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513			-, -, -, -, -, -, -, -, -, -, -, -, -, -			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b						
Secti	on B. Total Support		· I		•		
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	-	n's first, secon				
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2010 (line	8, column (f) d	livided by line 1	3, column (f))		15	%
16	Public support percentage from 2009 Sci			· · · · ·		16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2010 (•	,,,	•			<u> </u>
18	Investment income percentage from 2006						<u>%</u>
19a	331/3% support tests—2010. If the organ						
b	17 is not more than 3312%, check this box 3312% support tests—2009. If the organizatine 18 is not more than 3312%, check this	zation did not o	check a box on	line 14 or line	19a, and line 10	is more than	331/3%, and
20	Private foundation. If the organization di	_	_				
	i ii alo organizadoli di	T OIROCK A	200 OII III 0 14	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CHOCK THE DUA	500 11131	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

	-	i," to Form 990, Part IV, line 4, or For that have filed Form 5768 (election und		=				
		that have NOT filed Form 5768 (election						
	f the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then							
	Section 501(c)(4), (5), or (6) organizations: Complete Part III.							
	of organization	TOAT		Employer ider	ntification number			
	White Kive	2 EPN, TAC		158 /	1430267			
Par	t I-A Complete if the	e organization is exempt und	er section 501(c) or is a section 527 o	organization.			
1	Provide a description of	the organization's direct and indire	ct political campa	ign activities in Part IV.	_>			
2	Political expenditures .		<i>.</i> .					
3	Volunteer hours				3)			
		e organization is exempt und						
1		excise tax incurred by the organization						
2	•	excise tax incurred by organization	~					
3	_	ed a section 4955 tax, did it file Fo	-	ear?	Yes No			
4a					Yes No			
	If "Yes," describe in Part	iv. e organization is exempt und	or poetion E01/	a) avant antion EO1	(0)(2)			
		e organization is exempt uno			(0)(0).			
•	activities	expended by the ming organiz		> \$				
2		filing organization's funds contrib		▼.				
_	527 exempt function activi		_		N / - 2			
3	•	penditures. Add lines 1 and 2.	Enter here and	on Form 1120-POL	·····- <i>Q</i> 1 <i>P</i>			
	line 17b	•						
4	Did the filing organization	file Form 1120-POL for this year?			. Yes No			
5	Enter the names, addresse	es and employer identification num	nber (EIN) of all se	ection 527 political organiz	zations to which the filing			
•		nts. For each organization listed, e						
	the amount of political cor	ntributions received that were pror	nptly and directly	delivered to a separate p	olitical organization, such			
	as a separate segregated	fund or a political action committee	e (PAC). If addition	nal space is needed, provi	de information in Part IV.			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political			
	(-)		, ,	filing organization's	contributions received and			
				funds. If none, enter -0	promptly and directly delivered to a separate			
			ì		political organization. If			
				<u></u>	none, enter -0			
(1)			1					
		\						
(2)		1 1 1 1 1 1 1 1 1 1	į.					
		V /N	ļ					
(3)			4					
			 	<u> </u>				
(4)		}	1					
		 	 	 	 			
(5)		ļ	1					
(6)	······································							
,		1	1	1	I			

	t II-A Complete if the organizat section 501(h)).	ion is exempt ι	ınder section 5	01(c)(3) and file	d Form 5768 (ele	Page : ection under
AC	Check ► ☐ if the filing organization to	elongs to an af	filiated group.			
	Check ▶ ☐ if the filing organization of			trol" provisions a	apply.	
	Limits on Lo	bying Expendit	ures		(a) Filing	(b) Affiliated
	(The term "expenditures"	means amounts	paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influen	e public opinion	(grass roots lobby	/ing)	0	
b					0	
C		-			0	
d		*			70	
е	Total exempt purpose expenditures (a	dd lines 1c and 1	d)		7	
f	Lobbying nontaxable amount. Ente	r the amount fr	om the following	table in both	_	
	columns.				10	
	If the amount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amoun	t is:		
	Not over \$500,000		nount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000.	→	
	Over \$17,000,000	\$1,000,000.				
9	Grassroots nontaxable amount (enter	25% of line 1f)			4	
ħ	Subtract line 1g from line 1a. If zero or	less, enter -0-			4	
i	Subtract line 1f from line 1c. If zero or				D	
j	If there is an amount other than zer		1h or line 1i, did	the organization	file Form 4720	
	reporting section 4911 tax for this year	ur?		<u> </u>		Yes No
	4-	Year Averaging I	Period Under Sec	tion 501(h)		
	(Some organizations that r				plete all of the five	Ð
	columns below	r. See the instruc	ctions for lines 2a	through 2f on pa	age 4.)	
	Lobbyi	ng Expenditures	During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total	
2a	Lobbying nontaxable amount					-0	
b	Lobbying ceiling amount (150% of line 2a, column (e))					D	
С	Total lobbying expenditures					0	
d	Grassroots nontaxable amount					A	
е	Grassroots ceiling amount (150% of line 2d, column (e))					0	
f	Grassroots lobbying expenditures					-8_	

Schedule C (Form 990 or 990-EZ) 2010

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	riled	Form	5768
		(4	9)	(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a b	Volunteers?			
c d	Media advertisements?		¥	
e	Publications, or published or broadcast statements?		È	
t g	Grants to other organizations for lobbying purposes?	 	7	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	3	4	<u> </u>
i	Other activities? If "Yes," describe in Part IV	I		8 2
j	Total. Add lines 1c through 1i		_	
2a b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912	 	と	
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		4	
d Pari	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1(5).	or se	ction
, ar c	501(c)(6).	,(0), (<i>.</i> 30.	
	v (1			Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?		•	1
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . \(\frac{1}{2} \) Did the organization agree to carryover lobbying and political expenditures from the prior year?		•	2
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, I "Yes.")(5), c	or se	
1 2	Dues, assessments and similar amounts from members	of	1	
_	political expenses for which the section 527(f) tax was paid).		_	
a b	Current year	•	2a 2b	
C	Total	•	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	the		
	and political expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
Par				D !! d! Al
	lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; lete this part for any additional information.	and P	ал ॥-	B, IINE 11. AISO,
\/t	Slunteons Lobby legislatine for water St		la	. K
y 3			z sąwa	**************************************
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