

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## CISGF18QRL

Form	990-EZ (2010)				Page 2
Pa	Balance Sheets. (see the instructions for Part II.)				
	Check if the organization used Schedule O to respond to any question in the			<u> </u>	
		(A) Be	ginning of year	L,	(B) End of year
22	Cash, savings, and investments	<u> </u>	9,124.75	ightarrow	9,754.32
23	Land and buildings		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	23	
24	Other assets (describe in Schedule O)	<u> </u>		24	
25	Total assets	ļ	9,124.75		9,754.32
26	Total liabilities (describe in Schedule O)	L		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		9,124.75	27	9,754.32
Par					Expenses
	Check if the organization used Schedule O to respond to any question in the	is Part	<b>''</b> · · □		quired for section (c)(3) and 501(c)(4)
Wha	is the organization's primary exempt purpose?				enizations and section
	nbe what was achieved in carrying out the organization's exempt purposes. In a clear and concervices provided, the number of persons benefited, and other relevant information for each progra		ner, describe		7(a)(1) trusts; optional
	ervices provided, the number of persons benefited, and other relevant information for each progra	en tive.		for	others.}
28					
<u> </u>				- <del></del>	<u> </u>
•	(Grants \$ ) If this amount includes foreign grants, check here		. ▶ 🗆	28€	<u> </u>
29					
	(Grants \$ ) If this amount includes foreign grants, check here	<del></del>	. ▶ 🗆	<b>29</b> a	
30					
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
	(Grants \$ ) If this amount includes foreign grants, check here	<u></u>	. ▶ 🗆	30a	<u> </u>
31	Other program services (describe in Schedule O)		· · ·		
	(Grants \$ ) If this amount includes foreign grants, check here	<del></del>	. ▶ 📙	31 <i>e</i>	
	Total program service expenses (add lines 28a through 31a)			32	
Par	List of Officers, Directors, Trustees, and Key Employees. List each one even if not c	ompens	ated. (see the in		
	Check if the organization used Schedule O to respond to any question in the		(d) Contribution		(e) Expense
	(a) Name and address hours per week (If not	paid,	employee benefit;	plans &	& account and
	devoted to position enter	-0-1	deferred compen	samon	other allowances
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