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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

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)**

▶ 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

**Open to Public
Inspection**

A For the 2011 calendar year, or tax year beginning OCTOBER 1, 2011, and ending SEPTEMBER 30, 2012

B Check if applicable	C Name of organization	D Employer identification number
<input type="checkbox"/> Address change	<u>GRAND JUNCTION KIWANIS FOUNDATION</u>	<u>74-2286109</u>
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telephone number
<input type="checkbox"/> Initial return	<u>P.O. BOX 1377</u>	<u>(970) 242-3260</u>
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4	F Group Exemption Number
<input type="checkbox"/> Amended return	<u>GRAND JUNCTION</u> <u>CO</u> <u>81502</u>	
<input type="checkbox"/> Application pending		

G Accounting Method Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Tax-exempt status (ck only one) — 501(c)(3) 501(c) () ◀(insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L 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 II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 82,212.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions 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	3,762.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	1,529.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	76,921.
	c Less direct expenses from gaming and fundraising events	6c	36,012.
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	40,909.
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c 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	46,200.
	10 Grants and similar amounts paid (list in Schedule O)	10	42,365.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	8,164.
	17 Total expenses. Add lines 10 through 16	17	50,529.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,329.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	73,478.
	20 Other changes in net assets or fund balances (explain in Schedule O) <u>See I-20 Stmt</u>	20	16,977.
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	86,126.

SCANNED FEB 26 2015 10:25:17 AM

See I-10 Stmt
FEB 03 2012
See Form 990-EZ Part I Line 16 Other Expenses

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	86,052.	98,162.
23 Land and buildings	0.	0.
24 Other assets (describe in Schedule O)	100.	600.
25 Total assets	86,152.	98,762.
26 Total liabilities (describe in Schedule O)	12,674.	12,636.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	73,478.	86,126.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SUPPORT CHARITABLE PROGRAMS FOR YOUTH
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 <u>DISTRIBUTING TO NUMEROUS COMMUNITY ORGANIZATIONS PROVIDING SERVICES PRIMARILY TO YOUTH</u>		
(Grants \$ <u>32,500.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	32,500.
29 <u>PROVIDING SCHOLARSHIPS AS DIRECTED BY DONORS</u>		
(Grants \$ <u>9,865.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	9,865.
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	42,365.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W 2/1099 MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
VIKKI BELL 636 HORIZON DR, APT 503 GRAND JUNCTION CO 81506	PAST PRESIDENT 1.00	0.	0.	0.
BEVERLY TROESTER PO BOX 100 GRAND JUNCTION CO 81502	PRESIDENT 4.00	0.	0.	0.
STEWART CRUICKSHANK 560 RIO OSO LN GRAND JUNCTION CO 81507	DIRECTOR 1.00	0.	0.	0.
LYNN THOMPSON 1015 N 7TH STREET GRAND JUNCTION CO 81501	VICE PRESIDENT 1.00	0.	0.	0.
CATHY STATEN 136 N 7TH ST, STE 2 GRAND JUNCTION CO 81501	TREASURER 4.00	400.	0.	0.
CHRIS HOWARD 3215 E HALL CT, APT J CLIFTON CO 81520	SECRETARY 4.00	400.	0.	0.
RITA CRUMPTON 2422 S CRYSTAL CT GRAND JUNCTION CO 81507	PRESIDENT ELECT 1.00	0.	0.	0.
LEE KREIDLER 677 LONG RIFLE RD GRAND JUNCTION CO 81507	DIRECTOR 1.00	0.	0.	0.
HEATHER SMITH 2483 RIVERSIDE PARKWAY GRAND JUNCTION CO 81504	DIRECTOR 1.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O 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		X
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)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
37b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations Enter		
39a Initiation fees and capital contributions included on line 9		
39b 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 40a _____, section 4912 40a _____, section 4955 40a _____		
40b 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		X
40c 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 40c _____		
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d _____		
40e 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		X
41 List the states with which a copy of this return is filed 41 _____		

42a The organization's books are in care of **42a** | ALAN WATKINS CPA Telephone no **42a** | (970) 242-3260
 Located at **42a** | 2754 COMPASS DR. STE 200 GRAND JUNCTION CO ZIP + 4 81506

	Yes	No
42b 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 account)? If 'Yes,' enter the name of the foreign country 42b _____		X
42c See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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 _____		X

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 **43** | _____

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
44b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
44c Did the organization receive any payments for indoor tanning services during the year?		X
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If 'Yes,' was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE	NONE			

e Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

e Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

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	Date 02/02/15
	LYNN THOMPSON Type or print name and title	PRESIDENT

Paid Preparer Use Only	Print/Type preparer's name Alan E. Watkins, CPA	Preparer's signature	Date 2/2/15	Check <input type="checkbox"/> if self-employed	PTIN P01623461
	Firm's name ▶ Grand Mesa CPAs, LLC				
	Firm's address ▶ 2754 Compass Dr, Suite 200 Grand Junction CO 81506	Firm's EIN ▶ 20-4883397	Phone no (970) 242-3260		

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

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

2011

Open to Public Inspection

Name of the organization GRAND JUNCTION KIWANIS FOUNDATION	Employer identification number 74-2286109
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Part I 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)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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 33-1/3% 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 33-1/3% 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 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
 - a Type I b Type II c Type III – Functionally integrated d Type III – Other
- 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)
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3.						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
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.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33-1/3% support test – 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants'.)	0.	0.	200.	1,991.	3,726.	5,917.
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	114,163.	88,491.	83,459.	83,036.	76,921.	446,070.
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 Total. Add lines 1 through 5	114,163.	88,491.	83,659.	85,027.	80,647.	451,987.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						451,987.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	114,163.	88,491.	83,659.	85,027.	80,647.	451,987.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,751.	1,513.	986.	2,619.	1,529.	8,398.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,751.	1,513.	986.	2,619.	1,529.	8,398.
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 lns 9, 10c, 11, and 12.)	115,914.	90,004.	84,645.	87,646.	82,176.	460,385.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	98.18 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	1.82 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

- 19a **33-1/3% support tests – 2011.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b **33-1/3% support tests – 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		PANCAKE SALES (event type)	AUTUMN EVENT (event type)	NONE (total number)	(add column (a) through column (c))
REVENUE	1	Gross receipts	86,724.	12,632.	99,356.
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	86,724.	12,632.	99,356.
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	2,577.		2,577.
	7	Food and beverages	6,382.	5,733.	12,115.
	8	Entertainment			
	9	Other direct expenses	32,287.	2,259.	34,546.
	10	Direct expense summary Add lines 4 through 9 in column (d)			49,238.
11	Net income summary Combine line 3, column (d), and line 10			50,118.	

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(add column (a) through column (c))
REVENUE	1	Gross revenue			
EXPENSES	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d)			
	8	Net gaming income summary Combine lines 1, column (d) and line 7			

9 Enter the state(s) in which the organization operates gaming activities _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If 'No,' explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If 'Yes,' explain _____

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

SUPPORT OF JUNIOR COLLEGE WORLD SERIES	954.
KPTI	800.
KNOWLEDE BOWL	250.
SERVICE PROJECTS	200.
BANK CHARGES	10.
INSURANCE	250.
SECRETARY, TREASURER, WEB	1,200.
KIDS AGAINST HUNGER PROJECT	4,500.
Total	8,164.

Form 990-EZ, Page 2, Part IV
List of Officers, Directors, Trustees, & Key Employees Stmt

	average hours per week devoted to position	compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	benefits, contributions to employee benefit plans, and deferred compensation	amount of other compensation
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ERICK FIELD 503 HEMLOCK DR FRUITA CO 81521 Foreign City Foreign Country Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DAVE PRIDDY 924 VISTA CT GRAND JUNCTION CO 81506 Foreign City Foreign Country Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> WOODY WALCHER 3240 B 1/2 RD GRAND JUNCTION CO 81503 Foreign City Foreign Country Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DARLENE HALLMARK 2499 HIGHWAY 6&50 GRAND JUNCTION CO 81505 Foreign City Foreign Country	Title DIRECTOR Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DAVE PRIDDY 924 VISTA CT GRAND JUNCTION CO 81506 Foreign City Foreign Country Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> WOODY WALCHER 3240 B 1/2 RD GRAND JUNCTION CO 81503 Foreign City Foreign Country Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> WOODY WALCHER 3240 B 1/2 RD GRAND JUNCTION CO 81503 Foreign City Foreign Country Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DARLENE HALLMARK 2499 HIGHWAY 6&50 GRAND JUNCTION CO 81505 Foreign City Foreign Country	Title DIRECTOR Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> WOODY WALCHER 3240 B 1/2 RD GRAND JUNCTION CO 81503 Foreign City Foreign Country Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> WOODY WALCHER 3240 B 1/2 RD GRAND JUNCTION CO 81503 Foreign City Foreign Country Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DARLENE HALLMARK 2499 HIGHWAY 6&50 GRAND JUNCTION CO 81505 Foreign City Foreign Country	Title DIRECTOR Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DARLENE HALLMARK 2499 HIGHWAY 6&50 GRAND JUNCTION CO 81505 Foreign City Foreign Country	Title DIRECTOR Hours/Week 1.00	0.	0.	0.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CAMP FOR KIDS	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>	NONE	3,500.
	CAMP HOPE		
	763 24 1/2 ROAD		
	GRAND JUNCTION CO 81505		

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
FOOD AND CLOTHING	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>	NA	750.
	CLIFTON CHRISTIAN CHURCH		
	615 I-70 BUSINESS LOOP		
	CLIFTON CO 81520		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SOUNSELING FOR UNISURED YOUTH	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>	NA	1,000.
	THE COUNSELING AND EDUCATION CENTER		
	2708 PATTERSON ROAD		
	GRAND JUNCTION CO 81506		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
THERAPUTIC PROGRAM	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>	NA	700.
	DESERT EDGE THERAPY		
	538 36 3/4 ROAD		
	PALISADE CO 81526		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
BOOK PROGRAM	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>	NA	1,000.
	FRUITA THRIFT SHOP		
	142 S. PARK SQ		
	FRUITA CO 81521		

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
YOUTH CENTER	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>	NA	500.
	GIVING ADOLESCENTS NEW GOALS INC		
	202 NORTH AVE. STE 180		
	GRAND JUNCTION CO 81501		

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
FEMALE DEVELOPMENT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> GIRLS ON THE RUN 1445 N 7TH ST. STE A GRAND JUNCTION CO 81501	NA	750.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
FEMALE DEVELOPMENT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> GIRL SCOUTS OF CHIPETA 580 24 1/2 ROAD GRAND JUNCTION CO 81505	NA	1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
READING	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> GJ IMAGINATION LIBRARY 2793 SKYLINE CT GRAND JUNCTION CO 81506	NA	1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>FOOD, SHELTER CLOTHING</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>GRAND VALLEY CATHOLIC OUTREACH</u> <u>245 S. 1ST ST.</u> <u>GRAND JUNCTION CO 81501</u>	<u>NA</u>	<u>1,000.</u>

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>VOCAL DEVELOPMENT</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>GRAND VALLEY CHILDRENS CHOIR</u> <u>414 MAIN STREET</u> <u>GRAND JUNCTINO CO 81501</u>	<u>NA</u>	<u>500.</u>

If property other than cash was given, the following additional information needs to be provided

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>HEART DISEASE AWARENESS</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>HEART FOR HOPE</u> <u>830 24 1/2 ROAD</u> <u>GRAND JUNCTION CO 81505</u>	<u>NA</u>	<u>1,455.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
FAMILY FIRST	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> HILLTOP COMMUNITY RESOURCES 1331 HERMOSA AVE GRAND JUNCTION CO 81506	NA	1,050.

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
YOUTH GRIEVEMENT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> HOSPICE AND PALLATIVE CARE 3090 N 12TH ST, STE B GRAND JUNCTION CO 81501	NA	1,250.

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
NUTRITION	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> HOW ARE THE CHILDREN 1129 COLORADO AVE. GRAND JUNCTION CO 81501	NA	1,250.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
VOTING EDUCATION	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> KIDS VOTING MESA COUNTY 2523 N WESTGATE DR GRAND JUNCTION CO 81501	NA	1,000.

If property other than cash was given, the following additional information needs to be provided

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
RESPIRE CARE	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> MCHD HEALTHCARE PROGRAM 950 GRAND AVE. GRAND JUNCTION CO 81501	NA	1,250.

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CRISIS ASSISTANCE	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> MESA DEVELOPMENTAL SERVICES 950 GRAND AVE GRAND JUNCTION CO 81501	NA	2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
PARENT EDUCATION	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> PARENTING PLACE 516 15TH STREET GRAND JUNCTION CO 81501	NA	1,000.

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
INFANT AND TODDLER	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> MESA DEVELOPMENTAL SERVICES 950 GRAND AVE GRAND JUNCTION CO 81501	NA	500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
MENTORING	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> PARTNERS OF MESA COUNTY 1169 COLORADO AVE GRAND JUNCTION CO 81501	NA	2,000.

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
LOW INCOME ATHELETES	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> PLAY BACK SPORTS	NA	2,000.
	1102 WILDCAT WAY		
	FRUITA CO 81506		

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
AFTER SCHOOL TUTURING	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> RIVERSIDE EDUCATIONAL CENTER	NA	550.
	552 W. MAIN ST		
	GRAND JUNCTION CO 81501		

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
DISABLED	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> SPECIAL OLYMPICS	NA	2,000.
	384 INVERNESS PARKWAY STE 100		
	ENGLEWOOD CO		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHILD MENTORING	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> ST. MARY'S FOSTER GRANDPARENT 2232 N 7TH ST. STE 2 GRAND JUNCTION CO 81501	NA	250.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
HOMELESS TEENS	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> THE HOUSE, KARIS INC PO BOX 2837 GRAND JUNCTION CO 81502	NA	1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SUICIDE PREVENTION	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> WESTERN COLORADO SUICIDE PREVENTION 619 MAIN ST, STE 315 GRAND JUNCTION CO 81502	NA	1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
COUNSELING	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> WESTERN SLOPE CENTER FOR CHILDREN 259 GRAND AVE GRAND JUNCTION CO 81501	NA	1,245.

If property other than cash was given, the following additional information needs to be provided

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SCHOLARSHIPS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
EDUCATION	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> COLORADO MESA UNIVERSITY 1100 NORTH AVENUE GRAND JUNCTION CO 81501	NA	4,000.

If property other than cash was given, the following additional information needs to be provided

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SCHOLARSHIPS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
EDUCATION	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> UNIVERSITY OF COLORADO 1800 GRANT ST, STE 800 DENVER CO 80203	NA	2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
EDUCATION	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> WESTERN COLORADO COMMUNITY COLLEGE 1100 NORTH AVE GRAND JUNCTION CO 81501	NA	3,865.

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part I, Line 20

Description	Amount
UNREALIZED GAIN ON INVESTMENT ACCOUNTS CARRIED AT MARKET VALUE	16,977.
Total	<u>16,977.</u>