

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



efile GRAPHIC print - DO NOT PROCESS As Filed Data -**Short Form**

A For the 2012 calendar year, or tax year beginning 06-01-2012

DLN: 93492218009653

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

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

Open to Public

Inspection

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

, and ending 05-31-2013

Inspection

Check if applicable Address change Name change			LINETED CTATES PASSETTALL MOTTERS				entification number	
		-	ASSOCIATION 54-					
Initial return Terminated			Number and street (or P O box, if mail is not delivered to street address) Room/suite 803 WILDVIEW LANE	E Telepho	hone number			
_		ed return	City or town, state or country, and ZIP + 4 MANCHESTER, MO 63021		F Group E			
$\Gamma_{\scriptscriptstyle A}$	pplicati	ion pending	MANCHESTER, MO 03021		Numbei	•		
G A	ccoun	iting Method	▼ Cash	equired	If the to attach 0,990-E	Sche		
ΙW	ebsite	e: 🕨 www.usbw.	4 COM					
J Tax	k-exem	npt status(check	only one)— 501(c)(3) 501(c)(6) ◄(insert no) 4947(a)(1) or 527					
norr inst L A c	mally i ructio dd line	not more than ins) But if the es 5b, 6c, and (B) below) are	Inization is not a section 509(a)(3) supporting organization or a section 527 of \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990 organization chooses to file a return, be sure to file a complete return 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or m \$500,000 or more, file Form 990 instead of Form 990-EZ , Expenses, and Changes in Net Assets or Fund Balances (see	0-N (e-r	oostcard) f total as: ►\$ 1	may sets (. 32,1	be required (see Part II, line 25, 59	
			e organization used Schedule O to respond to any question in this Part I					
	1	Contributions	, gifts, grants, and similar amounts received			1	92,000	
	2	Program serv	ice revenue including government fees and contracts			2		
	3	Membership	dues and assessments			3	40,125	
	4	Investment II	ncome			4	34	
	5a	Gross amoun	t from sale of assets other than inventory 5a]		
Revenue	b	Less cost or	other basis and sales expenses]		
	c	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a) .			5c		
R	6	Gaming and f						
	а	Gross income						
	b		from fundraising events (not including \$of contributions ing events reported on line 1) (attach Schedule G if the					
		sum of such g	pross income and contributions exceeds \$15,000) 6b]		
	c	Less direct e	expenses from gaming and fundraising events 6c]		
	d	Net income o	r (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	line 6c)	6d		
	7a	Gross sales o	of inventory, less returns and allowances					
	b	Less cost of	goods sold					
	c	Gross profit o	r (loss) from sales of inventory (Subtract line 7b from line 7a)			7c		
	8	O ther revenu	e (describe in Schedule O)			8		
	9	Total revenue	a. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		•	9	132,159	
	10	Grants and si	mılar amounts paid (list in Schedule O)			10	6,000	
	11	Benefits paid	to or for members			11	19,979	
	12	Salaries, othe	er compensation, and employee benefits			12	16,667	
ě,	13	Professional fees and other payments to independent contractors				13	12,100	
Expenses	14	Occupancy, rent, utilities, and maintenance				14		
Ехр	15	Printing, publ	ıcatıons, postage, and shıppıng			15	21,095	
	16	O ther expens	es (describe in Schedule O)			16	24,270	
	17	Total expense	es. Add lines 10 through 16		•	17	100,111	
ets	18	Excess or (de	eficit) for the year (Subtract line 17 from line 9)			18	32,048	
ν. Ο	19	Net assets o	fund balances at beginning of year (from line 27, column (A)) (must agree wit	:h				
etAs		end-of-year f	gure reported on prior year's return)			19	149,203	
Š	20	O ther change	s in net assets or fund balances (explain in Schedule O)			20		
	21	Net assets or	fund balances at end of year Combine lines 18 through 20		. 🕨	21	181,251	

Form 990-EZ (2012)					Page 2
Part II Balance Sheets (see the II Check If the organization used		any question in this Pa	rt II		
		(A)	Beginning of year		(B) End of year
22 Cash, savings, and investments			165,193	22	181,317
23 Land and buildings				23	
24 Other assets (describe in Schedule O				24	
25 Total assets			165,193	25	181,317
26 Total liabilities (describe in Schedule (0)		15,990	26	66
27 Net assets or fund balances (line 27 of	column (B) must agree wi	th line 21)	149,203	27	181,251
Part III Statement of Program S	-		· —		Expenses
Check if the organization used	•	any question in this Pa	rt III . 🔽	Ι,	equired for section 501 (3) and 501(c)(4)
What is the organization's primary exempt TO PROMOTE THE BEST INTERESTS OF	•	SPECIFICALLY COLL	EGE BASKETBALL	org	anizations and section
FOR BOTH MEN AND WOMEN, THROUGH				494	47(a)(1) trusts,
CRAFT OF JOURNALISM, AND B COOPE	RATIVE EFFORTS WITH	ORGANIZATIONS DE	DICATED TO	opt	ional for others)
RELATED PURPOSES, SUCH AS THE NAT					
BASKETBALL HALL OF FAME, NCAA, OTH JOURNALISM EDUCATIONAL INSTITUT					
ACHIEVEMENTS IN SPORTSMANSHIP, P					
CONTRIBUTING TO THE ADVANCEMEN	T OF THE GAME TO STA	NDARDIZE FORMS AN	D PROCEDURES		
IN THE COMPILATION OF BASKETBALL					
AND FACILITIES TO IMPROVE THE DIS: WRITTEN MEDIA TO BRING BASKETBAL					
PROMOTE BETTER UNDERSTANDING AN					
AMONG BASKETBALL WRITERS AS A					
Describe the organization's program servic					
measured by expenses In a clear and cond benefited, and other relevant information fo		services provided, the n	umber of persons		
28 TO PROMOTE THE BEST INTERESTS		LL SPECIFICALLY CO	LIEGE	1	
BASKETBALL, FOR BOTH MEN AND WOM					
COLLEGE BASKETBALL PARTICIPANTS					
1959) - RECOGNIZING THE USBWA PLA RECOGNIZING THE COLLEGE BASKETBA					
1989) - RECOGNIZING THE NATIONAL			•		
WOMEN'S PLAYER, FRSHMAN AND COAC	CH OF THE YEAR 5 SELE	CTS THE ALL DISTRI	CT TEAMS 6		
SELECTS THE ALL-AMERICAN TEAMS FO					
COURAGEOUS WINNER ANNUALLY, RECINSPIRATION TO OTHERS 8 WORKS W					
BETWEEN JOURNALISTS AND COACHES					
COLLEGE BASKETBALL 10 TO BE A PRE			-		
THE MEMBERS, THE SPORT OF COLLEGE OF ALL PARTIES FOR THE BENEFIT OF T		JOURNALIST AND THE	INTERACTIONS		
	s amount includes foreign (grants, check here .	▶┌	28a	
29 TO PROMOTE THE BEST INTERESTS	OF SPORTS JOURNALISM	1. SPECIFICALLY THR	OUGH SPORTS		
JOURNALISTS AND STUDENTS OF THE					
AN ANNUAL SPORTS WRITING SEMINAR					
JOURNALISTS 2 AWARD OF AN ANNUA PROGRAM 3 ENCOURAGE AND RECOG	•				
BRING BASKETBALL WRTIERS TO GETHE					
JOURNALIST ETHICS					
· · · · · · · · · · · · · · · · · · ·	s amount includes foreign (<u> </u>	'	29a	
30 PROMOTION OF COLLEGE BASKETBA USBWA 2011 MEMBERSHIP DIRECTORY					
NEWSLETTER 3 PUBLICATION AND BRO			r MEMBER		
	s amount includes foreign (▶┌	30a	
31 Other program services (describe in Sch	nedule O)				
(Grants \$) If this	s amount includes foreign (grants, check here .	▶┌	31a	
32 Total program service expenses (add line			<u> ▶ </u>	32	
Part IV List of Officers, Directors, Trus Check if the organization used					
(a) Name and title	(b) Average hours per week	(c)Reportable compensation	(d) Health benef contributions t	-	(e) Estimated amount of other compensation
	devoted to position	(Forms W-2/1099-	employee benefit p		
	, i	MISC) (if not paid,	and deferred	-	
		enter -0-)	compensation		
See Additional Data Table					
See Additional Data Table					

(b) A verage hours per week devoted to position	(c)Reportable compensation (Forms 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
	hours per week	hours per week compensation (Forms W-2/1099-MISC) (if not paid,	hours per week compensation contributions to devoted to position (Forms W-2/1099-MISC) (if not paid, and deferred

	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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		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		No
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)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Co	35b		
c	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	35c		No
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	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		No
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? \cdot .	38a		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911, section 4912, section 4955			
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	40b		
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		No
41	List the states with which a copy of this return is filed			
42a	The organization's books are in care of • UNITED STATES BASKETBALL WRITERSDAVID SIVCOVICH CPA PC Telephone no	<u> </u>		-0339
	Located at ► 1855 BOWLES AVE STE 230 FENTON, MO ZIP + 4	6.3	3026	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	No
	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 the U S ?	42c		No
	If "Yes," enter the name of the foreign country 🕨			
	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			▶ □
			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	44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
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		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
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)	45b		No

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

orm 990-EZ (2012)						Page
						Yes	No
	rganization engage, directly es for public office? If "Yes,"			pehalf of or in opposition t			
	ection 501(c)(3) orga				· 46		No
A	Il section 501(c)(3) organ		questions 47-49b ai	nd 52, and complete th	ne tables	for lir	nes 50
	nd 51 heck if the organization used	d Schedule O to respond t	o any question in this F	art VI			_
			, -,		· · · · ·	Yes	No
17 Did the oi	rganızatıon engage ın lobbyıı	ng netwiting or have a coo	etion EO1/h) alastion in	affect during the tay year	_{r2}		
	complete Schedule C, Part I				. 47		
I8 Is the org	ganızatıon a school as descr	ibed in section 170(b)(1)((A)(II)? If "Yes," compl	ete Schedule E .	. 48		
19a Did the oi	rganızatıon make any transfe	ers to an exempt non-char	ritable related organiza	tion?	. 49a		
b If"Yes."	was the related organization	a section 527 organization	on?		. 49b		
	e this table for the organization				riistaas a	nd key	
	es) who each received more t						
	title of each employee paid e than \$100,000	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to	(e) Est	timated r compe	
	, ,	devoted to position	(Forms W-2/1099-	employee benefit plans and deferred	l l		
			MISC)	compensation			
of compe	e this table for the organization nsation from the organization and address of each indepe	n If there is none, enter "I	None "	(b) Type of service		ompen	
					-		
	umber of other independent c				·		
	organization complete Sche mpt charitable trusts must a				. ▶	Г Ye:	s 「 N
	of perjury, I declare that I have pelief, it is true, correct, and co						
	*****			2012.07.11			
ign 🖊 🧗	****** Signature of officer			2013-07-11 Date			
	JOE MITCH EXECTIVE DIRECTOR						
<u> </u>	Type or print name and title Print/Type preparer's name	Preparer's signature	e Dat	e Check T if PTI	N		
aid		JOHN E MORONEY		.3-08-05 self-employed			
reparer	Firm's name F DAVID SIVCO	OVICH CPA PC		Firm's EIN 📂			
se Only	Firm's address - 1855 BOWLES	S AVE STE 230		Phone no (636) 343	3-4511		
<u>*</u>	FENTON, MO	630261900					-
IL - IDC 4	scues this roturn with the pr				⊾ ┌∨.		No.

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Name of the organization UNITED STATES BASKETBALL WRITERS ASSOCIATION

Employer identification number

54-1048808

ldentifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990- EZ, PART I, LINE 16	EXPENSES PROMOTION 1,475 OFFICE 439 OFFICE 182 OFFICE 182 MVC EXPENSE 550 MVC EXPENSE 549 MVC EXPENSE 550 TELEPHONE 83 TELEPHONE 83 TELEPHONE 82 TRAVEL 526 TRAVEL 526 TRAVEL 526 EXECUTIVE TRAVEL 1,921 MONDAY BFAST & ADMIN CONF 4,509 PLAYER OF THE YEAR BREAKFAST 4,807 ADMIN MEETINGS 1,608 WEBSITE 5,500 BANK FEES 172 TOTAL 24,270
OTHER LIABILITIES	FORM 990- EZ, PART II, LINE 26	ACCOUNTS PAY ABLE AND ACCRUED EXPENSES 15,990 66
PRIMARY EXEMPT PURPOSE	FORM 990- EZ, PART III	TO PROMOTE THE BEST INTERESTS OF AMATEUR BASKETBALL, SPECIFICALLY COLLEGE BASKETBALL, FOR BOTH MEN AND WOMEN, THROUGH A THE RESPONSIBLE AND VIGOROUS PRACTICE OF THE CRAFT OF JOURNALISM, AND B COOPERATIVE EFFORTS WITH ORGANIZATIONS DEDICATED TO RELATED PURPOSES, SUCH AS THE NATIONAL ASSOCIATION OF BASKETBALL COACHES, BASKETBALL HALL OF FAME, NCAA, OTHER WRITERS' AND JOURNALISM ORGANIZATIONS AND JOURNALISM EDUCATIONAL INSTITUTIONS TO ENCOURAGE AND RECOGNIZE OUTSTANDING ACHIEVEMENTS IN SPORTSMANSHIP, PLAY, COACHING, SPORTS WRITING OR IN OTHER FIELDS CONTRIBUTING TO THE ADVANCEMENT OF THE GAME. TO STANDARDIZE FORMS AND PROCEDURES IN THE COMPILATION OF BASKETBALL STATISTICS AND TO SECURE IMPROVED PRESS SERVICES AND FACILITIES TO IMPROVE THE DISSEMINATION OF AND ACCESS TO BASKETBALL NEWS IN ALL WRITTEN MEDIA TO BRING BASKETBALL WRTIERS TOGEHTER IN A CLOSER BOND OF FELLOWSHIP TO PROMOTE BETTER UNDERSTANDING AND GREATER RESPECT AND BETTER WORKING RELATIONSHIPS AMONG BASKETBALL WRITERS AS A GROUP AND COACHES, PLAYERS, ATHLETIC DIRCTORS, SPORTS INFORMATION DIRECTORS, CONFERENCE AND NATIONAL ASSOCIATIONS AND OTHERS
FIRST ACCOMPLISHMENT	FORM 990- EZ, PART III, LINE 28	TO PROMOTE THE BEST INTERESTS OF AMATEUR BASKETBALL, SPECIFICALLY COLLEGE BASKETBALL, FOR BOTH MEN AND WOMEN THROUGH SELECTING, RECOGNIZING AND AWARDING COLLEGE BASKETBALL PARTICIPANTS WITH THE FOLLOWING 1 OSCAR ROBERTSON TROPHY (SINCE 1959) - RECOGNIZING THE USBWA PLAYER OF THE YEAR 2 HENRY IBA AWARD (SINCE 1959) - RECOGNIZING THE COLLEGE BASKETBALL COACH OF THE YEAR 3 WAYMAN TISDALE AWARD (SINCE 1989) - RECOGNIZING THE NATIONAL TOP FRESHMAN PLAYER OF YEAR 4 SELECTS A NATIONAL WOMEN'S PLAYER, FRSHMAN AND COACH OF THE YEAR 5 SELECTS THE ALL DISTRICT TEAMS 6 SELECTS THE ALL-AMERICAN TEAMS FOR MEN AND WOMEN (SINCE 1959) 7 SELECTS A MOST COURAGEOUS WINNER ANNUALLY, RECOGNIZING COACHES AND PLAYERS WHO PROVIDE INSPIRATION TO OTHERS 8 WORKS WITH THE NCAA TO PROVIDE BETTER WORKING REALTIONS BETWEEN JOURNALISTS AND COACHES 9 WORK WITH VARIOUS MEDIA FORMS TO PROMOTE COLLEGE BASKETBALL 10 TO BE A PRESENCE AT EACH FINAL FOUR EVENT PROMOTING THE USBWA, THE MEMBERS, THE SPORT OF COLLEGE BASKETBALL, SPORTS JOURNALIST AND THE INTERACTIONS OF ALL PARTIES FOR THE BENEFIT OF THE SPORT
SECOND ACCOMPLISHMENT	FORM 990- EZ, PART III, LINE 29	TO PROMOTE THE BEST INTERESTS OF SPORTS JOURNALISM, SPECIFICALLY THROUGH SPORTS JOURNALISTS AND STUDENTS OF THE CRAFT OF JOURNALISM 1 PROMOTE, ORGANIZE AND PERFORM AN ANNUAL SPORTS WRITING SEMINAR DURING THE FINAL FOUR EVENTS FOR STUDENT JOURNALISTS 2 AWARD OF AN ANNUAL 1,000 SCHOLARSHIP THROUGH THE WRITING SEMINAR PROGRAM 3 ENCOURAGE AND RECOGNIZE OUTSTANDING ACHIEVEMENTS IN SPORTS WRITING 4 BRING BASKETBALL WRTIERS TOGETHER IN A CLOSER BOND OF FELLOWSHIP TO PROMOTE JOURNALIST ETHICS
THIRD ACCOMPLISHMENT	FORM 990- EZ, PART III, LINE 30	PROMOTION OF COLLEGE BASKETBALL, JOURNALISTS AND MEDIA THROUGH PUBLICATION OF 1 USBWA 2011 MEMBERSHIP DIRECTORY 2 QUARTERLY PUBLICATION OF THE "TIPOFF" MEMBER NEWSLETTER 3 PUBLICATION AND BROADCAST OF THE USBWA WEB SITE

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492218009653

TY 2012 Compensation Explanation

Name: UNITED STATES BASKETBALL WRITERS

ASSOCIATION

EIN: 54-1048808

	1
Person Name	Explanation
JOE MITCH	
JOHN AKERS	
KRIK WESSLER PEORIA JOURNAL STAR	
DANA ONEIL	
FRANK BURLISON	
MATT VAUTOUR	
KEVIN ARMSTRONG	
STEVE WISEMAN	
PAT FORDE	
MIKE LOPRESTI	
TOM KEEGAN	
WALLY HALL	
TOM KENSLER	
CHRIS DUFRESNE	
MEL GREENBERG	
ERIC PRISBELL	
CHRIS DORTCH	
BILL POTTER	
WENDY PARKER	

Software ID: Software Version:

EIN: 54-1048808

Name: UNITED STATES BASKETBALL WRITERS

ASSOCIATION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportable compensation (Forms 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
JOE MITCH 2 EXECUTIVE DI	15 00	16,667		
JOHN AKERS 🕏 PRESIDENT	5 00	0		
1STVICE PRE	5 00	0		
DANA O'NEIL [®] 2ND VICE PRE	5 00	0		
FRANK BURLISON RD VICE-PRE	5 00	0		
MATT VAUTOUR OFFICER- DIS	2 00	0		
KEVIN ARMSTRONG 🕏 OFFICER- DIS	2 00	0		
STEVE WISEMAN OFFICER - DI	2 00	0		
PAT FORDE OFFICER - DI	2 00	0		
MIKE LOPRESTI® OFFICER - DI	2 00	0		
TOM KEEGAN ⁵³ OFFICER DIST	2 00	0		
WALLY HALL 5 OFFICER - DI	2 00	0		
TOM KENSLER OFFICER - 8	000 00	0		
CHRIS DUFRESNE	2 00	0		
MEL GREENBERG OFFICER - WO	2 00	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) A verage hours per week	(c)Reportable compensation	(d) Health benefits, contributions to	(e) Estimated amount
	devoted to position	(Forms W-2/1099- MISC) (if not paid, enter -0-)	employee benefit plans, and deferred compensation	of other compensation
ERIC PRISBELL® OFFICER - AT	2 00	0		
CHRIS DORTCH 5 OFFICER - AT	2 00	0		
BILL POTTER OFFICER - SI	2 00	0		
WENDY PARKER OFFICER - NE	2 00	0		