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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012, and ending 06-30-2013

B Check if applicable

☒ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

AIREDALE TERRIER CLUB OF AMERICA

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

5927 VANDERBILT AVE

City or town, state or country, and ZIP + 4

DALLAS, TX 75206

D Employer identification number

51-0197335

E Telephone number

(512) 423-4500

F Group Exemption Number

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: ☒ WWW.AIREDALE.ORG

J Tax-exempt status (check only one)—☐ 501(c)(3)☒ 501(c)(4) ☐ (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 ☒ \$ 61,263

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 ☒			
Revenue	1	Contributions, gifts, grants, and similar amounts received	6,565
	2	Program service revenue including government fees and contracts	18,768
	3	Membership dues and assessments	17,672
	4	Investment income	1
	5a	Gross amount from sale of assets other than inventory	5c
	5b	Less cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6	Gaming and fundraising events	6d
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
	6b	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)	
Expenses	6c	Less direct expenses from gaming and fundraising events	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7,071
	7a	Gross sales of inventory, less returns and allowances	7c
	7b	Less cost of goods sold	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8	Other revenue (describe in Schedule O)	8
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	50,077
	10	Grants and similar amounts paid (list in Schedule O)	10
	11	Benefits paid to or for members	11
	12	Salaries, other compensation, and employee benefits	12
Net Assets	13	Professional fees and other payments to independent contractors	400
	14	Occupancy, rent, utilities, and maintenance	14
	15	Printing, publications, postage, and shipping	15,872
	16	Other expenses (describe in Schedule O)	37,783
	17	Total expenses. Add lines 10 through 16	54,055
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-3,978
	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)	80,215
	20	Other changes in net assets or fund balances (explain in Schedule O)	2,304
	21	Net assets or fund balances at end of year Combine lines 18 through 20	78,541

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2012)

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	80,215	22	78,541
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	80,215	25	78,541
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	80,215	27	78,541

Part III

Statement of Program Service Accomplishments (see the instructions 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?
TO ENCOURAGE AND PROMOTE QUALITY IN THE BREEDING OF PURE-BRED AIREDALE TERRIERS AND TO DO ALL POSSIBLE TO BRING THEIR NATURAL QUALITIES TO PERFECTION TO URGE MEMBERS AND BREEDERS TO ACCEPT THE STANDARD OF THE BREED AS APPROVED BY THE AMERICAN KENNEL CLUB AS THE ONLY STANDARD OF EXCELLENCE BY WHICH THE BREED SHALL BE JUDGED TO EDUCATE JUDGES ABOUT THE STANDARD OF THE BREED AS APPROVED BY THE AMERICAN KENNEL CLUB TO DO ALL IN ITS POWER TO PROTECT AND ADVANCE THE INTERESTS OF THE BREED AND TO ENCOURAGE SPORTSMANLIKE COMPETITION AT DOG SHOWS, OBEDIENCE AND AGILITY TRIALS, FIELD AND HUNTING EVENTS, AND OTHER TYPES OF PERFORMANCE COMPETITIONS, AND TO SUPPORT RESCUE/ADOPTION ACTIVITIES

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

28

EDUCATE AND PROMOTE QUALITY IN THE BREEDING OF PURE-BRED AIREDALE TERRIERS
(Grants \$) If this amount includes foreign grants, check here

28a

29

TO ENCOURAGE AND PROMOTE QUALITY IN THE BREEDING OF PURE-BRED AIREDALE
(Grants \$) If this amount includes foreign grants, check here

29a

51,320

30

(Grants \$) If this amount includes foreign grants, check here

30a

31

Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

31a

32

Total program service expenses (add lines 28a through 31a)

32

51,320

Part IV

List of Officers, Directors, Trustees, and Key Employees (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 title	(b) Average 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
See Additional Data Table				

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 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 O	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	37a	
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?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	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	No
c	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 ANNE BARLOW Telephone no (512) 423-4500 Located at 5927 VANDERBILT AVE DALLAS, TX ZIP + 4 75206		
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 account)? 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.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country	42c	No
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	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	
45a	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

		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		No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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 title of each employee paid more than \$100,000	(b) 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

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

d	Total number of other independent contractors each receiving over \$100,000.	
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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
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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		2013-07-12 Date		
	ANNE BARLOW TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature DEBRA L LONG	Date 2013-07-18	Check ☒ if self-employed	PTIN
	Firm's name DL LONG CERTIFIED PUBLIC ACCOUNTANT			Firm's EIN	
	Firm's address PO BOX 140668 IRVING, TX 750140668			Phone no (972) 717-6696	

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

Software ID:
Software Version:
EIN: 51-0197335
Name: AIREDALE TERRIER CLUB OF AMERICA

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

(a) Name and title	(b) Average 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
LINDA BAAKE JARVIS  BOD CLASS OF	000 00	0		
FRANK STEVENS  BOD CLASS OF	000 00	0		
APRIL CLYDE  PRESIDENT	000 00	0		
PHILIP WEINBERGER  VICE PRESIDE	000 00	0		
SUE OURY  ASSISTANT SE	000 00	0		
SHIRLEY VANOVER  SECRETARY	000 00	0		
PAMELA MACOMBER  ASSISTANT TR	000 00	0		
ANNE BARLOW  TREASURER	000 00	0		
ALETTA MOORE  AKC DELEGATE	000 00	0		
PATRICIA GREGG  CLASS OF 201	000 00	0		
ELIZABETH JOSEPH  CLASS OF 201	000 00	0		
ROBERT LUCAS  VICE PRESIDE	000 00	0		
SUSAN RODGERS  CLASS OF 201	000 00	0		
JOHN TURBA  BOD CLASS 20	000 00	0		
MARTHA GRAHAM  VICE PRESIDE	000 00	0		

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

(a) Name and title	(b) Average 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
VIRGINIA M LATHAM SMITH  CLASS OF 201	000 00	0		
ELIZABETH MATTISON  BOD CLASS OF	000 00	0		
JEAN SURFUS  BOD CLASS OF	000 00	0		
MYRNA WHATMOUGH  BOD CLASS 20	000 00	0		
LISA BERGLIN  BOD CLASS OF	000 00	0		
BARBARA BROWN  BOD CLASS 20	000 00	0		
RHONDA DAVIS  BOD CLASS 20	000 00	0		
STEPHEN LEHRER  BOD CLASS 20	000 00	0		
KAREN COPLEY  BOD CLASS OF	000 00	0		

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization
AIREDALE TERRIER CLUB OF AMERICA

Employer identification number
51-0197335

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and email solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

- 3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.
-
-

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
		SHOWS AND EVENT (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	18,257		18,257
	2	Less Contributions . . .			
	3	Gross income (line 1 minus line 2)	18,257		18,257
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . . .			
	6	Rent/facility costs . . .			
	7	Food and beverages .	3,956		3,956
	8	Entertainment			
	9	Other direct expenses .	7,230		7,230
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine line 3, column (d), and line 10 ▶			
					(11,186)
					7,071

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 col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
Direct Expenses	6	Volunteer labor			
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

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 _____

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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SCHEDULE O
(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.**

OMB No 1545-0047

2012**Open to Public
Inspection**Name of the organization
AIREDALE TERRIER CLUB OF AMERICA**Employer identification number**

51-0197335

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	PROGRAM SERVICES TRAVEL 800 CART INVOICES 933 PEDIGREE & SHOWCASE PROGR 2,900 WEBSIT MAINTENANCE 11,450 MISC EXPENSE 3,777 SEMINARS 250 AKC FEES 220 AKC DUES 25 TELECOMMUNICATIONS 492 JUDGES FEES 441 OFFICE EXPENSE 802 TROPHY EXPNESE 5,042 BANK SERVICE CHARGES 13 INSURANCE 2,225 MEMBER REFUNDS 98 MISCELLANEOUS SUPPLIES 1,231 MISCELLANEOUS EXPENSES -1 INVENTORY ADJUSTMENT 1,807 STORAGE 2,238 DISASTER RELIEF GRANT 1,000 DONATIONS 2,040 TOTAL 37,783
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990-EZ, PART I, LINE 20	OTHER INCREASES 2,304
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	TO ENCOURAGE AND PROMOTE QUALITY IN THE BREEDING OF PURE-BRED AIREDALE TERRIERS AND TO DO ALL POSSIBLE TO BRING THEIR NATURAL QUALITIES TO PERFECTION TO URGE MEMBERS AND BREEDERS TO ACCEPT THE STANDARD OF THE BREED AS APPROVED BY THE AMERICAN KENNEL CLUB AS THE ONLY STANDARD OF EXCELLENCE BY WHICH THE BREED SHALL BE JUDGED TO EDUCATE JUDGES ABOUT THE STANDARD OF THE BREED AS APPROVED BY THE AMERICAN KENNEL CLUB TO DO ALL IN ITS POWER TO PROTECT AND ADVANCE THE INTERESTS OF THE BREED AND TO ENCOURAGE SPORTSMANLIKE COMPETITION AT DOG SHOWS, OBEDIENCE AND AGILITY TRIALS, FIELD AND HUNTING EVENTS, AND OTHER TYPES OF PERFORMANCE COMPETITIONS, AND TO SUPPORT RESCUE/ADOPTION ACTIVITIES
ALL OTHER ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 31	TO ENCOURAGE AND PROMOTE QUALITY IN THE BREEDING OF PURE-BRED AIREDALE

TY 2012 Compensation Explanation

Name: AIREDALE TERRIER CLUB OF AMERICA

EIN: 51-0197335

Person Name	Explanation
LINDA BAAKE JARVIS	
FRANK STEVENS	
APRIL CLYDE	
PHILIP WEINBERGER	
SUE OURY	
SHIRLEY VANOVER	
PAMELA MACOMBER	
ANNE BARLOW	
ALETTA MOORE	
PATRICIA GREGG	
ELIZABETH JOSEPH	
ROBERT LUCAS	
SUSAN RODGERS	
JOHN TURBA	
MARTHA GRAHAM	
VIRGINIA M LATHAM SMITH	
ELIZABETH MATTISON	
JEAN SURFUS	
MYRNA WHATMOUGH	
LISA BERGLIN	
BARBARA BROWN	
RHONDA DAVIS	
STEPHEN LEHRER	
KAREN COPLEY	