Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

OMB No 1545-0047

▶ Do not enter social security numbers on this form, as it may be made public. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990EZ for instructions and the latest information. 2006

Open to Public Inspection

	i oi tile	2019 Calcilu	ar year, or tax year beginning jury 1,	, 2019, and ending			, 20 20			
B Check if applicable		oplicable	C Name of organization		D Emp	loyer id	lentification number			
	Address c	change			51-0243312					
	Name cha	inge	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Tele	elephone number				
닏	Initial retui	m	P. O. Box 341		٠. ا	61	18-967-8193			
닏		n/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Gro	F Group Exemption				
H	Amended			O۲		nber I	•			
_		n pending	Marion, IL 62959 ✓ Cash Accrual Other (specify) ►				of the organization is not			
		ting Method [.]	V Casi				ach Schedule B			
	Website			7(-)(4)	•		0-EZ, or 990-PF)			
			eck only one) — ☐ 501(c)(3)		(r Oilli s	30, 33	0-LZ, 0r 330-r r)			
				Other						
			7b to line 9 to determine gross receipts. If gross receipts are \$200,		otai assets					
			\$500,000 or more, file Form 990 instead of Form 990-EZ		• •	\$				
P	art I		ie, Expenses, and Changes in Net Assets or Fund E							
		Check if	the organization used Schedule O to respond to any que	estion in this Pa	tl	<u> </u>	<u> </u>			
	1	Contribution	ons, gifts, grants, and similar amounts received			1				
	2	Program s	ervice revenue including government fees and contracts			2	3,705			
	3	Membersh	nip dues and assessments			3	32,644			
	4	Investmen	•			4	129			
	5a		ount from sale of assets other than inventory	5a			えれつりに			
	Ь		or other basis and sales expenses	5b		1./	NOV 1 0 2020			
	- C		ss) from sale of assets other than inventory (subtract line 5b	from line 5a)		/5e	NOV .			
	6,		nd fundraising events:	7		159	1.9 2020			
	a		come from gaming (attach Schedule G if greater than			, "	00			
စ္				6a			OGDEN, UT			
Revenue			ome from fundraising events (not including \$		ione	-	1101			
Š	"		raising events reported on line 1) (attach Schedule G if the		10115 ,					
œ			ch gross income and contributions exceeds \$15,000).	1 1	_		•			
			-	6b		-				
	°		ct expenses from gaming and fundraising events	6c						
	4		e or (loss) from gaming and fundraising events (add lines	ba and bb and	Subtract	<u> </u>				
	-	line 6c)				6d				
	7a		es of inventory, less returns and allowances	7a						
	b		of goods sold	7b		ļ				
	С	Gross prof	fit or (loss) from sales of inventory (subtract line 7b from line	7a)		7c				
	8	Other reve	nue (describe in Schedule O)			8				
	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> </u>	<u>. `.</u> ▶	9	36,478			
	10	Grants and	d similar amounts paid (list in Schedule O)			10	12,922			
	11	Benefits pa	aid to or for members			11				
Ş	12	Salaries, o	ther compensation, and employee benefits			12				
Se	13	Profession	nal fees and other payments to independent contractors			13	21,232			
bei	14		y, rent, utilities, and maintenance			14				
Net Assets Expens	15		ublications, postage, and shipping			15	92			
	16	Other expenses (describe in Schedule O)				16	4,323			
	17	•	enses. Add lines 10 through 16			17	38,569			
	18	Evenes or	(deficit) for the year (subtract line 17 from line 9)	<u> </u>		18	-2,091			
	19		s or fund balances at beginning of year (from line 27, colû				-2,031			
	'5		ar figure reported on prior year's return)			19	44 400			
	00	,				\vdash	14,136			
Se	20		nges in net assets or fund balances (explain in Schedule O)			20				
_	21		s or fund balances at end of year. Combine lines 18 through	· · · · · · · · · · · · · · · · · · ·		21	12,045 Form 990-EZ (2019)			
East	r Danon	work Reduct	tion Act Notice, see the senarate instructions.	. Cat No 106421		~	rom 330-EL (2019)			

Pa	rt II Balance Sheets (see the instructions					
	Check if the organization used Schedu	le O to respond to a	ny question in this			<u> </u>
			<u> </u>	(A) Beginning of year	└	(B) End of year
22	Cash, savings, and investments			16,161		16,284
23	Land and buildings				23	2.007
24	Other assets (describe in Schedule O)			4,044		2,907
25	Total assets		<u> </u>	20,205		19,191
26 27	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of columns).			6,069 14,136		7,146 12,045
	t III Statement of Program Service Accord				21	12,045
· ai	Check if the organization used Schedu					Expenses
Wha	it is the organization's primary exempt purpose?	. о с тогропа то а	, 4400000	· · · · · ·		uired for section
	cribe the organization's program service accomp	lichmonts for each o	f ite three largest p	rogram conucos		c)(3) and 501(c)(4) nizations, optional for
as n	neasured by expenses. In a clear and concise	manner, describe the			other	•
	ons benefited, and other relevant information for	each program title.	 		 	Τ΄
28						
						į
	(Grants \$) If this amoun	nt includes foreign ar	ants check here	▶ □	28a	
29	· · · · · · · · · · · · · · · · · · ·				200	
23						
		••••				j
	(Grants \$) If this amoun	nt includes foreign gra	ants, check here .	▶ □	29a	1
30	(Signature)					

		nt includes foreign gra	ants, check here .	🕨 🗌	30a	
31	Other program services (describe in Schedule O)				
	(Grants \$) If this amoun	nt includes foreign gra	ants, check here .	▶ □_	31a	
	Total program service expenses (add lines 28a				32	
Par	t IV List of Officers, Directors, Trustees, and K					
	Check if the organization used Schedu	le O to respond to a				<u> </u>
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	ree (e)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)			ther compensation
			(if not paid, enter -0-)	delerred compensatio	<u>"</u>	
	n Oates					_
	Eagle Drive, Marion, IL 62959	<u> 2</u>	ļ)	0	C
	ne Gerlock					
1403	Firefly Ct, Carterville, IL 62918	3		7	<u> </u>	
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Ves N Ves	Part				
33 July 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. 34 Were any significant changes made to the organizang 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 charge on Schedule O. See instructions 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)? 55b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "Yes," complete special solitics, or solitics, or solitics, organization as section 501(c)(a), 501(c)(s), organization subject to section 603(c)(a) obtion, dissolution, termination, or significant disposition of not assets of 301 but the organization of the properties, discribed in the instructions ≥ 37a 37a 37a 37b 37b 37a 37b 3		instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	ran		No
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schodule O. See instructions of the organization have urrelated 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)? b if "Yes" to line 35a, has the organization field a Form 990-T for the year? if "No." provide an explanation in Schedule O. 35b. b if "Yes" to line 35a, has the organization field a Form 990-T for the year? if "Yes," provide an explanation in Schedule O. 35b. c Was the organization of Solid (95) of 501 (66) organization subject to section 6033(e) notice. reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	33	detailed description of each activity in Schedule O	33	. 55	√
activities (such as those reported on lines 2, 6a, and 7a, among others)? If "Yes" to line 35a, has the organization fied a Form 990-16 for the year? If "No," provide an explanation in Schedule 0 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. 35b Did the organization dergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a 17a 17b Did the organization flee Form 1120-POL for this year? 18b Did the organization flee Form 1120-POL for this year? 19c 10b Did the organization flee Form 1120-POL for this year? 19c Did the organization flee Form 1120-POL for this year? 19c Did the organization flee Form 1120-POL for this year? 19c Did the organization flee Form 1120-POL for this year? 19c Did the organization flee Form 1120-POL for this year? 19c Did the organization flee Form 1120-POL for this year? 19c Did the organization flee Form 1120-POL for this year? 19c Did the organization flee Form 1120-POL for this year? 19c Did the organization flee Form 1120-POL for this year? 20c Did the organization flee Form 1120-POL for this year? 21c Did the organization flee Form 1120-POL for this year? 22c Did the organization flee Form 1120-POL for this year? 23c Did the organization flee Form 1120-POL for this year? 23c Did the organization flee Form 1120-POL for this year? 23c Did the organization flee Form 1120-POL for this year? 23c Did the organization flee Form 1120-POL for this year? 23c Did the organization flee Form 1120-POL for this year? 23c Did the organization flee on line 9 for public used of club facilities 23c Did the organization flee form 120-POL for this year? 24c Did the organization flee form 120-POL for this year? 24c Did the organization flee form 120-POL for this year? 24c Did the organiza	34	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		√
b H*Ves** to line \$5a, has the organization section \$10(3), \$50 b • Was the organization a section \$01(9)(4), \$01(9)(6) organization a section \$033(9) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 36 Did the organization undergo a iguidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b 37b 37b 37b 37b 37b 37c 37b 37b 37c 37b 3	35a		35a		1
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 star requirements during the year? If "Yes," complete Schedule N 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 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 38	b	·	-		
dung the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b 37	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		1
b Did the organization file Form 1120-POL for this year? 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? b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b 38	36	during the year? If "Yes," complete applicable parts of Schedule N	36		✓.
Did the organization borrow from, or make any loans to, any officer, director, furstee, or key employee; or were any such loans made in a prore year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II, and enter the total amount involved	37a				نب
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b if "Yes," complete Schedule L, Part II, and enter the total amount involved 38a 19		Did the organization file Form 1120-POL for this year?	37b		✓
b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b 39 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a b Gross receipts, included on line 9, for public use of club facilities 39b Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ;section 4912 ▶ ;section 4915 ▶ Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, ord did rengage 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 c Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization and surface the foreign section 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization and section 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40c reimbursed by the organization d Vereimbursed by the organization 410 List the states with which a copy of this return is filed ▶ Located at ▶ 1403 Firefly Ct. Carteville, II. 210 Located at ▶ 1403 Firefly Ct. Carteville, II. 211 List the states with which a copy of this return is filed ▶ Located at ▶ 1403 Firefly Ct. Carteville, II. 212 Expendence of the foreign country (such as a bank account, securities account, or other financial account)? 213 If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account)? 214 If "Yes," enter the name of the foreign country 215 Section 4947(a)(1) nonexempt charitable trusts fili	38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	382		<u></u>
Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4955 ▶ b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 priory year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization and advice rembursed 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 1. List the states with which a copy of this return is filed ▶ 1. List the states with which a copy of this return is filed ▶ 1. List the states with which a copy of this return is filed ▶ 1. List the states with which a copy of this return is filed ▶ 1. List the states with which a copy of this return is filed ▶ 1. List the states with which a copy of this return is filed ▶ 1. List the states with which a copy of this return is filed ▶ 1. List the states with which a copy of this return is filed ▶ 1. List the states with which a copy of this return is filed ▶ 1. List the states with which a copy of this return is filed ▶ 1. List the states with which a copy of this return is filed ▶ 1. List the states with which a copy of this return is filed ▶ 1. List the states with which a copy of this return is filed ▶ 1. List the states with which a copy of this return is filed ▶ 1. List t	h		,		
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Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶	_	Gross receipts, included on line 9, for public use of club facilities			
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 C Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations and the foreign country for the section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 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 List the states with which a copy of this return is filed transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed transaction? If "Yes," complete form 886-T Located at the 1403 friefly Ct. Carterville, II. 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, secunties account, or other financial account;? If "Yes," enter the name of the foreign country > See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? 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. At any time during the calendar year, did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or		Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I C Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 List the states with which a copy of this return is filed ▶ Located at ▶ 1403 Firefly Ct, Carterville, IL 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, secunities account, or other financial account? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt characterist 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. 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. 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. c Did the organization receive any payments for indoor tanning services during the year? 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. 44a	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 8866-T . 40e 1 List the states with which a copy of this return is filed ▶ 1 The organization's books are in care of ▶ Wayne Gerlock		that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
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 41 List the states with which a copy of this return is filed ▶ 42a The organization's books are in care of ▶ Wayne Gerlock Located at ▶ 1403 Firefly Ct. Carterville, IL 52iP + 4 ▶ 618-967-8193 62918 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 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. c Did the organization receive any payments for indoor tanning services during the year? 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 Use 45a 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	C	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ The organization's books are in care of ▶ Wayne Gerlock Located at ▶ 1403 Firefly Ct, Carterville, IL ZIP + 4 ▶ 62918 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, secunties account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ 3 Section 4947(a)(1) nonexempt chantable 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 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		40c reimbursed by the organization			
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Page	4

Yes No

Form	$\alpha \alpha \alpha$	 1001	n)

Section 501(c)(3) Organizations Only	46		he organization engage, directly or in ndidates for public office? If "Yes," c						46			
Vest Note Vest Note Vest Note Vest Note Vest Note Vest Note Vest	Part \		All section 501(c)(3) organizations 50 and 51.	s must answer que				e tabl	es for lir	nes		
10th 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			Check if the organization used Sch	nedule O to respond	to any question in	this Part V	<u> 1 </u>		· · ·	<u></u>		
s the organization a school as described in section 170(b)(1/b)(0)? If "Yes," complete Schedule E 48	47									NO		
Did the organization make any transfers to an exempt non-charitable related organization? 1		-	•					.		1 1		
b if "Yes," was the related organization a section 527 organization? 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 (b) Average hours per week devoted to position (c) Reportable compensation (d) Health benefits, benefits and eletered compensation (c) Total number of other employees paid over \$100,000 • Total number of other employees paid over \$100,000 • 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 business address of each independent contractor (b) Type of service (c) Compensation (d) Compensation (e) Compensation (e) Compensation (f) Total number of other independent contractors each receiving over \$100,000 • (g) Compensation (g) Name and business address of each independent contractors each receiving over \$100,000 • (g) Compensation (g) Type of service (g) Compensation (g) Type of service (g) Compensation (g) First and the best of my knowledge and belief, it is row, correct, and complete Departation of preparer (gifter these filters) is baged on all information of which preparer has any knowledge and belief, it is service, correct, and complete Departation of preparer (gifter these filters) is baged on all information of which preparer has any knowledge and belief, it is service, correct, and complete Departation of preparer (gifter these filters) is baged on all information of which preparer has any knowledge and belief, it is service, correct, and complete Departation of preparer (gifter these filters) is baged on all information of which preparer has any knowledge and belief, it is service, correct, and complete Departation of preparer (gifter these filters) is baged on all information								.		1		
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