

# 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)

Department of the Treasury  
Internal Revenue Service

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

**A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20**

|  |   |  |  |
|--|---|--|--|
| <p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p> | <p><b>Please use IRS label or print or type. See Specific Instructions.</b></p> | <p><b>C Name of organization</b> HELP THE HELPLESS</p> <p>Doing Business As</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</p> <p>310 GROVELAND AVENUE</p> <p>City or town, state or country, and ZIP + 4</p> <p>MINNEAPOLIS, MN 55403-3552</p> <p><b>F Name and address of principal officer:</b> X</p> <p>XXXX</p> | <p><b>D Employer identification number</b></p> <p>41-XXXXXXX</p> <p><b>E Telephone number</b></p> <p>(XXX) XXX-XXXX</p> <p><b>G Gross receipts \$</b> 1,274,248.</p> <p><b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "No," attach a list. (see instructions)</p> <p><b>H(c) Group exemption number</b> ▶</p> |
| <p><b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>   |   | <p><b>J Website:</b> ▶ WWW.HELPTHEHELPLESS.ORG</p>   |  |
| <p><b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>   |   | <p><b>L Year of formation:</b> 1997 <b>M State of legal domicile:</b> MN</p>   |  |

**Part I Summary**

|   |  |  |              |
|---|--|--|--------------|
|   | <p><b>1</b> Briefly describe the organization's mission or most significant activities: _____<br/>SUPPORT OF A SCHOOL IN INDIA FOR THE HANDICAPPED, DEAF AND BLIND</p> |  |              |
| Activities & Governance   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                       |  |              |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>   | 7            |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>   | 7            |
|   | <b>5</b> Total number of employees (Part V, line 2a)   | <b>5</b>   | 0            |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>   | 6            |
|   | <b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>  |              |
|   | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34  | <b>7b</b>  |              |
| Revenue   | <b>8</b> Contributions and grants (Part VIII, line 1h)   | Prior Year   | Current Year |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | 1,189,832.   | 1,273,871.   |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 7,552.   | 377.         |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 0.   | 0.           |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 1,197,384.   | 1,274,248.   |
|   | Expenses   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,300,768.   |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     |  | 0.   | 0.           |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) |  | 0.   | 0.           |
| <b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)                   |  | 0.   | 0.           |
| <b>b</b> Total fundraising expenses, Part IX, column (D), line 25) ▶ 33,158.                |  |  |              |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)                      |  | 71,370.  | 62,044.      |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         | 1,372,138.   | 1,262,082.   |              |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | -174,754.  | 12,166.  |              |
| Net Assets or Fund Balances   | <b>20</b> Total assets (Part X, line 16)   | Beginning of Year  | End of Year  |
|   | <b>21</b> Total liabilities (Part X, line 26)  | 243,667.   | 259,606.     |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | 200.   | 1,901.       |
|   |  | 243,467.   | 257,705.     |

**Part II Signature Block**

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**

▶ \_\_\_\_\_ Date \_\_\_\_\_

▶ \_\_\_\_\_  
Type or print name and title

|                                 |  |            |   |   |
|---------------------------------|--|------------|---|---|
| <b>Paid Preparer's Use Only</b> | Preparer's signature ▶   | Date       | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (see instructions)<br>P00743519 |
|                                 | Firm's name (or yours if self-employed), address, and ZIP + 4                                  | EIN        | Phone no.                                       |   |
|                                 | SIMMA FLOTTEMESCH & ORENSTEIN, LTD.<br>2700 AT&T TWR., 901 MARQUETTE AVE MINNEAPOLIS, MN 55402 | 39-1372509 | 612-337-8100                                    |   |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission:  
SUPPORT OF A SCHOOL IN INDIA FOR THE HANDICAPPED, DEAF, AND BLIND

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 1,204,505. including grants of \$ 1,200,038.) (Revenue \$ \_\_\_\_\_)  
TO SUPPORT ST. MARY'S SCHOOL IN INDIA

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services. (Describe in Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e Total program service expenses** ▶ 1,204,505.

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 contain various questions about organizational requirements and reporting. Row 12A is a sub-section with a small table for Yes/No. Row 12 is shaded grey. Row 14b has an 'X' in the Yes column. Row 15 has an 'X' in the Yes column. Row 16 has an 'X' in the No column. Row 17 has an 'X' in the No column. Row 18 has an 'X' in the No column. Row 19 has an 'X' in the No column. Row 20 has an 'X' in the No column.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, tax-exempt bonds, excess benefit transactions, and other organizational activities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No response. Includes questions 1a through 12b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body; 1b Enter the number of voting members that are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a material diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MN,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: J

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

| (A)<br>Name and Title               | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                     |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| FATHER ROBERT ALTIER<br>PRESIDENT   | 2.00                          | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| DAVID KRAUSE<br>SECRETARY           | 1.00                          | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| JOE FOHT<br>TREASURER               | 30.00                         | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| TERENCE COYNE<br>VICE PRESIDENT     | 1.00                          | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| KAY FOHT<br>ASSISTANT TREASURER     | 50.00                         | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| DAVID HUIZEL<br>ASSISTANT TREASURER | 4.00                          | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| ROCI HUIZEL<br>ASSISTANT TREASURER  | 4.00                          | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
|                                     |                               |  |                       |         |              |                              |        |  |   |   |
|                                     |                               |  |                       |         |              |                              |        |  |   |   |
|                                     |                               |  |                       |         |              |                              |        |  |   |   |
|                                     |                               |  |                       |         |              |                              |        |  |   |   |
|                                     |                               |  |                       |         |              |                              |        |  |   |   |
|                                     |                               |  |                       |         |              |                              |        |  |   |   |
|                                     |                               |  |                       |         |              |                              |        |  |   |   |
|                                     |                               |  |                       |         |              |                              |        |  |   |   |
|                                     |                               |  |                       |         |              |                              |        |  |   |   |
|                                     |                               |  |                       |         |              |                              |        |  |   |   |
|                                     |                               |  |                       |         |              |                              |        |  |   |   |
|                                     |                               |  |                       |         |              |                              |        |  |   |   |
|                                     |                               |  |                       |         |              |                              |        |  |   |   |
|                                     |                               |  |                       |         |              |                              |        |  |   |   |
|                                     |                               |  |                       |         |              |                              |        |  |   |   |
|                                     |                               |  |                       |         |              |                              |        |  |   |   |
|                                     |                               |  |                       |         |              |                              |        |  |   |   |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 7 columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), (F) Estimated amount of other compensation from the organization and related organizations. Includes a '1b Total' row at the bottom.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 0

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

Table with 3 columns: Question number, Yes, No. Row 3: Yes, No (X). Row 4: Yes, No (X). Row 5: Yes, No (X).

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'NONE'.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0



**Part VIII Statement of Revenue**

41-XXXXXXX

|   |   |  |                      | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |
|---|---|--|----------------------|----------------------|--|---|---|
| <b>Contributions, gifts, grants<br/>and other similar amounts</b> | <b>1a</b> Federated campaigns . . . . .   | <b>1a</b>  |                      |                      |  |   |   |
|   | <b>b</b> Membership dues . . . . .  | <b>1b</b>  |                      |                      |  |   |   |
|   | <b>c</b> Fundraising events . . . . .   | <b>1c</b>  |                      |                      |  |   |   |
|   | <b>d</b> Related organizations . . . . .  | <b>1d</b>  |                      |                      |  |   |   |
|   | <b>e</b> Government grants (contributions) . .  | <b>1e</b>  |                      |                      |  |   |   |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above .  | <b>1f</b>  | 1,273,871.           |                      |  |   |   |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$  |  |                      |                      |  |   |   |
|   | <b>h Total.</b> Add lines 1a-1f . . . . .   |  |                      | 1,273,871.           |  |   |   |
| <b>Program Service Revenue</b>                                    | <b>Business Code</b>  |  |                      |                      |  |   |   |
|   | <b>2a</b> _____   |  |                      |                      |  |   |   |
|   | <b>b</b> _____  |  |                      |                      |  |   |   |
|   | <b>c</b> _____  |  |                      |                      |  |   |   |
|   | <b>d</b> _____  |  |                      |                      |  |   |   |
|   | <b>e</b> _____  |  |                      |                      |  |   |   |
|   | <b>f</b> All other program service revenue . . . . .  |  |                      |                      |  |   |   |
|   | <b>g Total.</b> Add lines 2a-2f . . . . .   |  |                      | 0.                   |  |   |   |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) . . . . .  | ATTACHMENT 2   |                      | 377.                 |  |   | 377.  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .   |  |                      | 0.                   |  |   |   |
|   | <b>5</b> Royalties . . . . .  |  |                      | 0.                   |  |   |   |
|   | <b>6a</b> Gross Rents . . . . .   | (i) Real   | (ii) Personal        |                      |  |   |   |
|   |   | <b>b</b> Less: rental expenses . . . . .                           |                      |                      |  |   |   |
|   |   | <b>c</b> Rental income or (loss) . . . . .                         |                      |                      |  |   |   |
|   |   | <b>d</b> Net rental income or (loss) . . . . .                     |                      |                      | 0.   |   |   |
|   | <b>7a</b> Gross amount from sales of<br>assets other than inventory   | (i) Securities   | (ii) Other           |                      |  |   |   |
|   |   | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . . |                      |                      |  |   |   |
|   |   | <b>c</b> Gain or (loss) . . . . .                                  |                      |                      |  |   |   |
|   |   | <b>d</b> Net gain or (loss) . . . . .                              |                      |                      | 0.   |   |   |
|   | <b>8a</b> Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | <b>a</b>   |                      |                      |  |   |   |
|   |   | <b>b</b> Less: direct expenses . . . . .                           | <b>b</b>             |                      |  |   |   |
|   |   | <b>c</b> Net income or (loss) from fundraising events . . . . .    |                      |                      | 0.   |   |   |
|   | <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . .  | <b>a</b>   |                      |                      |  |   |   |
|   |   | <b>b</b> Less: direct expenses . . . . .                           | <b>b</b>             |                      |  |   |   |
|   |   | <b>c</b> Net income or (loss) from gaming activities . . . . .     |                      |                      | 0.   |   |   |
|   | <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .   | <b>a</b>   |                      |                      |  |   |   |
| <b>b</b> Less: cost of goods sold . . . . .                       |   | <b>b</b>   |                      |                      |  |   |   |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .   |   |  |                      | 0.                   |  |   |   |
| <b>Miscellaneous Revenue</b>                                      |   |  | <b>Business Code</b> |                      |  |   |   |
| <b>11a</b> _____  |   |  |                      |                      |  |   |   |
| <b>b</b> _____  |   |  |                      |                      |  |   |   |
| <b>c</b> _____  |   |  |                      |                      |  |   |   |
| <b>d</b> All other revenue . . . . .                              |   |  |                      |                      |  |   |   |
| <b>e Total.</b> Add lines 11a-11d . . . . .                       |   |  | 0.                   |                      |  |   |   |
| <b>12 Total Revenue.</b> See instructions . . . . .               |   |  | 1,274,248.           |                      |  | 377.                                    |   |

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**

**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .  | 0.                    |                                 |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .  | 0.                    |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .   | 1,200,038.            | 1,200,038.                      |  |                             |
| 4 Benefits paid to or for members . . . . .  | 0.                    |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .   | 0.                    |                                 |  |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .  | 0.                    |                                 |  |                             |
| 7 Other salaries and wages . . . . .   | 0.                    |                                 |  |                             |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .  | 0.                    |                                 |  |                             |
| 9 Other employee benefits . . . . .  | 0.                    |                                 |  |                             |
| 10 Payroll taxes . . . . .   | 0.                    |                                 |  |                             |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management . . . . .   | 0.                    |                                 |  |                             |
| b Legal . . . . .  | 0.                    |                                 |  |                             |
| c Accounting . . . . .   | 11,080.               |                                 | 11,080.                                |                             |
| d Lobbying . . . . .   | 0.                    |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17  | 0.                    |                                 |  |                             |
| f Investment management fees . . . . .   | 0.                    |                                 |  |                             |
| g Other . . . . .  | 0.                    |                                 |  |                             |
| 12 Advertising and promotion . . . . .   | 0.                    |                                 |  |                             |
| 13 Office expenses . . . . .   | 2,332.                |                                 | 2,332.                                 |                             |
| 14 Information technology . . . . .  | 0.                    |                                 |  |                             |
| 15 Royalties . . . . .   | 0.                    |                                 |  |                             |
| 16 Occupancy . . . . .   | 1,772.                |                                 | 1,772.                                 |                             |
| 17 Travel . . . . .  | 0.                    |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  | 0.                    |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . .  | 0.                    |                                 |  |                             |
| 20 Interest . . . . .  | 0.                    |                                 |  |                             |
| 21 Payments to affiliates . . . . .  | 0.                    |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . .   | 229.                  |                                 | 229.                                   |                             |
| 23 Insurance . . . . .   | 0.                    |                                 |  |                             |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)   |                       |                                 |  |                             |
| a <u>PLEDGES WRITTEN OFF</u> . . . . .   |                       |                                 |  |                             |
| b <u>BANK FEES</u> . . . . .   | 6,604.                |                                 | 6,604.                                 |                             |
| c <u>MISCELLANEOUS</u> . . . . .   | 2,402.                |                                 | 2,402.                                 |                             |
| d <u>POSTAGE AND DELIVERY</u> . . . . .  | 15,135.               |                                 |  | 15,135.                     |
| e <u>PRINTING AND PUBLICATIONS</u> . . . . .   | 18,023.               |                                 |  | 18,023.                     |
| f All other expenses . . . . .   | 4,467.                | 4,467.                          |  |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24f   | 1,262,082.            | 1,204,505.                      | 24,419.                                | 33,158.                     |
| <b>26 Joint Costs.</b> Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

|   |  | (A)<br>Beginning of year |           | (B)<br>End of year |
|---|--|--------------------------|-----------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing . . . . .   | 193,790.                 | <b>1</b>  | 241,492.           |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 137.                     | <b>2</b>  | 268.               |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 2,495.                   | <b>3</b>  | 813.               |
|   | <b>4</b> Accounts receivable, net . . . . .  |                          | <b>4</b>  |                    |
|   | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .                   |                          | <b>5</b>  |                    |
|   | <b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .      |                          | <b>6</b>  |                    |
|   | <b>7</b> Notes and loans receivable, net . . . . .   |                          | <b>7</b>  |                    |
|   | <b>8</b> Inventories for sale or use . . . . .   |                          | <b>8</b>  |                    |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 3,883.                   | <b>9</b>  | 1,632.             |
|   | <b>10 a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  | <b>10a</b> 3,221.        |           |                    |
|   | <b>b</b> Less: accumulated depreciation . . . . .  | <b>10b</b> 3,029.        | 420.      | <b>10c</b> 192.    |
|   | <b>11</b> Investments - publicly traded securities . . . . .   | 42,942.                  | <b>11</b> | 15,209.            |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 . . . . .   |                          | <b>12</b> |                    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 . . . . .  |                          | <b>13</b> |                    |
|   | <b>14</b> Intangible assets . . . . .  |                          | <b>14</b> |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   |                          | <b>15</b> |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . |  | 243,667.                 | <b>16</b> | 259,606.           |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 200.                     | <b>17</b> | 1,901.             |
|   | <b>18</b> Grants payable . . . . .   |                          | <b>18</b> |                    |
|   | <b>19</b> Deferred revenue . . . . .   |                          | <b>19</b> |                    |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                          | <b>20</b> |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |                          | <b>21</b> |                    |
|   | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . |                          | <b>22</b> |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                          | <b>23</b> |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                          | <b>24</b> |                    |
|   | <b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .   |                          | <b>25</b> |                    |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   |                          | 200.      | <b>26</b>          |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>                                  |                          |           |                    |
|   | <b>27</b> Unrestricted net assets . . . . .  | 217,672.                 | <b>27</b> | 233,592.           |
|   | <b>28</b> Temporarily restricted net assets . . . . .  | 25,795.                  | <b>28</b> | 24,113.            |
|   | <b>29</b> Permanently restricted net assets . . . . .  |                          | <b>29</b> |                    |
|   | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |           |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>30</b> |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          | <b>31</b> |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | <b>32</b> |                    |
| <b>33</b> Total net assets or fund balances . . . . .                         | 243,467.   | <b>33</b>                | 257,705.  |                    |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 243,667.   | <b>34</b>                | 259,606.  |                    |

**Part XI Financial Statements and Reporting**

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .   |     | X  |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant? . . . . .  | X   |    |
| <b>2c</b> | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X   |    |
| <b>d</b>  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                            |     |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .  |     | X  |
| <b>3b</b> | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.   |     |    |