

# 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)

# 2010

**Open to Public Inspection**

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 2010 calendar year, or tax year beginning 7/1/2010, and ending 6/30/2011

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization Deschutes United Way  
 Doing Business As \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
PO Box 5969  
 City or town, state or country, and ZIP + 4  
Bend OR 97708

**D** Employer identification number 93-6012576

**E** Telephone number 541-389-6507

**F** Name and address of principal officer:  
Ken Wilhelm  
PO Box 5969  
Bend OR 97708

**G** Gross receipts \$ 1330898

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1953 **M** State of legal domicile: OR

## Part I Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>UNITED WAY OF DESCHUTES COUNTY CONNETS CARING PEOPLE TO IMPROVE LIVES AND SHAPE A BETTER COMMUNITY, SUPPORTING 26 LOCAL HUMAN SERVICE AGENCIES AND MANAGING CENTRAL OREGON 2-1-1.</u>		
	<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>	<u>31</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>31</u>
	<b>5</b>	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<u>8</u>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<u>800</u>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>0</u>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<u>0</u>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>1387241</u>	<u>1322800</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>0</u>	<u>0</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>7368</u>	<u>1098</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>2500</u>	<u>7000</u>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>1397109</u>	<u>1330898</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<u>1004778</u>	<u>1033405</u>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>0</u>	<u>0</u>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>244515</u>	<u>266419</u>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>62107</u>	<u>0</u>	<u>0</u>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<u>94075</u>	<u>79603</u>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>1343368</u>	<u>1379427</u>
Net Assets or Fund Balances	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>53741</u>	<u>-48529</u>
	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<u>798115</u>	<u>784674</u>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>157861</u>	<u>192949</u>	
		<u>640254</u>	<u>591725</u>	

## 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**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

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

**Paid Preparer Use Only**

Print/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check  if self-employed PTIN \_\_\_\_\_

Firm's name ▶ \_\_\_\_\_ Firm's EIN ▶ \_\_\_\_\_

Firm's address ▶ \_\_\_\_\_ Phone no. \_\_\_\_\_

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

**1** Briefly describe the organization's mission:

United Way of Deschutes County brings people, organizations and businesses together to address the community's most pressing human service needs through programs and services that change peoples' lives and strengthen our community in the process.

**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: 624200) (Expenses \$ 540859 including grants of \$ 540859 ) (Revenue \$ 0 )

UWDC provided discretionary funding to 23 partner agencies with proven successful programs that address the targeted priorities of getting kids off to a Great Start in life, keeping Youth on Track for success, helping individuals and families meet Basic Needs, and protecting people from Abuse and Violence.

Collectively, these programs reported service 72,057 people in 2010-11.

Allocation amounts to funded partner agencies are determined through a rigorous volunteer-driven process that aligns funding with Board-determined priorities, as well as monitoring agencies for operational efficiency and the effectiveness of their program.

**4b** (Code: 624200) (Expenses \$ 385769 including grants of \$ 385769 ) (Revenue \$ 0 )

United Way of Deschutes County distributed \$385,769 in donor-restricted contributions to 195 non-profit 501(c)(3) agencies as determined by donors.

**4c** (Code: 561420) (Expenses \$ 127164 including grants of \$ 127164 ) (Revenue \$ 0 )

UWDC assisted 7,164 callers in finding services they needed through the Central Oregon 2-1-1 program. 2-1-1 is an easy-to-remember phone number that connects people with highly skilled community information specialists who quickly assess the caller's needs and refer them to the appropriate services.

CO211 maintains a comprehensive database containing the most current information on a broad range of services - including housing, health, food, counseling, childcare, and much more. The most frequent requests from callers were for housing/utilities (2,772), food./meals (1,152), and healthcare (875).

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ 44266 including grants of \$ 44266) (Revenue \$ 0 )

**4e Total program service expenses** 1098058

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

Check if Schedule O contains a response to any question in this Part VII

**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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Raul Ainardi	1	X					0	0	0	
(2) Bill Baker	1	X					0	0	0	
(3) Jerry Bass	1	X					0	0	0	
(4) Rick Breeden	1	X					0	0	0	
(5) Scott Ellender	1	X					0	0	0	
(6) Jan Even	1	X					0	0	0	
(7) Peter Hall	1	X					0	0	0	
(8) Sally Heise	1	X					0	0	0	
(9) Brad Henry	1	X					0	0	0	
(10) Cheryl Howard	1	X					0	0	0	
(11) Lisa Ihander	3	X		X			0	0	0	
(12) Jinnifer Jeresek	2	X		X			0	0	0	
(13) Jeff Ludeman	1	X					0	0	0	
(14) Dennis Luke	1	X					0	0	0	
(15) Dennis Lynn	1	X					0	0	0	
(16) Sue Meyer	1	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) Pam Mjor	1	X						0	0	0
(18) Paul Morton	1	X						0	0	0
(19) Sally Morton	3	X		X				0	0	0
(20) Mike Oman	1	X						0	0	0
(21) Sheri Pendergraft	1	X						0	0	0
(22) Greg Pollack	1	X						0	0	0
(23) John Salzer	1	X						0	0	0
(24) Corky Senecal	1	X						0	0	0
(25) Bob Shaw	1	X						0	0	0
(26) Todd Shields	1	X						0	0	0
(27) Ken Wilhelm	4	0		X	X	X		65635	0	0
(28) Jane Wendell	4	0		X				39839	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								105474	0	0

**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**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**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.

(A) Name and business address	(B) Description of services	(C) Compensation
		0

**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**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 22477					
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 0					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 0					
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 0					
	<b>e</b>	Government grants (contributions)	<b>1e</b> 0					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 1300323					
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$	0					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		1322800				
<b>Program Service Revenue</b>	<b>Business Code</b>							
	<b>2a</b>	-----		0	0	0	0	
	<b>b</b>	-----		0	0	0	0	
	<b>c</b>	-----		0	0	0	0	
	<b>d</b>	-----		0	0	0	0	
	<b>e</b>	-----		0	0	0	0	
	<b>f</b>	All other program service revenue .		0	0	0	0	
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		0					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		6063	0	0	0	
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0	
	<b>5</b>	Royalties . . . . . ▶		0	0	0	0	
	<b>6a</b>	Gross Rents . . . . .	(i) Real	0				
			(ii) Personal	0				
			<b>b</b> Less: rental expenses	0				
			<b>c</b> Rental income or (loss)	0				
	<b>d</b>	Net rental income or (loss) . . . . . ▶		0	0	0	0	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	118906				
			(ii) Other	0				
			<b>b</b> Less: cost or other basis and sales expenses . . . . .	123871	0			
			<b>c</b> Gain or (loss) . . . . .	-4965	0			
	<b>d</b>	Net gain or (loss) . . . . . ▶		-4965	0	0	0	
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>	0					
	<b>b</b>	Less: direct expenses . . . . . <b>b</b>	0					
	<b>c</b>	Net income or (loss) from fundraising events . ▶		0	0	0	0	
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>		0				
			<b>b</b> Less: direct expenses . . . . . <b>b</b>	0				
<b>c</b> Net income or (loss) from gaming activities . . ▶				0	0	0	0	
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>		0					
		<b>b</b> Less: cost of goods sold . . . . . <b>b</b>	0					
		<b>c</b> Net income or (loss) from sales of inventory . . ▶		0	0	0	0	
Miscellaneous Revenue			<b>Business Code</b>					
<b>11a</b>	Admin Fee-EFSP	561110	2000	0	0	0		
<b>b</b>	Admin Fee-Project Connects	561110	5000	0	0	0		
<b>c</b>	-----		0	0	0	0		
<b>d</b>	All other revenue . . . . .		0	0	0	0		
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		7000					
<b>12</b>	<b>Total revenue.</b> See instructions. . . . . ▶		1330898	0	0	0		

**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).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .	1033405	1033405		
<b>2</b>	Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0	0		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0	0		
<b>4</b>	Benefits paid to or for members . . . . .	0	0		
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	110290	21540	88750	0
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
<b>7</b>	Other salaries and wages . . . . .	85280	26343	19934	39003
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	10181	0	9071	1110
<b>9</b>	Other employee benefits . . . . .	42278	0	35384	6894
<b>10</b>	Payroll taxes . . . . .	18390	0	14628	3762
<b>11</b>	Fees for services (non-employees):				
<b>a</b>	Management . . . . .	0	0	0	0
<b>b</b>	Legal . . . . .	0	0	0	0
<b>c</b>	Accounting . . . . .	12285	2178	10107	0
<b>d</b>	Lobbying . . . . .	0	0	0	0
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .	0			0
<b>f</b>	Investment management fees . . . . .	2557	286	2271	0
<b>g</b>	Other . . . . .	4511	558	2980	973
<b>12</b>	Advertising and promotion . . . . .	3590	384	385	2821
<b>13</b>	Office expenses . . . . .	19470	6365	10344	2761
<b>14</b>	Information technology . . . . .	1503	266	1237	0
<b>15</b>	Royalties . . . . .	0	0	0	0
<b>16</b>	Occupancy . . . . .	5736	1018	4718	0
<b>17</b>	Travel . . . . .	4386	1036	3350	0
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
<b>19</b>	Conferences, conventions, and meetings . . . . .	7798	1960	1055	4783
<b>20</b>	Interest . . . . .	0	0	0	0
<b>21</b>	Payments to affiliates . . . . .	12607	1803	10804	0
<b>22</b>	Depreciation, depletion, and amortization . . . . .	2595	461	2134	0
<b>23</b>	Insurance . . . . .	2565	455	2110	0
<b>24</b>	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
<b>a</b>	-----	0	0	0	0
<b>b</b>	-----	0	0	0	0
<b>c</b>	-----	0	0	0	0
<b>d</b>	-----	0	0	0	0
<b>e</b>	-----	0	0	0	0
<b>f</b>	All other expenses . . . . .	0	0	0	0
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	1379427	1098058	219262	62107
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .	0	0	0	0

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	70121	<b>1</b>	35250
	<b>2</b> Savings and temporary cash investments . . . . .	210198	<b>2</b>	217546
	<b>3</b> Pledges and grants receivable, net . . . . .	294434	<b>3</b>	303305
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	9658	<b>9</b>	3401
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 39075		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 36535	<b>10c</b>	2540
	<b>11</b> Investments—publicly traded securities . . . . .	97434	<b>11</b>	102928
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	112008	<b>15</b>	119704
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	798115	<b>16</b>	784674	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	25461	<b>17</b>	28372
	<b>18</b> Grants payable . . . . .	132400	<b>18</b>	164577
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<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 . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	0	<b>25</b>	0	
<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	157861	<b>26</b>	192949	
<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 . . . . .	389476	<b>27</b>	353909
	<b>28</b> Temporarily restricted net assets . . . . .	229714	<b>28</b>	216752
	<b>29</b> Permanently restricted net assets . . . . .	21064	<b>29</b>	21064
	<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 . . . . .	0	<b>30</b>	0
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	<b>31</b>	0
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>32</b>	0
<b>33</b> Total net assets or fund balances . . . . .	640254	<b>33</b>	591725	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	798115	<b>34</b>	784674	



**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	1330898
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	1379427
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	-48529
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	640254
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	0
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	591725

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .
- b** Were the organization's financial statements audited by an independent accountant? . . . . .
- c** 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?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 3a** 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? . . . . .
- 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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		
<b>3b</b>		