Form **990**

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)

OMB No. 1545-0047 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.

Ā	For the	2010 cale	ndar year, or tax year beginni	ng ,2	2010, and en	ding		, 20		
В	Check if	applicable:	C Name of organization MONTG	OMERY COUNTRYSIDE ALLIAI	NCE, INC.		D Employer identification number			
	Address	change	Doing Business As				L	52-2294213		
	Name cl	hange	Number and street (or P.O. box if m	ail is not delivered to street address)	Room	/suite	E Teleph	one number		
	Initial ref		PO BOX 24		1		·	301-461-9831		
	Termina		City or town, state or country, and	d ZIP + 4						
$\bar{\sqcap}$	Amende		POOLESVILLE, MD 20837-00:	24			G Gross	receipts \$	97717	
		ion pending	F Name and address of principal	officer: DIANA E. CONWAY, SA	ME AS C AB	SOVE H(a) Is th	is a group return	for affiliates? 🔲 Ye	s ✓ No	
	• •	, ,						ncluded? 🔲 Ye:		
<u> </u>	Tax-exe	mpt status:	✓ 501(c)(3)	1(c) (· 3) ◀ (insert no.) ☐ 4947(a	a)(1) or 52	7 If "	No," attach a	a list. (see instructio	ns)	
J			w.mocoalliance.org			H(c) Gro	up exemptio	n number 🕨		
ĸ	Form of	organization:	✓ Corporation ☐ Trust ☐ Ass	ociation Other	L Year of fo	ormation: 200	M State	e of legal domicile:	MD	
ρ	art [Summ								
	1			ssion or most significant acti						
d)	İ			D PROGRAMS THAT PRESER					AND	
Š		RURAL I	ANDS IN MONTGOMERY COL	JNTY'S AGRICULTURAL RESE	RVE FOR TH	HE BENEFIT O	F ALL WAS	SHINGTON		
E		METROF	OLITAN AREA RESIDENTS					,		
o Ve	2	Check th	is box 🕨 🔲 if the organization di	scontinued its operations or disposed	of more than 2	25% of its net ass				
ري مح	3	Number	of voting members of the go	verning body (Part VI, line 1a)		. 3	· · · · · · · · · · · · · · · · · · ·	20	
SS	4			pers of the governing body (P		lb)			20	
ξ	5			d in calendar year 2010 (Part	V, line 2a)		. 5.	ļ	2	
Activities & Governance	6		nber of volunteers (estimate				. 6		50	
`	7a			m Part VIII, column (C), line 1:			. <u>7a</u>			
	b	Net unre	ated business taxable incor	ne from Form 990-T, line 34	<u> </u>		. 7b	0		
Revenue						Prior		Current Ye		
	8		•	ne 1h)			116624		94398	
	9	~	service revenue (Part VIII, lin			ļ	0		3312	
Ē	10		-	(A), lines 3, 4, and 7d)			22		7	
-	11			ines 5, 6d, 8c, 9c, 10c, and 1			0	<u></u>		
	12			(must equal Part VIII, column			116646		97717	
	13		• •	t IX, column (A), lines 1–3) .		 	26912		. 0	
	14			t IX, column (A), line 4)			04744		70400	
es	15			e benefits (Part IX, column (A),			21711	<u> </u>	78408	
Expenses	16a			, column (A), line 11e)			ar III. a Dagasi			
Š	b		draising expenses (Part IX, o				71404		37071	
ш	117			lines 11a-11d, 11f-24f)		ļ	71431	 	115479	
	18			st equal Part IX, column (A), I		 	120054	 -	(17762)	
	19	'Revenue	less expenses. Subtract line	e 18 from line 12	- • • •	Beginning of	(3408)	End of Ye		
Net Assets or Fund Ralances		-				Degining Cr	76000		59020	
Sset	20		• •				70000	 	2432	
i i	21		vilities (Part X, line 26)	-t line 01 from line 00		<u> </u>	76000		56588	
			ts or fund balances. Subtractiure Block	st line 21 from line 20		_ _	70000	<u> </u>		
	art II			nis return, including accompanying so	chadulas and s	tatements and to	the hest of	my knowledge, and		
tri	nder pen Je. corre	allies of perji ct. and comp	iry, i declare that i have examined ti lete. Declaration of preparer (other t	han officer) is based on all information	n of which prep	parer has any kno	wledge.	iny intowicago and	, 20	
-		1 k	1 1 1 2				JUNE	77,20	16	
Si	m	~ Sign	atthe of officer	-th-			Date	0-1) 0-0		
	ere	The state of the s		DLAY, TREASI	1)RER					
110	71 C	TVO	e or print name and title	TON THE PASS	<u> </u>					
_		.1.7	pe preparer's name	Preparer's signature		Date	Charle	PTIN		
	aid					1	Check self-em			
	epar	- 1	name ►	_			irm's ElN ▶			
U	se On	ııy ———	address >				hone no.			
Ma	y the l			er shown above? (see instruc	ctions)			Ye	s 🗌 No	

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Part	V Checklist of Required Schedules	<u> </u>		
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
1	complete Schedule A	1	1	•
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI, XII, and XIII	12a		√
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	-	1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
20 -	If "Yes," complete Schedule G, Part III	19 20a		1
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20a		
			- 000	10040

	One chief of freduited oblied dies (continued)			,
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		√
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		✓_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	-	<u>,</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u>√</u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
4	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d		✓.
25a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			./
26	If "Yes," complete Schedule L, Part I	25b		_
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	ander.		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		√
	conservation contributions? If "Yes," complete Schedule M	30		✓_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		✓_
а	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," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	~		
	13: Note: An Form 330 mais are required to complete achequie O	38 For	n 990	(2010)

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Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			. 🗇
	Chort Condado o Contano 2 responde te any que su contante de la co		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		g wa	a Carrie
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	100		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	E talegra		13.15
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓_	111111111111111111111111111111111111111
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			ĺ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			/
_	account)?	4a		Y Name
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		· /
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_	 	· ·
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	36		┼─
6a	organization solicit any contributions that were πot tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			102.7
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	30		
	and services provided to the payor?	7a		V
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was]	١.
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	<u> </u>	/ _
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	├ -	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
۵	Sponsoring organizations maintaining donor advised funds.		1.00	
a	Did the organization make any taxable distributions under section 4966?	9a	ar said an	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:	÷.	40.7	å,
а	Initiation fees and capital contributions included on Part VIII, line 12	7	ntri.	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations, Enter:			3.
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	10-		× .
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12a		
12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		<i>.</i>	.
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.	.oa		
b	Enter the amount of reserves the organization is required to maintain by the states in which	1.5		
_	the organization is licensed to issue qualified health plans	, #ide	l de o	
C	Enter the amount of reserves on hand	3373	133	1000
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		تــــــــــــــــــــــــــــــــــــــ
		Eco	നവ) one

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Part				
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	es in	Sch	edule
	O. See instructions. Check if Schedule O contains a response to any question in this Part VI		•	(-7
Casti		• •	•	
Secu	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20	7 00 10 7 10 10 10 10 10 10 10 10 10 10 10 10 10		
b	Enter the number of voting members of the governing body at the end of the tax year	- 5000 Tibro		
2	Did any officer, director, trustée, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		1
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?	3 ·		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5_	ļ	✓
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	.		,
	of the governing body?	7a 7b	-	Y
d: 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during	2.1		V
Ü	the year by the following:	S. Zestana	i pigg	
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
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	9		✓
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		
		40-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		/
	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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filling 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	12a	✓.	ļ.—.
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	✓	
13	Does the organization have a written whistleblower policy?	13		<u> </u>
14	Does the organization have a written document retention and destruction policy?	14	-	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	/
b	Other officers or key employees of the organization	15b	auticent	✓
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	16-		
b	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	16a	er utsteket.	✓
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► MARYLAND			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.)s onl	y) ava	ilable
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.	of inte	rest p	olicy
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► JEAN S FINDLAY, PO BOX 125, DICKERSON, MD 20842-0125, 301-972-8965	of the	•	. •

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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.

- 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)	(B)	1			C)			(D)	(E)	(F)
Name and Title	Average hours per	<u> </u>	<u> </u>			that ap		Reportable compensation	Reportable compensation from	Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MICHAEL D RUBIN	1 1	,				-		0	0	0
CHAIRMAN, DIRECTOR	 	\ <u> </u>		V	-	 -		 -		<u></u>
(2) DIANA E CONWAY PRESIDENT, DIRECTOR	- 5	/						. 0	0	0
(3) L OAKLEY JOHNSON	 	<u> </u>		<u> </u>	-			<u> </u>		
VICE PRESIDENT, DIRECTOR	2	1		✓	L		<u>.</u>	0	0	0
(4) DAVID E BOWEN								0	0	0
SECRETARY, DIRECTOR	1 1	✓		✓	_				0	
(5) JEAN S FINDLAY	8	ŀ				}		0	O	. 0
TREASURER, DIRECTOR		✓		✓	<u> </u>					
(6) TUFAIL AHMAD DIRECTOR	- 0	/			ĺ			0	0	. 0
		· ·	-	_	<u> </u>	 	 	 		
(7) TINA BROWN DIRECTOR	1	1						0	0	0
(8) DENISE G COHEN	 	<u> </u>	,		-					
DIRECTOR	2]) o	0	0
(9) LESLIE CRONIN				_	_		_			
DIRECTOR	0	1		. []		١.	0	0	0
(10) STEVEN J DRYDEN		_					_	_		_
DIRECTOR	1	√ 1					1	0	0	0
(11) PETER H EEG										
DIRECTOR	1	1	1			[0	0	0
(12) BENNETT GOLDBERG									Ò	0
DIRECTOR	0	✓ .						0		U
(13) MELANE K HOFFMANN					Г		Γ—			0
DIRECTOR	3	✓		. !				0	. 0	
(14) DAVID LANGSTAFF	0							0	0	0
DIRECTOR		✓	<u></u> .							
(15) THOMAS F LEEDY	2				ĺ				0.	0
DIRECTOR	<u> </u>	1			<u> </u>	ļ	<u> </u>	ļ	<u> </u>	
(16) CYNTHIA K MCGRATH	0	_			ļ	'		0	0	0
DIRECTOR	<u> </u>	✓_	l		<u> </u>	L	<u> </u>			

Part	Section A. Officers, Directors, Tru	stees, Key	Emple	oyee	es, a	and	Highe	<u>est (</u>	Compensated	Employees (con	tinued)		
	(A)	(B)			(0	C)			(D)	(E)	1	(F)	
	Name and title	Average	Posit	ion (d	chec	k all	that ap	ply)	Reportable	Reportable		mated	
		hours per week	우吾	SC!	유	<u>~</u>	율플	필	compensation from	compensation from related		unt of ther	
	•	(describe	Individual trustee or director	Institutional truste	Officer	Key employee	용률	Former	the	organizations	comp	ensation	
		hours for	용률	ğ	`	큧	8 8	ר	organization	(W-2/1099-MISC)	ſ	n the	
		related organizations	֓֞֞֓֓֓֟֟֓֟֝֟֟֓֟֝ <u>֟</u>	a tr		bye	ਕੁੱ		(W-2/1099-MISC)			nization related	
		in Schedule) stee	ust		Ф	Se l		ŀ			izations	
• .		O)	"	8			Highest compensated employee						
(17) 00	DLORES G MILMOE		\vdash		\vdash					·			
DIREC		10					İ		0	i a			0
	MES RO'CONNELL	 	 				 -	-	 	l	 		
DIREC		1	1			ļ			0	. 0			0
	WEN REESE		*	-	╢		-				 -	_	
DIREC		- 0					ļ	ľ	Ò	0			0
	<u> </u>	<u> </u>	1		 	 	<u> </u>	 			 		
	ILLIAM F SHEEHAN	1	1 ,		1]	l	} o	} `o) 	•	0
DIREC					⊢	-					 		
	AVID SHNEYER	1	١,						0	l o	•		- 0
DIREC	TOR	 	1	ļ	_		<u> </u>		 	 	<u> </u>		
(22)	***************************************	4							1				
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(23)		-		ĺ	ĺ		[:		[[ĺ		
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(24)		-	ļ			1							
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(25)		1			ļ						1		
			<u> </u>	<u> </u>	 	<u> </u>		<u> </u>			 		
(26)		_							İ	~			
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(27)]							1				
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(28)			}]	ļ]]]]	J		
		<u></u>	<u>L</u>	<u></u>	L.			<u> </u>					
1b	Sub-total			٠	-			•	0				0
C	Total from continuation sheets to Part								0				0
d	Total (add lines 1b and 1c)						<u> </u>	<u> </u>	0	<u> </u>	<u> </u>		0
2	Total number of individuals (including bu			ose	e lisi	ted	above	e) w	no received m	ore than \$100,0	00 in		
	reportable compensation from the organ	ization 🕨 0)				_						
	,												No
3	Did the organization list any former or							emp	oloyee, or high	nest compensat	ed 🗀 🗥		
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ivid	ual				3		✓_
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatio	n a	ind other comp	pensation from t	he	-	# -
	organization and related organizations	greater th	an \$	150,	,000)? [f "Ye	s, "	complete Sch	nedule J for su	ch		
	individual										4		✓_
5	Did any person listed on line 1a receive of									zation or individ	ual 📗	y ap-	
	for services rendered to the organization	? If "Yes," (compl	lete	Scl	nedi	ule J f	or s	such person	<u>.</u>	5		✓
Section	on B. Independent Contractors								*.	*			
1	Complete this table for your five highest	compensat	ted in	dep	end	lent	contr	act	ors that receive	ed more than \$1	00,000 of		
	compensation from the organization.												
	(A)								(B)		(C)		
	Name and business add	iress							Description of s	ervices	Compens	ation	
-				_						+		_	
				_	_			\vdash					
								\vdash					
								1-				· ·	
		-											
2	Total number of independent contractor	ors (includi	na bi	ut n	lot	limit	ted to	th	ose listed ab	ove) who			AS.
-	received more than \$100,000 in compens	sation from	the o	rgar	niza	tion	•				15 (37)		
										100 P T T	All the same of th	NA PROPERTY SECTION AND ADDRESS OF THE PARTY	and the second

			3000) 12 M7 = 122		(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
						exempt function revenue	revenue	under sections 512, 513, or 514
ts	1a	Federated campaigns	. 1a				- AND COLUMN	
딁	b	Membership dues	. 1b	3770				
<u>ا</u> ۾		Fundraising events		0		President de		
<u>a</u>	d	Related organizations	. 1d					
<u>Ē</u>		Government grants (contributions		<u></u>				
and other similar amounts	f	All other contributions, gifts, grant and similar amounts not included about		90628				
8	g	Noncash contributions included in lines	1a-1f: \$	1650	e in Galeen en man de l'étage	alen den sella		Egyletti grebi is
등	h	Total. Add lines 1a-1f			94398			
3		· ·		Business Code			The second of the second	property and the second
į :	2a	AG RESERVE MAP SALES		511190	12	12		
2	b	EDUCATIONAL EVENTS		900099	3300	3300		
3	C							_
	d						•	
<u> </u>	e							
	f	All other program service reve	enue.					
2	g	Total. Add lines 2a-2f			3312		uderschriften bien	
	3	Investment income (includir	ng divid	ends, interest,				
					7			
	4	Income from investment of tax-e	exempt be	ond proceeds				
- 1	5	Royalties						
	•		Real	(ii) Personal				and the second
	6a	Gross Rents	-				8.000 (1.000)	The second second
ĺ	b	Less: rental expenses					a de la Castonia	2.50467
	c	Rental income or (loss)				非性的性质性类	Tark and other	
	d	Net rental income or (loss)						
	7a		curities	(ii) Other				
		assets other than inventory						100
	ь	Less: cost or other basis		 				POPER FEB.
	-	and sales expenses .						
1	С	Gain or (loss)			ALEGERIC HISTORY	Parity Company Company		25.45
	d	Net gain or (loss)		.	***************************************	Segrena, Principal State & China	A Lander Comment of the Comment of t	- William - William - San San San San San San San San San San
	u	iver gain or (loss)						
<u> </u>	8a	Gross income from fundraising	1 <i>c</i>	1		eriyeteyinediyi		office the state of
	Qa	events (not including \$.'9				300000	Selection of the select
b I		of contributions reported on lin	e 1c)	ļ				
ב		See Part IV, line 18			Floring (S. Control of			
	L							
5	b	Less: direct expenses						
-		Net income or (loss) from fun Gross income from gaming ac		events .	la de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	esperator de la política de la compansión de la compansió	Section Constitution	
	9a	See Part IV, line 19			Lancarie de		2 - 5 - 5	all parties
	ı.						e de la composition de la composition de la composition de la composition de la composition de la composition La composition de la	grande State State
	b	Less: direct expenses						
_	C	Net income or (loss) from gar Gross sales of inventory		wittes F				s ge
11	10a			1				
								Carrie Carre
	b	Less: cost of goods sold .		L				
\vdash	С	Net income or (loss) from sal	es of INV	Business Code				
<u> </u>		Wiscellaneous Revenue	-	Duamess Code	AND THE PERSON NAMED IN		in men al angle	
1	l1a				ļ			
1	b			ļ	ļ			
	C	***************************************			 		-	
	d	All other revenue			<u> </u>			
	е	Total. Add lines 11a-11d .		▶		1-1-12-11-16-16-16-16-16-16-16-16-16-16-16-16-		电子联系列表现
	12	Total revenue. See instruction	ons	🕨	97717	3312	İ	L

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).

_	All other organizations must complete co	1			
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			Little graphs half A	
	organizations in the U.S. See Part IV, line 21		·	_{ministra} ns State deren	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			The Company of the Co	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16			paping of the selection	
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	69723	69723		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages		·	-	
9	Other employee benefits	4000		4000	
10	Payroll taxes	4685		4685	
11 a	Fees for services (non-employees): Management	40		40	
b	Legal	2544	2544		
C	Accounting	2011			
. d	Lobbying				
e	Professional fundraising services. See Part IV, line 17		The second secon	The state of the s	· · · · · · · · · · · · · · · · · · ·
f	Investment management fees	<u>. </u>			
-	Other	18538	18538		
- g	Advertising and promotion	150	150		
12		6260	4138	2122	<u> </u>
13	Office expenses	1710	855	855	
14	Information technology	1710	000	033	
15	Royalties				
16	Occupancy				
17	Travel	447	447	_	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				,
19	Conferences, conventions, and meetings .	537	537		*
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	3128		3128	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If		Section and Assessment	1962 19 Taganill and 0463	
,	line 24f amount exceeds 10% of line 25, column	An and the second second second	ga en com ga en como e		
	(A) amount, list line 24f expenses on Schedule O.)			ANGE E	ETP (The language)
а	TRAINING	538	538	**************************************	CONTRACTOR OF THE PROPERTY OF
b	EDUCATIONAL EVENTS	2593	2593		
C	MEMBERSHIP DUES	586		586	
d					
e					
f	All other expenses		·		
25	Total functional expenses. Add lines 1 through 24f	115479	100063	15416	· · · · · · · · · · · · · · · · · · ·
	Joint costs. Check here ▶ ☐ if following				
		1			
26	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				

Form 990 (2010)

Part X **Balance Sheet** (B) Beginning of year End of year Cash-non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 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) Notes and loans receivable, net Prepaid expenses and deferred charges . . . Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10c Less: accumulated depreciation Investments—publicly traded securities Investments—other securities. See Part IV, line 11 . Investments—program-related, See Part IV, line 11. Total assets. Add lines 1 through 15 (must equal line 34) Escrow or custodial account liability. Complete Part IV of Schedule D . Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . Other liabilities. Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 . . . Organizations that follow SFAS 117, check here ▶ ☐ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds. 76000 34 Total liabilities and net assets/fund balances Form 990 (2010)

Form 9	90 (2010) MCA 52-2294213			F	age 12
Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1	l		97717
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	15479
3	Revenue less expenses. Subtract line 2 from line 1	3		(17762)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4			76000
5	Other changes in net assets or fund balances (explain in Schedule O)	5			(1650)
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6			56588
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		<u> </u>	-, -	· 🗆
1	Accounting method used to prepare the Form 990:	olain	in in	Yes	No
2a b c	Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accountant?	versig	. 2b)	√ ✓
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.			, ,	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year issued on a separate basis, consolidated basis, or both:	ar we	re		
3а	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth	in . 3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		ne 3b	,	

Form **990** (2010)