

Return of Organization Exempt From Income Tax

Under section 501(c)(3), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047
 2010
 Open to Public Inspection

A For the 2010 calendar year, or tax year beginning and ending

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

C Name of organization: **WOMEN OF THE HARVEST MINISTRIES INT INTERNATIONAL, INC.**
 Doing Business As: _____
 Number and street (or P.O. box if mail is not delivered to street address): **P.O. BOX 151297**
 City or town, state or country, and ZIP + 4: **LAKWOOD CO 80215-9297**

F Name and address of principal officer: **Lorrie Lindgren**
9150 W. Jewell Ave., Suite 102
Lakewood CO 80232
 Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **N/A**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1998** **M** State of legal domicile: **CO**

H(c) Group exemption number: _____

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)

D Employer identification number: **84-1457958**

E Telephone number: **303-985-2148**
 Room/suite: _____
 Gross receipts: **743,009**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
Providing resources to North American women in cross-cultural service.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) **8**

4 Number of independent voting members of the governing body (Part VI, line 1b) **7**

5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) **9**

6 Total number of volunteers (estimate if necessary) **6**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a**

7b Net unrelated business taxable income from Form 990-T, line 34 **7b**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
8	Contributions and grants (Part VIII, line 1h)	675,571	710,236	384,750	410,924	138,592	162,461
9	Program service revenue (Part VIII, line 2g)	685	312	665,834	711,045	13,885	31,964
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,463	516	36,759	410,924	125,956	157,920
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	679,719	743,009	300,121	410,924	12,636	4,541
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	679,719	743,009	300,121	410,924	125,956	157,920
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				410,924		162,461
14	Benefits paid to or for members (Part IX, column (A), line 4)				410,924		162,461
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				410,924		162,461
16a	Professional fundraising fees (Part IX, column (A), line 11e)				410,924		162,461
b	Total fundraising expenses (Part IX, column (D), line 25)			36,759	410,924		162,461
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)				410,924		162,461
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			36,759	410,924		162,461
19	Revenue less expenses. Subtract line 18 from line 12				410,924		162,461
20	Total assets (Part X, line 16)				410,924		162,461
21	Total liabilities (Part X, line 26)				410,924		162,461
22	Net assets or fund balances. Subtract line 21 from line 20				410,924		162,461

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: *Lorrie Lindgren*
 Date: **8/23/11**
 Title: **Executive Director**

Print/preparer's name: **Ken Roth**
 Preparer's signature: *Ken Roth*
 Date: **08/08/11**
 Check if PTIN **P01389203**
 self-employed

Firm's name: **Taylor Roth and Company**
 Firm's EIN: **20-3746583**
 Firm's address: **800 Grant St Ste 310**
Denver, CO 80203-2944
 Phone no.: **303-830-8109**

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:

Providing resources to North American women in cross-cultural service.

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 \$ 636,056 including grants of \$) (Revenue \$)

Production of an on-line magazine with other on-line resources and hosting national and international retreats for North American women serving in cross-cultural service.

4b (Code:) (Expenses \$ 7,668 including grants of \$) (Revenue \$)

The purpose of HOPE is to support cross-cultural workers by offering micro-loans as a viable way to help impoverished women around the world.

4c (Code:) (Expenses \$) (Revenue \$)

4e Total program service expenses 643,724

Part IV Checklist of Required Schedules (continued)

21	22	23	24a	24b	24c	24d	25a	25b	26	27	28	28a	28b	28c	29	30	31	32	33	34	35	36	37	38
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	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.	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.	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.	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	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 with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	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?	If "Yes," complete Schedule L, Part I.	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	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.	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): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. c 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.	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 conservation contributions? If "Yes," complete Schedule M.	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	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.	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	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.	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.	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.	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.	
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	9
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: USA	4b	
5a	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
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). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
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 required to file Form 8822?	7c	
d	If "Yes," indicate the number of Forms 8822 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
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	
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
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:	11a	
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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.

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year 1a 8

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? 2

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

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4

5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5

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 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a

b Each committee with authority to act on behalf of the governing body? 8b

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

10a Does the organization have local chapters, branches, or affiliates? 10a

b 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 filing the form? 11a

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11b

12a Does the organization have a written conflict of interest policy? If "No," go to line 13. 12a

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b

c 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

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? 15a

a The organization's CEO, Executive Director, or top management official 15b

b Other officers or key employees of the organization 15c

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? 16a

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 organization's exempt status with respect to such arrangements? 16b

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed. None

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 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: Torrie Lindgren 9150 W. Jewell Ave., Suite 102 CO 80232

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.

compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations 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 related compensation from the organization (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			
(1) Lorie Lindgren CEO	40.00	X	X	X			62,650	0	
(2) Beth Shaum Member	1.00	X					0	0	
(3) Lorie Lindgren President	1.00	X		X			0	0	
(4) David Craig Member	1.00	X					0	0	
(5) Gene Erickson Member	1.00	X					0	0	
(6) Donna Jeffries Member	1.00	X					0	0	
(7) Patty Wolf Member	1.00	X					0	0	
(8) Drew Wolford Finances	30.00	X		X			0	0	
(9) Debbie Christian Member	1.00	X					0	0	

Part VIII Statement of Revenue		Total revenue		Total revenue		Total revenue		Total revenue	
		(a)	(b)	(c)	(d)				
1a Federated campaigns									
1b Membership dues									
1c Fundraising events									
1d Related organizations									
1e Government grants (contributions)									
1f All other contributions, gifts, grants, and similar amounts not included above		1f	710,236						
g Noncash contributions included in lines 1a-1f									
h Total. Add lines 1a-1f			710,236						
2a Registration Income-Retracts-		Busn. Code	900099	31,945	31,945				
b									
c									
d									
e									
f All other program service revenue									
g Total. Add lines 2a-2f			31,945						
3 Investment income (including dividends, interest, and other similar amounts)			312					312	
4 Income from investment of tax-exempt bond proceeds									
5 Royalties									
6a Gross Rents		(i) Real							
		(ii) Personal							
b Less: rental exps.									
c Rental inc. or (loss)									
d Net rental income or (loss)									
7a Gross amount from		(i) Securities							
		(ii) Other							
b Less: cost or other									
c Gain or (loss)									
d Net gain or (loss)									
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)		See Part IV, line 18							
b Less: direct expenses									
c Net income or (loss) from fundraising events									
9a Gross income from gaming activities		See Part IV, line 19							
b Less: direct expenses									
c Net income or (loss) from gaming activities									
10a Gross sales of inventory, less returns and allowances		a							
b Less: cost of goods sold		b							
c Net income or (loss) from sales of inventory									
Miscellaneous Revenue		Busn. Code		516	516				
11a Other Income				516	516				
b									
c									
d All other revenue									
e Total. Add lines 11a-11d			516						
12 Total revenue. See instructions			743,009	32,461				312	

Other Revenue

Program Service Revenue

Contributions, gifts, grants and other similar amounts

Part VIII Statement of Revenue

Form 990 (2010) WOMEN OF THE HARVEST MINISTRIES INT 84-1457958

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).

Table with 4 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include: 1 Grants and other assistance to governments and organizations in the U.S., 2 Grants and other assistance to individuals in the U.S., 3 Grants and other assistance to governments, 4 Benefits paid to or for members, 5 Compensation of current officers, directors, trustees, and key employees, 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 Other salaries and wages, 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions), 9 Other employee benefits, 10 Payroll taxes, 11 Fees for services (non-employees), 12 Advertising and promotion, 13 Office expenses, 14 Information technology, 15 Royalties, 16 Occupancy, 17 Travel, 18 Payments of travel or entertainment expenses for any federal, state, or local public officials, 19 Conferences, conventions, and meetings, 20 Interest, 21 Payments to affiliates, 22 Depreciation, depletion, and amortization, 23 Insurance, 24 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.), 25 Total functional expenses. Add lines 1 through 24f, 26 Joint costs. Check here [] 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.

Part X Balance Sheet

	(A) Beginning of year	(B) End of year
1 Cash—non-interest bearing	114,669	94,685
2 Savings and temporary cash investments		
3 Pledges and grants receivable, net		
4 Accounts receivable, net		3,087
5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		
6 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)		
7 Notes and loans receivable, net		
8 Inventories for sale or use		
9 Prepaid expenses and deferred charges	23,923	64,689
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	25,347	
b Less: accumulated depreciation	10b 25,347	
11 Investments—publicly traded securities		
12 Investments—other securities. See Part IV, line 11		
13 Investments—program-related. See Part IV, line 11		
14 Intangible assets		
15 Other assets. See Part IV, line 11		
16 Total assets. Add lines 1 through 15 (must equal line 34)	138,592	162,461
17 Accounts payable and accrued expenses	12,636	4,541
18 Grants payable		
19 Deferred revenue		
20 Tax-exempt bond liabilities		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		
22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.		
23 Complete Part II of Schedule L		
24 Secured mortgages and notes payable to unrelated third parties		
25 Unsecured notes and loans payable to unrelated third parties		
26 Other liabilities. Complete Part X of Schedule D		
27 Total liabilities. Add lines 17 through 25	12,636	4,541
28 Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.	41,790	92,497
29 Unrestricted net assets	84,166	65,423
30 Temporarily restricted net assets		
31 Permanently restricted net assets		
32 Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
33 Capital stock or trust principal, or current funds		
34 Paid-in or capital surplus, or land, building, or equipment fund		
35 Retained earnings, endowment, accumulated income, or other funds		
36 Total net assets or fund balances	125,956	157,920
37 Total liabilities and net assets/fund balances	138,592	162,461

Part XI 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)	743,009
2	Total expenses (must equal Part IX, column (A), line 25)	711,045
3	Revenue less expenses. Subtract line 2 from line 1	31,964
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	125,956
5	Other changes in net assets or fund balances (explain in Schedule O)	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	157,920

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? Yes No

b Were the organization's financial statements audited by an independent accountant? Yes No

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? Yes No

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?
 3a 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.

3b Yes No