AMERICAN COALITION FOR PUBLIC RADIO 2016 FORM 990-EZ RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX PUBLIC INSPECTION COPY FISCAL YEAR ENDED 09/30/2017

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

> Do not enter social security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

_	East th	o 2046 onlander	was or fav year baginning	03/24,2017,	and anding		09/30 ,20 17				
_		7	year, or tax year beginning Name of organization	03/24,2010,	and ending	П	Employer identification number				
7	_		"								
\vdash	⊣	ess change	ا ،	2 1246245							
H		- N	AMERICAN COALITION FOR PUBLIC RADI tumber and street (or P.O. box, if mail is not delivered to street at		Room/suite		2-1246245 Telephone number				
7	Initial	retum	,	1010307	110011110	1	·				
\vdash	Final		1111 NORTH CAPITOL STREET, NE city or town, state or province, country, and ZIP or foreign postal	code			202) 513 - 2000 Group Exemption				
\perp	Amen	ioeo tetotti		COSC		1	,				
	Applic		WASHINGTON, DC 20002				Number >				
		• —	Cash X Accrual Other (specify) ▶		H Che	-					
1	Websit	te: ► <u>WWW.PRC</u>	TECTMYPUBLICMEDIA.ORG		·	4	attach Schedule B				
<u>J</u>	Tax-exem	npt status (check only on	e) - 501(c)(3) X 501(c) (4) ◀ (insert no.)	4947(a)(1) or	527 (For	n 990,	990-EZ, or 990-PF).				
		f organization: X		Other	\sim		···				
			o line 9 to determine gross receipts. If gross receipts a								
(Pa			re \$500,000 or more, file Form 990 instead of Form 990-t				116,024.				
P	art I	Revenue, Exp	penses, and Changes in Net Assets or F	und Baland	es (see the	instru	ictions for Part l)				
		Check if the o	rganization used Schedule O to respond to a	ny question ir	this Part I.	· · ·					
	1	Contributions, gi	fts, grants, and similar amounts received			1	116,024.				
	2	Program service	revenue including government fees and contracts ,			2					
	3	Membership due	s and assessments	<i>y</i> :\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		3					
	4	Investment incon	ne			4					
	5a	Gross amount fro	om sale of assets other than inventory 5a								
	b	Less: cost or other	er basis and sales expenses	1	0.						
	c	Gain or (loss) fro	5c								
	6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)									
	a	Gross income from									
ä		\$15,000)									
le.	b	Gross income fro									
Revenue			events reported on line 1) (attach Schedule G if the								
_			ss income and contributions exceeds \$15,000) 6b								
	С		enses from gaming and fundraising events 6c								
			(loss) from gaming and fundraising events (add lin	es 6a and 6b	and subtract						
	1	line 6c)			6d						
	7 a	-	ventory, less returns and allowances	<u> </u>							
	b	Less: cost of good	ds sold		0.						
	С		oss) from sales of inventory (Subtract line 7b from line 7a	7с							
	8		escribe in Schedule O)			8					
	9		Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	116,024.				
	10	Grants and simila	ar amounts paid (list in Schedule O)			10					
	11	Benefits paid to o	or for members			11					
S	12		ompensation, and employee benefits		12	23,546.					
ĬS.	13	Professional fees	and other payments to independent contractors		13						
Expenses	14	Occupancy, rent,	, utilities, and maintenance		14						
	15	Printing, publicat		15							
	16	Other expenses (16	92,478.						
	17		s. Add lines 10 through 16			17	116,024.				
S	18	Excess or (deficit	l) for the year (Subtract line 17 from line 9)			18					
set	19	Net assets or fu	ind balances at beginning of year (from line 27, co	olumn (A)) (mus	t agree with	,					
Net Assets		end-of-year figure	e reported on prior year's return)			19	0.				
let	20	Other changes in	net assets or fund balances (explain in Schedule O)			20					
Z	21	Net assets or fun	nd balances at end of year. Combine lines 18 through 20		. , , ▶	21	0.				



Department of the Treasury Internal Revenue Service Ogden UT 84201

Notice	CP211A		
Tax period	September 30, 2017		
Notice date	February 5, 2018		
Employer ID number	82-1246245		
To contact us	Phone 1-877-829-5500 FAX 801-620-5555		

Page 1 of 1



5184

Important information about your September 30, 2017 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your September 30, 2017 Form 990.

Your new due date is August 15, 2018.

What you need to do

File your September 30, 2017 Form 990 by August 15, 2018. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a
- For tax forms, instructions, and publications, visit www.lrs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.





Form 990-EZ (2016)

Form	990-2	Z (2016)					raye A
Pai	ŧII	Balance Sheets (see the instructions for Part II)	•				
		Check if the organization used Schedule O to re	spond to any que				
				(A) Beginning of year		(B) (End of year
22		n, savings, and investments		0			0.
23		and buildings		0			0.
24		r assets (describe in Schedule O)	<u> </u>	0			0.
25		lassets		; 0	—— ——		0.
26 27	Tota	I liabilities (describe in Schedule O)	(ith line 21)	0			0.
	t III	Statement of Program Service Accomplishme			121		
	Carrie	Check if the organization used Schedule O to resp			X (Re	⊏x equired fo	penses or section
Mha	tie th	e organization's primary exempt purpose? <u>ATTACHME</u>			, ,		nd 501(c)(4)
		he organization's program service accomplishments f		largest program service	org	janization	s; optional for
as m	easu	red by expenses. In a clear and concise manner, des	scribe the services	provided, the number	of oth	ers.)	
		enefited, and other relevant information for each prog	ram title.			T	
26 <u> </u>	AI.	ACHMENT 3			7		
-							
(Grants	\$) If this amount include	s foreign grants, chec	k here	28a	<u></u>	116,024.
29				()			
_				-			
_		The state of the s					
(Grants	\$) If this amount include	s foreign grants, chec	k here	29a	-	
30 _					[
_		Heating and the second and the secon					
_				N			
**	Grants			krnere▶	30a		
		rogram services (describe in Schedule O)	a faraira sende aban	k here ▶ [`` _{31a}		
	Grants	s) if this amount include program service expenses (add lines 28a through 31a)					116,024.
3.Z I	otaij	List of Officers, Directors, Trustees, and Key Emplo	year (list each and	oven if not compense	tori - see	the instru	
r al	LIV	Check if the organization used Schedule O to respoi	nd to any question i	n this Part IV			
		official in the organization does consults of to the	(b) Average	(c) Reportable	(4) Haall	h honolite	
		(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contribution	s to employee plans, and	(e) Estimated amount of other compensation
			devoted to position	(if not paid, enter-0-)		ompensation	
A	rta(CHMENT 4					

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ISA 3E1009 1,000

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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part\	; /	
	instructions for Part V) Crieck if the organization used schedule O to respond to any question in this	i ait i	Yes	No
22	Did the committee angular in any significant pativity not provingly reported to the IPS? If "Ves " provide a		100	1
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes." attach a conformed	-		
.	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	34		х
35a	change on Schedule O (see instructions)			_
วอส	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
•	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х_
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ►; section 4912 ►; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			7.
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	Helmanico	X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40e	10000000	X
	transaction? If "Yes," complete Form 8886-7	400		
41	List the states with which a copy of this return is filed >	2000		
42a	The organization's books are in care of ▶NPR, DEBORAH A. COWAN, CFO Located at ▶1111 NORTH CAPITOL STREET, NE WASHINGTON, DC ZIP + 4 ▶ 20002			
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	г	Yes	No
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	If "Yes," enter the name of the foreign country:	30%	e light.	1900
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
_	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х
	If "Yes," enter the name of the foreign country: >			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here.		>	
40	and enter the amount of tax-exempt interest received or accrued during the tax year			
	and circuitic amount of tax dyompt into out to a second of the amount of tax dyompt into out to a second out t		Yes	
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	业 图		
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		Х
c	Did the organization receive any payments for indoor tanning services during the year?	44c	77700.12	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	20172200 One from	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	3500		
	Form 990-EZ (see instructions)	45b		<u> </u>

Form 990	0-EZ (2016)											Page 4
												Yes No
		ganization engag										,,
		tes for public offic			chedule C, P	art I					. 46	X
Part \	Sect	ion 501(c)(3) o	rganization	s only			477 403	1.50		tt		- 110
		ection 501(c)(3	3) organizat	ions must	answer qu	estion	s 47-49k	and 52, a	and co	mplete the	ables to	riines
		nd 51.							D 11	7 1		
		ck if the organiz									1	
47	Did the or	ganization engag	je in lobbying	activities	or have a	section	501(h) 6	election in	effect (during the ta	3× ┌	Yes No
,	vear? If "Ye	s." complete Sch	iedule C, Part	11							41	
48	ls the orga	nization a school	l as described	d in section	170(b)(1)(A	.)(ii)? If	"Yes," co.	mplete Sch	edule E		48	
49a	Did the org	janization make a	any transfers	to an exer	npt non-cha	ritable r	elated org	ganization?.			49a	
b	If "Yes," w	as the related org	ganization a s	section 527	organization	?					. 49b	
50	Complete t	this table for the	organization	's five high	est compen	sated o	employee	s (other th	an offic	ers, director	s, trustee	s, and key
	employees) who each recei	ved more tha	n \$100,00			from the	organizatio	on. If the	ere is none,	<u>enter "No</u>	
	(a) i	Name and title of each	n employee		(b) Avera hours per v devoted to p	eex	comp	eportable ensation 2/1099-MISC)	contribu benefit p co	ealth benefits, tions to employee lans, and deferred mpensation	(e) Estimate other con	ted amount of mpensation
									1			
								······································		>	<u> </u>	
									X			
) ·		<u> </u>	
								V			<u> </u>	
							7	7				
											<u> </u>	
											<u> </u>	
f T	Total numb	er of other empl	oyees paid o	ver \$100,0	00	Ci		-1		who ooob r	o a a iva d	more than
51 (Complete 1	this table for the of compensation	organization	n's five hig	hest compe	ensated	d indeper	ndent contr "	ractors	wno each r	eceivea	more man
						ne, en				/e) C	Compensation	
	(a) Name	and business addres	s of each indeper	ndent contracto	or		(b) Type	e of service		(6)	Ompensado	
					5							
		**************************************							***************************************			
			0									
			\sim									
			7									
ď	Total numb	er of other indep	endent contr	actors eac	h receiving	over \$1	100,000.	▶				
		rganization com							tions n	nust attach	a	
,	batalamas	Schodula A									res	
Lindar nar	altine of nari	ing I declare that I ha	ue evamined this	return, inclu	dina accompan	vina sche	edules and s	stalemenis, an	id to the i	oest of my know	iledge and t	belief, it is
rue, corre	ct, and comp	lete. Declaration of pre	eparer (other than	onicer) is bas	sed on all inidia	ation of	willen hieb	aici nas any M	Tomicage			
		9-	1							8/9/	2018	
Sign	Sig	nature of officer							Date	y -		
Here	LLC	REN A. MAYO	Ŕ			PRE	SIDENT			<u> </u>		
	Тур	e or print name and ti	tle									
	Print/T	ype preparer's name		Preparer's s	ovarnie –	\wedge		Date	, 1	Check 🔲 if	PTIN	
Paid	ELIZAB	ETH W HELLER , CI	PA	Elia	Salutar	Lell		8/9/2018	5	self-employed	P00397	7829
Prepare		лаше 🕨 ТАТЕ	& TRYON)				Firm's I	IN ▶ 52-1	855942	
Use Or	ity		L ST NW	<u> </u>					Phone		293-22	
	rinn's a		HINGTON, I	OC 20036	<u> </u>							
May tho	IRS discu	ss this return wit				structio	ons .				► X Yes	s No
way lile	TITO UISCU	23 KIIS LEIGHT WILL	the propert			wat	• • •		- · · · ·)-EZ (2016)

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Schedule of Contributors

OMB No. 1545-0047

2016

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Internal Revenue Service Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization AMERICAN COALITION FOR PUBLIC RADIO 82-1246245 Organization type (check one): Filers of: Section:) (enter number) organization X 501(c)(4 Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization AMERICAN COALITION FOR PUBLIC RADIO

Employer identification number 82-1246245

Part I	Contributors (See instructions). Use duplicate copies of l	Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$116,024.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + X	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer Identification number 82-1246245

Part II	Noncash Property (See instructions). Use duplicate copies of P	art II if additional space is ne	eeded.
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
100 M		\$	
l		1	ì

Employer identification number

00	_ 7	24	62	A	

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc.								
	contributions of \$1,000 or less for the Use duplicate copies of Part III if additional copies of the copies of the copies of Part III if additional copies of the copies o	ne year. (Enter this in	nformation once.						
(a) No. from Part i	(b) Purpose of gift	(c) Use		(d) Description of how gift is held					
									
		(e) Trans	fer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relati	onship of transferor to transferee					
				04					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
			A)						
	(e) Transfer of gift								
	Transferee's name, address, a	onship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
Residence of the second se									
		(e) Transi	er of gift						
	Transferee's name, address, a	nd ZIP + 4	Relatio	onship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, at	nd ZIP + 4	Relatio	onship of transferor to transferee					

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2016

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

AMERICAN COALITION FOR PUBLIC RADIO

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

gov/form990. Inspection
Employer identification number

82-1246245

ATTACHMENT 3

	ATTACHMENT 1
FORM 990EZ, PART I - OTHER EXPENSES	M. 44.4
DIRECT COSTS	92,478.
TOTAL	92,478.
FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE	ATTACHMENT 2
SOLICIT AND DISSEMINATE INFORMATION BY WAY OF THE PROTECTMYPUBLICMEDIA.ORG WEBSITE AND SOCIAL MEDIA CHANNELS.	

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT 1

THE PROTECTMYPUBLICMEDIA.ORG WEBSITE AND OTHER SOCIAL MEDIA CHANNELS DISSEMINATE INFORMATION ABOUT PUBLIC RADIO AND ENCOURAGE THE PUBLIC TO SHARE THEIR VIEWS ABOUT PUBLIC RADIO WITH EACH OTHER AND THEIR ELECTED REPRESENTATIVES.

EMPLOYEES	***************************************
) KEY	***************************************
AND	***************************************
TRUSTEES	***************************************
DIRECTORS,	ATT
ST OF OFFICERS,	
LIST OF	
IV -	***************************************
PART	
990EZ,	11.000
FORM	

ESTIMATED AMOUNT OF OTHER COMPENSATION	· o	.0	.0	. 0	
HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFFERED COMPENSATION	·o	. 0	.0	0 0	
REPORTABLE COMPENSATION (FORM W-2/ 1099-MISC)	619.	·	·		0
AVERAGE HOURS PER WEEK DEVOTED TO POSITION	1.00	B1.00	J.00	1.00 GRAND TOTALS	
NAME AND TITLE	LOREN A. MAYOR PRESIDENT	MEG GOLDTHWALTE TREASURER AND SECRETARY	PAUL G. HAAGA, JR. DIRECTOR	ROGER LAMAY DIRECTOR	