EXHIBIT 10

Case3:09-cv-00168-JSW Document108-10 Filed01/31/11 Page2 of 10 OMB No. 1545-0047

Form **990**

Return of Organization Exempt From Income Tax

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 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.

		nue se		ndar	ear, or tax year be	ainnina		, 2007, and	d ending		, 20				
					C Name of organization						identification number				
_		f appli	Laure.	lease se IRS	Long Haul	•					4:3198905				
_]^	\ddres	ss cha		bel or . rint or	Number and street (o	r P.O. box if	mail is not delivered to	street address	s) Room/suite	E Telephor					
۱.	lame change type. 3124 Shaffuck Ave									<u>540-0751</u>					
	Specific City or town state or country, and ZIP + 4									F Accounting	F Accounting method: Cash Accrual				
וַ	Termination Instruc- Roughold CA 94705-1823									Othe	r (specify) 🕨				
]/	Amended return Hand are not app									ot applicable t	o section 527 organizations.				
]/	\pplic:	ation p	pending	• Sect	tion 501(c)(3) organiz ts must attach a com	pleted Sched	iule A (Form 990 or 9	90-EZ).			for affiliates? Yes No				
	141_L_	h	- 14324		thelonghau						of affiliates >				
G '	webs	ite:	W.	w.	melongnav	7			H(c) Are all a	affiliates includ	ed? Yes No See instructions.)				
J	Organ	nizati	on type (c	heck o	nly one) 🕨 👿 501(c)	(3) ∢ (ins	sert no.) 🔲 4947(a)(1)	or 527							
	Organization type (check only one) ► \$\infty\$ 501(c) (3) \ (insert no.) \$\begin{array}{c} 4947(a)(1) \text{ or } \begin{array}{c} 527 \\ H(d) \end{array}\$ Is the organization is not a 509(a)(3) supporting organization and its gross organization chooses									tion covered by	a group ruling? Yes No				
	receio	ots are	e normally	not mo	re than \$25,000. A retu	m is not requ	ired, but if the organiza	tion chooses		Exemption Nu					
1	to file	a ret	um, be sur	re to file	a complete return.				M Check	▶ X if th	ne organization is not required				
			-1-4-		s 6b, 8b, 9b, and 10	h to line 12	► 140.14	3.41_	to atta	ch Sch. B (Fo	rm 990, 990-EZ, or 990-PF).				
		s rec	Perent	o Ev	penses, and Ch	anges in	Net Assets or	und Bala	ances (See	the instruc	tions.)				
	art l		neveilu	e, Ex	penses, and on	-imilar om	ounts received:								
•	1	C	ontribut	ions, 9	gifts, grants, and	similar ann	builts received.	1a							
	:				o donor advised f			1b	9831.	8					
	1 1	b D	irect pu	blic si	upport (not include	90 ON MIE	1a)	1c							
	1	c In	ndirect p	ublic	support (not inclu	ged on ind	e ra)	1d			0.0010				
	'	d G	overnm	ent co	ontributions (grants	s) (not inci	nonca)	1e	9,831.18				
	1 '	e T	Program service revenue including government fees and contracts (from Part VII, line 93)							3) 2					
	2	P								3					
	3	Membership dues and assessments							4	2.693.40					
	4	4 Interest on savings and temporary cash investments								0_					
	5				interest from sec	unties .		6a							
	6		Gross re			• • •		6b							
		b L	_ess: rer	ntal ex	(penses	 Imat lina G	h from line 6a			6c	<u> </u>				
	۔ ا	C N	Vet renta	al inco	ome or (loss). Sub	iha 🕨	p nom mo oa .	• • •) 7	O				
•	3 7	:			ent income (descr		(A) Securities	T	(B) Other						
el messe C	[]				from sales of ass	ets other		8a			•				
å	2	t	than inve	entory	, , , , , , , , , , , , , , , , , , ,	ovnoncoc		8b			·				
		b l	Less: cos	et or ot	ther basis and sales	exhenses.		8c			6				
		C	Gain or i	(1055)	(attach schedule)	c columns	(A) and (B)			8d	<u> </u>				
	١.	d l	Net gain	or (lo	ss). Combine line 8 and activities (attach	echadula) l	f any amount is from	gaming, c	heck here						
	1	9 ;	Special e	vents a	and activities (attach	scribation.	of	· J ().							
•		a (Gross re	evenue	e (not including \$ reported on line 1	b)		9a							
			contribu	IUONS	reported on line in expenses other that	<i>⊃ı</i> ın fundrais	ina expenses	9b							
		D	Less: Ci	rect e	r (loss) from speci	ial events	Subtract line 9b f	rom line 9	a	9c	0				
		C	Cree inco	711 1 6 0	of inventory, less r	eturns and	allowances	100	001000	74					
•	11	4	1	not of	goods sold				58,694						
	1	b	Less: C	usi of	(loss) from sales of i	 nventorv (at	tach schedule). Sub	tract line 10	b from line 10a	10c					
					. K Dord \/	20 103)				· · 	18.841.09				
		1 2	Total re	evenu.	e (from Part VII, III e. Add lines 1e, 2,	3, 4, 5, 6c,	7, 8d, 9c, 10c, and	<u> 111 </u>	<u> </u>	12	81,453.60				
-		-	December	n cc-	rices (from line 44	column (B))			13	43,503.27				
	g 1		Program	ii serv	and general (from	, Johann (column (C))			14	1,224-00				
	š 1	14	wanage	ioine (from line 44, colu	o 4-1, c				. 15	0				
	51	15	Daymor	nte to	affiliates (attach s	chedule) .				. 16					
		16 17	Total e	XDen:	ses. Add lines 16	and 44, co	olumn (A)	<u> </u>	<u> </u>	17	44,727.27				
_			Comme		eficit) for the year.	Subtract	line 17 from line 1	2		18					
	sote.	18	Excess	or (d	eticit) for the year. Ir fund balances a	t hodinnin	of year (from line	 e 73. colur		19					
	A8	19	Net ass	sets o	r fund balances a es in net assets o	r fund hals	ences (attach expl	anation)							
		20 21	Not see	anang sets or	fund balances at	end of year	. Combine lines 18	, 19, and 2	20	21	119,111,26				
	- 14					•									

Page 2

	Functional Expenses organizations and s		ים יון עשינין וופוופוניווף נ	γ	<u> </u>	
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule)	.				
	(cash \$)	22a				
	If this amount includes foreign grants, check here	ZZA				
2b	Other grants and allocations (attach schedule) (cash \$)					
	If this amount includes foreign grants, check here	22b	3,291.60	3,291,60		
3	Specific assistance to individuals (attach schedule)	23				
4	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors,					
	key employees, etc. listed in Part V-A	25a				
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
C	Compensation and other distributions, not					,
	included above, to disqualified persons (as					
	defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26	Salaries and wages of employees not included					
.0	on lines 25a, b, and c	26				ļ
7	Pension plan contributions not included on lines 25a, b, and c	27				
8	Employee benefits not included on lines					
	25a – 27	28				<u> </u>
9	Payroll taxes	29				
0	Professional fundraising fees	30				
1	Accounting fees	31				•
2	Legal fees	33	0 949 00	9,249,99	<u> </u>	
13 14	Supplies	34	738.10	738.10		
 15	Postage and shipping	35		4.763,69		
 36	Occupancy	36		15,970.00		
37	Equipment rental and maintenance	37	607.89	607.89		
18	Printing and publications	38		6,456.20		
9	Travel	39	G23.85			
Ю	Conferences, conventions, and meetings	40	127.27	127.27	<u> </u>	
1	Interest	41	 			<u> </u>
12	Depreciation, depletion, etc. (attach schedule) Other expenses not covered above (itemize):	72				
IЗ а	into a laviach co	43a	38488	384.88	3	
b	1 . 1. 0	43b			24	
c	Insurance	430	1,200.00		1200	
d	outreach	43d	1,289.80	1,289.80	<u> </u>	
е		43e			 	
f		43f				<u> </u>
g		439	<u> </u>	 	<u> </u>	1
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines			43,503.27		
	13–15)	44	44,727.27		[224	
	nt Costs. Check ► ☐ if you are following SO					

Form 1990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's primary exempt purpose? ► CDUCATION OF PUBLIC, charitable. What is the organization's primary exempt purpose? ► CDUCATION OF PUBLIC, charitable. What is the organization's primary exempt purpose? ► CDUCATION OF PUBLIC, charitable. All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 5016(x)) and (served to served) and 4947(x)(1) more exempt charitable trusts must also enter the amount of grants and allocations to others.) a Provided Internal Property reading room, free public internal public internal property reading room, free public internal p	Par	till Statement of Pro	ogram Service Accomplis	hments (See the instructions.)	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(cg)) and (4) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	parti on it	cular organization. How th s return. Therefore, please	e public perceives an organize make sure the return is com	ation in such cases may be determined by the infor	nation presented
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Scrotts and allocations is and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) a Provided Infoshop, I brary, reading room, free public internet access, historical archive, meeting space, free educational events, open. 6. days a week staffed entirely by volunteers and used by hundreds of people. Projects also included a newsletter and historical catendar distributed mationally. The project also operated a free food community (Grants and allocations \$) If this amount includes foreign grants, check here \$	Wha	t is the organization's prim	nary exempt purpose? ► Co	lucation of public charitable	
Internet access, historical archive, meeting space, free educational events, open 6 days a week staffed entirely by Yolunteers and week by hundreds of people. Project also included a newsletter and historical colendar distributed mationally. The project also operated a free tood community (Grants and allocations \$) if this amount includes foreign grants, check here \$ \] b Outreach project which served free food 6 days per week to foor and homeless persons. (Grants and allocations \$) if this amount includes foreign grants, check here \$ \] (Grants and allocations \$) If this amount includes foreign grants, check here \$ \] (Grants and allocations \$) If this amount includes foreign grants, check here \$ \] (Grants and allocations \$) If this amount includes foreign grants, check here \$ \]	All o	rganizations must describe t	their exempt purpose achievementsued, etc. Discuss achievemen	ents in a clear and concise manner. State the number ats that are not measurable. (Section 501(c)(3) and (4)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for
Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ e Other program services (attach schedule) Grants and allocations \$) If this amount includes foreign grants, check here ▶ □		nternet acces ducational ex ou volunteers a ncluded a new nationally. The	ents, open 6 de and used by hum sietter and history open 6 de and history open 6 de also open 6	chive, meeting space, free ays a week staffed entirely dreds of people. Projects also real calendar distributed evated a free food community	43503.27
Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □		week to foor	and homeless f	oersons.	ine 13
Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	i	Grants and allocations	\$) If this amount includes foreign grants, check here 📐 🗌	the state of the s
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	С			<u> </u>	ស្រាប់ ដីដែល ដែល ។ សមានស្រាប់ ស្ថិតនិង សមាន ១
d	•				Pretini
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	_				
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □					:
			ttach schedule)		
		(Grants and allocations			

Form 990 (2007)

Page 3

Case3:09-cv-00168-JSW Document108-10 Filed01/31/11 Page5 of 10 Form 990 (2007) Page 4 Part IV Balance Sheets (See the instructions.) Where required, attached schedules and amounts within the description (A) Beginning of year (B) End of year column should be for end-of-year amounts only. 45 45 Cash—non-interest-bearing :×85.23 46 Savings and temporary cash investments . 46 47a Accounts receivable 47a b Less: allowance for doubtful accounts . 47b 47c 48a 48a Pledges receivable 48b b Less: allowance for doubtful accounts 49 50a Receivables from current and former officers, directors, trustees, and 50a b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) 50b 51a Other notes and loans receivable (attach 51a 51b **b** Less: allowance for doubtful accounts 51c Inventories for sale or use 52 53 Prepaid expenses and deferred charges 53 54a Investments—publicly-traded securities . . ☐ Cost ☐ FMV 54a b Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV 55a Investments—land. buildings, 55a b Less: accumulated depreciation (attach 55b 55c 56 56 Investments—other (attach schedule) .57a 57a Land, buildings, and equipment: basis . b Less: accumulated depreciation (attach 57b 57c Other assets, including program-related investments 58 Total assets (must equal line 74). Add lines 45 through 58 . . . 59 59 60 60 61 61 62 62 Loans from officers, directors, trustees, and key employees (attach 63 64a **b** Mortgages and other notes payable (attach schedule) 64b Other liabilities (describe ▶) 65 Total liabilities. Add lines 60 through 65 . Organizations that follow SFAS 117, check here ▶ □ and complete lines 67 through 69 and lines 73 and 74. Balances 67 67 68 68 Permanently restricted 69 Organizations that do not follow SFAS 117, check here ▶ 📈 and complete lines 70 through 74.

Paid-in or capital surplus, or land, building, and equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances. Add lines 67 through 69 or lines

70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)

Total liabilities and net assets/fund balances. Add lines 66 and 73

5

Assets

Net

72

82,385.23 73 [19] 11 036

70

71

72

Form 990 (2007)

Form 990 (rage V
Part V					Yes No
	er the total number of officers, directors, and tru etings	stees permitted to vo	te on organization 	business at board	
em	eany officers, directors, trustees, or key employ ployees listed in Schedule A, Part I, or high ntractors listed in Schedule A, Part II-A or I ationships? If "Yes," attach a statement that ide	nest compensated particles are larger to the	rofessional and o other through f	other independent amily or business	75b
cor ind org the	any officers, directors, trustees, or key empensated employees listed in Schedule A, ependent contractors listed in Schedule A, lanizations, whether tax exempt or taxable, that definition of "related organization.". Yes," attach a statement that includes the info	Part I, or highest co Part II-A or II-B, rec t are related to the o	empensated professive compensations See	essional and other on from any other	75c
d Do	on the armonization have a written conflict of in	starast nolicy?			75d 🗶
Part V		Key Employees That I	Received Compent of the compens of t	sation or Other Bene escribed below) during	are year, not and
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
	· · · · · · · · · · · · · · · · · · ·		· .		,
			į.		102
				. :	
		·			ali de Hillaria La Cart
		•			
		•			
		•			
	Other Information (See the instruction				Yes No
de	id the organization make a change in its activite activite activite at all the control of the co				
77 W	ere any changes made in the organizing or go	es.		• • •	$ \pi $ X
78a D	id the organization have unrelated business grais return? "Yes," has it filed a tax return on Form 990-T	ross income of \$1,00	0 or more during	the year covered by	78a
79 W	/as there a liquidation, dissolution, termination, statement	or substantial contra	ction during the y	/ear? If "Yes," attach	79
80a is	the organization related (other than by associonmon membership, governing bodies, trus	tees, officers, etc., 	to any other ex	organization) through empt or nonexemp	80a ×
b If	"Yes," enter the name of the organization	and check whether	it is ∐ exempt		
81a E	inter direct and indirect political expenditures. Did the organization file Form 1120-POL for thi	(See line 81 instructions year?	ons.)		. 81b

Form 9	990 (2007)			age /
Par	t VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.			
00-	(See instructions in Part III.)	83a	X	
83a	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a 85b		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	650		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization		3.0	
_	received a waiver for proxy tax owed for the prior year. Dues, assessments, and similar amounts from members	W.W.		
	Section 162(e) lobbying and political expenditures			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 856	- 300		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) [85f]	250		
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h ·	It section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
b	Gross receipts, included on line 12, for public use of club facilities 860			
87	501(c)(12) orgs. Enter: a Gross income from members of shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		
	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization >			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		IX
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	. (929	1 1	+
90 a	List the states with which a copy of this return is filed			
ŧ	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) The books are in care of Rotating Volunteers Telephone no. (510)	540	0 - 0	751
	Located at > 3124 Shattuck Ave Corkeley, CA 94705 ZIP + 4 >	17.6		', I.Ş.I.
ł	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)?	y. al 91 t	Ye	s No
	account)?			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Band and Financial Accounts.	(
		Fo	m 99	30 12007

Part \	(2007)			•			age 8
	Other Information (continued)						No
c A	at any time during the calendar year, did the	organization maint	ain an office	outside of the	United States?	91c	
- 11	f "Yes," enter the name of the foreign counti	ry ▶				`•	
2 S	Section 4947(a)(1) nonexempt charitable trust	s filing Form 990 in	lieu of Form	1041—Check	here		.▶□
	and enter the amount of tax-exempt interest				▶ 92		
art \	Analysis of Income-Producing Ac						
ote: E	Inter gross amounts unless otherwise	Unrelated bus	iness income	Excluded by sect	ion 512, 513, or 514	(E) Related	or.
dicate	ed.	(A)	(B)	(C)	(D)	exempt fu	riction
3	Program service revenue:	Business code	Amount	Exclusion code	Amount	incom	е -
а.		_	····				
b.						<u> </u>	
C.	· · · · · · · · · · · · · · · · · · ·	_	,	1			
d .							
е .							
f	Medicare/Medicaid payments	<u> </u>					
g	Fees and contracts from government agencies	es					
4	Membership dues and assessments				5 (.05 114		
5	Interest on savings and temporary cash investmen	ts		14	2,69340		
6	Dividends and interest from securities				· 1.5.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.		
	Net rental income or (loss) from real estate:	25 - S. C.				Arga asses	
	debt-financed property					:	y-35 :
	not debt-financed property				<u> </u>		
	Net rental income or (loss) from personal propert	у	·	_			*
	Other investment income	1				11.11	4
	Gain or (loss) from sales of assets other than invento						21
	Net income or (loss) from special events .		· · · · ·			50 08	27.
2	Gross profit or (loss) from sales of inventory	<u></u>	· · · · · · · · · · · · · · · · · · ·	17	18 84 10	70,00	11 131 21
_	Other revenue: a Co-lease Sharin	3		1 10	3		ALIA SI
b .						Falsbir	¢4
C .					1 - 1	1/ (1:	i: :
d. e		-					
	Subtotal (add columns (B), (D), and (E)) .				2 (= 34.49	500	879
	Total (add line 104, columns (B), (D), and (E)	3)			71	6224	12
	Line 105 plus line 1e, Part I, should equal th					,	•
art \	III Relationship of Activities to the A	ccomplishment o	f Exempt Pu	rposes (See th	ne instructions.)		
ine N						accomplis	hmen
▼	of the organization's exempt purposes (
	The organization distrib	uted histor	u/peace	justice	educatio	na/	
	materials which promote	ed education	n on the		cts which		L_
	purpose of the organiz					ore sol	d. _
	They were created/put	dished by	the ors	anizati	m.	ore soi	d.
Part	They were created/put	bsidiaries and Dis	the ors	anizati	m.		
	They were created/put Information Regarding Taxable Su Name address and FIN of corporation	bsidiaries and Dis (B) Percentage of	the org regarded En	anıza fi tities (See the	instructions.)	(E) End-of-	year
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7)			O total states		otion
Information Regarding Tr	ansfers To and From as defined in section b	Controlled Entities. 512(b)(13).	Complete only if the c		No
I the reporting organization make Code? If "Yes," complete the	te any transfers to a contr schedule below for each c	olled entity as defined ontrolled entity.	in section 512(b)(13) of	165	X
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C)	Amount o	D) of trans	fer
					:
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Totals				Yes	s No
d the reporting organization rec	eive any transfers from a complete the schedule be	controlled entity as de ow for each controlled	i endry.		X
(A) Name, address, of each controlled entity	(B) Employer Identification Number	: (C)			
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Totals				Ye	s No
				t of my k	rowledge
Under penalties of perjury, I declare that and belief, it is true, correct, and comp	I have examined this return, includete. Declaration of preparer (other	ding accompanying schedule r than officer) is based on all	s and statements, and to the be- information of which preparer is 5//0/8 Date	as any k	nowledge.
Type or print name and title	r, president			PTN (See	6 (41-15
signature		self- emp	loyed ▶□	1. 1	· · ·
if self-employed), address, and ZIP + 4			Phone no. ► ()	ć 0	990 (200)
	Information Regarding Tris a controlling organization and the reporting organization make Code? If "Yes," complete the secontrolled entity Totals Totals Totals Id the reporting organization receive (A) Name, address, of each controlled entity (A) Name, address, of each controlled entity Totals Oid the organization have a bind ents, royalties, and annuities de Under penalties of perjury, I declare that and belief, it is true, correct, and composition of the controlled entity Signature of officer Robert Burnet Type or print name and title Preparer's signature Firm's name (or yours if self-employed),	Information Regarding Transfers To and From is a controlling organization as defined in section is a controlling organization make any transfers to a controlled if "Yes," complete the schedule below for each controlled entity Totals Tot	Information Regarding Transfers To and From Controlled Entities. is a controlling organization as defined in section 512(b)(13). If the reporting organization make any transfers to a controlled entity as defined code? If "Yes," complete the schedule below for each controlled entity. (A) Name, address, of each controlled entity Totals Id the reporting organization receive any transfers from a controlled entity as defined transfer. (B) (C) Description of transfer. (B) (C) Description of transfer. (B) (C) Description of transfer. (C) Description of transfer. (B) (C) Description of transfer. (C) Description of transfer. (D) Description of transfer. (Employer Identification preceive any transfers from a controlled entity as defined entity. (B) (C) Description of transfer. (C) Description of transfer. (D) Description of transfer. (D) Description of transfer. (Employer Identification preceive and controlled entity as defined entity. (Employer Identification preceive and transfer. (Employer Identification preceive and controlled entity as defined entity. (Employer Identification preceive and controlled entity as defined entity. (Employer Identification preceive and transfer. (Employer Identification preceive and controlled entity as defined entity. (Employer Identification preceive and transfer. (Employer	Information Regarding Transfers To and From Controlled Entities. Complete only if the is a controlling organization as defined in section 512(b)(13). If the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of Code? If "Yes," complete the schedule below for each controlled entity. (B) Code Code	Information Regarding Transfers To and From Controlled Entities. Complete only if the organization as defined in section 512(b)(13). If the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of Code? If "Yes." complete the schedule below for each controlled entity. (A) Name, address, of each controlled entity as defined in section fransfer. Totals If the reporting organization make any transfers from a controlled entity. (B) Code? If "Yes." complete the schedule below for each controlled entity. (C) Description of transfer. (C) Name, address, of each controlled entity. (A) Some, address, of each controlled entity. (C) Description of transfer. (C) Description of