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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2006 calendar year, or tax year beginning 01-01-2006 and ending 12-31-2006

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: AMERICAN CORN GROWERS ASSOCIATION. Number and street: PO BOX 18157. City or town: WASHINGTON, DC 20036

D Employer identification number: 52-1513597. E Telephone number: (202) 835-0330. F Accounting method: Cash

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: WWWACGAORG

J Organization type: 501(c)(6)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 303,415

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events and activities, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets or fund balances, Net assets or fund balances at end of year.

Part III Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

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 \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule) <input checked="" type="checkbox"/>	25a	97,853	97,853	
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	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) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b and c	26	31,571	31,571	
27 Pension plan contributions not included on lines 25a, b and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31	4,072	4,072	
32 Legal fees	32			
33 Supplies	33	17,937	17,937	
34 Telephone	34	5,898	5,898	
35 Postage and shipping	35	1,235	1,235	
36 Occupancy	36	15,235	15,235	
37 Equipment rental and maintenance	37			
38 Printing and publications	38	2,549	2,549	
39 Travel	39	25,750	25,750	
40 Conferences, conventions, and meetings	40	19,132	19,132	
41 Interest	41	1,674	1,674	
42 Depreciation, depletion, etc (attach schedule)	42			
43 Other expenses not covered above (itemize)				
a STATE RELATIONS	43a	3,000	3,000	
b COMMUNICATIONS	43b	20,626	20,626	
c EDUCATION	43c	23,646	23,646	
d MARKET DEVELOPMENT	43d	14,352	14,352	
e BOARD MEETING	43e	4,521	4,521	
f BENEFIT	43f	5,921	5,921	
g	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	294,972	220,622	74,350

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments *(See the instructions.)*

Form 990 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 programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>ALTERNATIVE USES OF CORN PRODUCT</u> 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(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a TO PROMOTE ALTERNATIVE USES OF CORN AND BY PRODUCTS (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	220,622
b (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	220,622

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	15,859	45	25,339
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a Investments—land, buildings, and equipment basis	55a 1,540		
	b Less accumulated depreciation (attach schedule)	55b	1,540	55c 1,540
	56 Investments—other (attach schedule)		56	
	57a Land, buildings, and equipment basis	57a		
	b Less accumulated depreciation (attach schedule)	57b	57c	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)		58		
59 Total assets (must equal line 74) Add lines 45 through 58	17,399	59	26,879	
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	23,753	64b	24,790
	65 Other liabilities (describe <input type="checkbox"/> _____)		65	
66 Total liabilities Add lines 60 through 65	23,753	66	24,790	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	-6,354	72	2,089
	73 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)	-6,354	73	2,089
	74 Total liabilities and net assets / fund balances Add lines 66 and 73	17,399	74	26,879

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	303,415
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	303,415
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12) Add lines c and d	e	303,415

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	294,972
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	294,972
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d	e	294,972

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part 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 Yes No

b 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 (See instructions in Part III)

82b

83a Did the organization comply with the public inspection requirements for returns and exemption applications?

83a Yes

b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

83b Yes

84a Did the organization solicit any contributions or gifts that were not tax deductible?

84a No

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

84b

85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?

85a Yes

b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year

85b No

c Dues assessments, and similar amounts from members

85c

d Section 162(e) lobbying and political expenditures

85d

e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices

85e

f Taxable amount of lobbying and political expenditures (line 85d less 85e)

85f

g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?

85g

h If 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

86a

b Gross receipts, included on line 12, for public use of club facilities

86b

87 501(c)(12) orgs. Enter a Gross income from members or shareholders

87a

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

87b

88a 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 No

b 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 No

89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955

b 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

c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

0

d Enter Amount of tax on line 89c, above, reimbursed by the organization

e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?

89e

f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?

89f No

g 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?

89g No

90a List the states with which a copy of this return is filed

b Number of employees employed in the pay period that includes March 12, 2006 (See instructions)

90b

0

91a The books are in care of LARRY MITCHELL Telephone no (202) 835-0330

PO BOX 18157

Located at WASHINGTON, DC ZIP + 4 20036

b 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)?

91b Yes No

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income or (loss) from real estate, Net rental income or (loss) from personal property, Other investment income, Gain or (loss) from sales of assets other than inventory, Net income or (loss) from special events, Gross profit or (loss) from sales of inventory, Other revenue (CONVENTION INCOME, OTHER INCOME), Subtotal, and Total.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). Rows 94, 95, 103A.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No

Please Sign Here	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.		
	*****	2007-07-25	
	Signature of officer	Date	
LARRY MITCHELL CEO	Type or print name and title		

Paid Preparer's Use Only	Preparer's signature MARY C KALB CPA	Date 2007-07-19	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 MCDERMOTT AND MILLER PC 404 E 25TH STREET KEARNEY, NE 68847			EIN Phone no (308) 234-5565

Additional Data**Software ID:****Software Version:****EIN:** 52-1513597**Name:** AMERICAN CORN GROWERS ASSOCIATION**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
KEITH DITTRICH 53495 840 RD TILDEN, NE 68781	CHAIRMAN 20 00	0	0	0
LARRY MITCHELL PO BOX 18157 WASHINGTON, DC 20036	CEO 40 00	59,853	0	0
MIKE ALBERTS 2004 E 24TH RD MARQUETTE, NE 68854	1ST VICE PRES 10 00	0	0	0
KEITH BOLIN 222 94 925 EAST STREET SHEFFIELD, IL 61361	PRESIDENT 10 00	2,000	0	0
DAVID DECHANT 8029 CR 39 FT LUPTON, CO 80621	SECRETARY 10 00	0	0	0
CHARLES MATTIS 21040 N 1220 EAST ROAD DANVILLE, IL 61834	STATE PRESIDENT 5 00	0	0	0
CARL KING 210 WEST BEDFORD DIMMITT, TX 79027	CHAIRMAN EMERITUS 5 00	0	0	0
ROBERT KOSKAN RT 2 BOX 117 WOOD, SD 57585	BOARD MEMBER 5 00	0	0	0
EUGENE PAUL 45148 STATE HWY 109 DELAVAN, MN 50623	BOARD MEMBER 5 00	0	0	0
TROY ROUSH 10180 E 700 N VAN BUREN, IN 46991	BOARD MEMBER 5 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JOHN ADERMANN RR 3 BOX 55 RAMSEY,IL 62080	BOARD MEMBER 5 00	0	0	0
HAROLD BOB BENNETT BOX 401 HART,TX 79043	BOARD MEMBER 5 00	0	0	0
JOE BREWER RT 1 BOX 198 RAMSEY,IL 62080	BOARD MEMBER 5 00	0	0	0
ROGER RICHARDSON 1947 OLD FURNACE ROAD EDEN,MD 21822	BOARD MEMBER 5 00	0	0	0
TOM CURL 4048 KILMARTIN DR TALLAHASSEE,FL 32308	BOARD MEMBER 5 00	0	0	0
SAM DARWIN 191 DARWIN ROAD HUNTSVILLE,AL 35881	BOARD MEMBER 5 00	0	0	0
LOUIS SMITH 1538 CO RD 100 FREMONT,OH 43420	BOARD MEMBER 5 00	0	0	0
LARS HERSETH 39949 11TH STREET HOUGHTON,SD 57449	2ND VICE PRESIDENT 5 00	0	0	0
CORKY JONES 72983 647 AVENUE BROWNVILLE,NE 68321	BOARD MEMBER 5 00	0	0	0
MARK KUHN 2667 240TH STREET CHARLES CITY,IA 50616	BOARD MEMBER 5 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MARK LOUNSBERY 16453 482ND AVENUE REVILLO, SD 57259	TREASURER 5 00	0	0	0
GALE LUSH 12374 STATE HWY 4 WILCOX, NE 68982	BOARD MEMBER 5 00	0	0	0
DAN MCGUIRE 4540 OAKRIDGE CIRCLE LINCOLN, NE 68516	BOARD MEMBER 5 00	0	0	0
DENNIS MITCHELL 39831 117TH ST HOUGHTON, SD 57449	BOARD MEMBER 5 00	0	0	0
VIRGINIA SOLHIEM 25289 483RD AVE GARRETSON, SD 57030	BOARD MEMBER 5 00	0	0	0
DON CLIFTON 306 WARNER ROAD MILFORD, DE 19963	BOARD MEMBER 5 00	0	0	0
VIC TOMKA 14824 210 STREET CARROLL, IA 51401	BOARD MEMBER 5 00	0	0	0
STEVE WATERS 29964 286TH AVENUE CARTER, SD 57580	BOARD MEMBER 5 00	0	0	0
DAVID SENTER PO BOX 18157 WASHINGTON, DC 20036	BOARD MEMBER 5 00	0	0	0
JOHN DITTRICH 54397 840 ROAD MEADOW GROVE, NE 68752	POLICY ANALYST 5 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
LISA MILES PO BOX 18157 WASHINGTON,DC 20036	DIRECTOR 5 00	36,000	0	0

TY 2006 Investments - Land Schedule

Name: AMERICAN CORN GROWERS ASSOCIATION

EIN: 52-1513597

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
EQUIPMENT	1,540		1,540

TY 2006 Officer Compensation Schedule

Name: AMERICAN CORN GROWERS ASSOCIATION

EIN: 52-1513597

LARRY MITCHELL

	Compensation	EE Benefit Plans	Expense Acct
Program Services	59,853		
Mgmt & General			
Fundraising			

KEITH BOLIN

	Compensation	EE Benefit Plans	Expense Acct
Program Services	2,000		
Mgmt & General			
Fundraising			

LISA MILES

	Compensation	EE Benefit Plans	Expense Acct
Program Services	36,000		
Mgmt & General			
Fundraising			