				OPY
*	0	Short Form Return of Organization Exempt From Income Tax		OMB No. 1545-1150
Forr	n <b>3</b>	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)		2013
Depa	artment nal Rev	<ul> <li>▷ Do not enter Social Security numbers on this form as it may be made public.</li> <li>▷ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.</li> </ul>		Open to Public Inspection
-		he 2013 calendar year, or tax year beginning Jul 1 , 2013, and ending Jun 30		, 2014
		if applicable: C Name of organization D En		dentification number
-	Name		5-27	56401
	Initial re	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	lephone	number
	Termin		207)	745-7380
	Amend	ed return City or town, state or province, country, and ZIP or foreign postal code F Gr	oup Ex	cemption
				organization is not
		site: N/A required to a requir		, or 990-PF).
-			00 22	., 01 000 11 ).
		of organization:		
L	Add I	ines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total s (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	Þ Ġ	10 000
-	and the second se	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction		10,020.
Fa		Check if the organization used Schedule O to respond to any question in this Part I		
	1	Contributions, gifts, grants, and similar amounts received.	1	10,020.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5 a	Gross amount from sale of assets other than inventory		
	b	Less: cost or other basis and sales expenses		
	6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	
R	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
<b>ス</b> m>m <b>Z</b> つm	b	Gross income from fundraising events (not including \$ of contributions		
U		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 b		
-	c	Less: direct expenses from gaming and fundraising events		
		Net income or (loss) from gaming and fundraising events (add lines 6a and		
	a	6b and subtract line 6c)	6 d	
	7 a	Gross sales of inventory, less returns and allowances		
	b	Less: cost of goods sold		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	
	8	Other revenue (describe in Schedule O)	8	
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	10,020.
	10	Grants and similar amounts paid (list in Schedule O)	10	
-	11	Benefits paid to or for members	11 12	
XD	12	Professional fees and other payments to independent contractors	13	662
<b>Ⅲ×₽Ⅲ</b> ≥%Ⅲ%	13 14	Occupancy, rent, utilities, and maintenance.	14	<u> </u>
SE	14	Printing, publications, postage, and shipping	15	<u> </u>
S	16	Other expenses (describe in Schedule O)		5,470.
	17	Total expenses. Add lines 10 through 16	17	6,493.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9).	18	3,527.
AS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year		
ASSETS	13	figure reported on prior year's return)	19	1,219.
S	20	Other changes in net assets or fund balances (explain in Schedule O)		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	4,746.
BA	A Fo	r Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2013)

TEEA0812 11/27/13

Form	990-EZ (2013) MARTIAL YOU			45	-27	56401 Page 2
	Balance Sheets (see the instr Check if the organization used Sched	ructions for Part II)	on in this Part II			X
	Check in the organization used boned			(A) Beginning of yea	r	(B) End of year
22	Cash, savings, and investments			1,219		and the second
23	Land and buildings			0	-	
24	Land and buildings	See L-24 Str	nt	0	-	
25	Total assets			1,219	•	
26	Total liabilities (describe in Schedule O).	See L-26 Str	nt			
	Net assets or fund balances (line 27 of c			0		and the second se
27			the second se	1,219	. 21	Expenses
Par	t III Statement of Program Service A	ccomplishments (see the ins	structions for Part III)		(Poo	uired for section 501
140	Check if the organization used Sche				(c)(3	and 501(c)(4)
Desc meas	is the organization's primary exempt purpose? TO wribe the organization's program service acc sured by expenses. In a clear and concise n fited, and other relevant information for eac	<u>PROMOTE MARTIAL ART</u> omplishments for each of its th nanner, describe the services j h program title.	S EDUCATION IN Tree largest program s provided, the number	I OUR COMMUNITY services, as of persons	orga 4947	nizations and section 7(a)(1) trusts; optional thers.)
28	THE ORGANIZATION HELD A S					
	THAT ALLOWED US TO CONTRI	BUTE \$4,932 TO OUF	<u>COMMUNITY.</u>			
	(Grants \$ 0.) If thi	s amount includes foreign gran	nts, check here		28 a	4,932.
29						
	(Grants S	s amount includes foreign grai	nts, check here		29 a	
30	(					
	(Grants \$ ) If thi	s amount includes foreign gra	nts, check here		30 a	
31	Other program services (describe in Sched	dule 0)				
	(Grants \$ ) If thi	s amount includes foreign gran	nts, check here		31 a	
32	Total program service expenses (add lin	es 28a through 31a)			32	4,932.
Par	t IV List of Officers, Directors,	Trustees, and Key Emp	lovees (list each one	even if not compensated -	- see t	
	Check if the organization used Sche					
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to emplo benefit plans, and defe compensation	yee	(e) Estimated amount of other compensation
SHA	WN_HILL					
CHA		5.00		0.	0.	0.
JOH	IN E HAFFORD					
BOA	ARD MEMBER	1.00		0.	0.	0.
STE	PHEN B_CANWELL					
BOA	ARD MEMBER	1.00		0.	0.	0.
BRI	AN J BEAN					
	ARD MEMBER	1.00		0.	0.	0.
						2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

Form	<b>990-EZ (2013)</b> MARTIAL YOU 45-275640	1	Pa	age 3
	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in	-		
<i>b</i>	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
	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	Yes	No X
34	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 change on Schedule O (see instructions)	34		х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
	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	35 c		Х
	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		Х
	In Enter amount of political expenditures, direct or indirect, as described in the instructions       Image: State of the instruction state of the instructi	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
	amount involved	-		
	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 4911 section 4912 section 4912 section 4955			
b	Section 501(c)(3) and 501(c)(4) 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 that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		х
	Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) 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 transaction? If 'Yes,' complete Form 8886-T.	40 e		Х
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of SHAWN HILL Telephone no. (207) Located at PO BOX 282 CARMEL ME ZIP+4 04419	745	-738	0
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	401	Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		X
	Carl Market Street Control of Con			
c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		Х
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		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	44 b		Х
c	Did the organization receive any payments for indoor tanning services during the year?	44 c		Х
d	I If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		
	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a		X

	TEEA0812 11/27/13
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 Form 990-EZ (see instructions)
sa	a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(15)?

Х

45 b

. .

Form 9	90-EZ (2013) MARTIAL YOU			45-275	6401	Ρ	age 4
	id the organization engage, directly or indirectly andidates for public office? If 'Yes,' complete Sc				46	Yes	
Part		only				<u> </u>	X
	Check if the organization used Schedule	O to respond to any que	estion in this Part VI				·
48 is 49aD bif 50 C	id the organization engage in lobbying activities omplete Schedule C, Part II	on 170(b)(1)(A)(ii)? If "Y empt non-charitable rel 7 organization? hest compensated emp	es,' complete Schedule ated organization?	E	49a 49b	Yes	No X X X
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp		
NONE							
51 C	otal number of other employees paid over \$100 omplete this table for the organization's five hig ompensation from the organization. If there is no	hest compensated inde	pendent contractors who	each received more than	\$100,000 o	f	
	(a) Name and business address of each independent cont		(b) Type	of service	(c) Comp	ensation	1
NONE							
52 D	otal number of other independent contractors ea id the organization complete Schedule A? <b>Note</b> naritable trusts must attach a completed Schedu	All section 501(c)(3) out	rganizations and 4947(a	)(1) nonexempt	0 .► XYes		No
Under per true, corre	nalties of perjury, I declare that I have examined this return, incluct, and complete. Declaration of preparer (other than officer) is	uding accompanying schedules based on all information of whi	and statements, and to the best ch preparer has any knowledge.	of my knowledge and belief, it is			
	Signature of officer			Date			
Sign Here	SHAWN HILL Type or print name and title			TREASURER			
	Print/Type preparer's name	Preparer's signature	Date	Check if	™ 0144736	2	
Paid Prepare Use Or			<u>ABA  01/14/3</u> Services pc		45-3209		
USE UI	BREWER	JINEEI	ME 04412	Phone no. (20	7) 951-		
May the	IRS discuss this return with the preparer show	n above? See instruction	ons		.► XYes		No

Form	990-EZ	(2013)
Unit	330-22	(2013)

	Public	<b>Charity Status</b>	and P	ublic	Sup	oort			OMB No. 1545-0047		
SCHEDULE A (Form 990 or 990-EZ)	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.								2013		
		Attach to Form 99							Open to Public		
Department of the Treasury Internal Revenue Service	Information about the second secon	out Schedule A (Form stat www.irs.go			nd its in	structio	ons is		Inspection		
Name of the organization	a to the state of the						Employe	er identifica	tion number		
MARTIAL YOU							45-2	75640	1		
	r Public Charity Status					part.) S	See ins	tructior	IS.		
	private foundation because i				,						
THE REAL PROPERTY AND A DESCRIPTION OF A	ention of churches or associa			ction 17	′0(b)(1)(/	A)(i).					
	ibed in section 170(b)(1)(A)			470/1-1							
annual in the second se	cooperative hospital service	•		. ,		,	4)/ # ) /***	Entert	a beenitelle		
4 A medical reserved A medical reserved A medical reserved at the second	earch organization operated in	conjunction with a nos	pital desc	ribed in	section	1/0(b)(	1)(A)(III)	. Enter ti	ne nospital s		
5 An organizatio	n operated for the benefit of a /). (Complete Part II.)	college or university ov	wned or o	perated	by a gov	ernmen	ital unit o	lescribed	in section		
	e, or local government or gove				/ / / / /	,					
7 An organizatio	n that normally receives a sul (b)(1)(A)(vi). (Complete Part	ostantial part of its supp	ort from a	govern	mental u	nit or fro	om the g	eneral pu	ublic described		
	rust described in section 170		Part II.)								
9 An organizatio from activities investment inc	n that normally receives: (1) r related to its exempt function: ome and unrelated business i See <b>section 509(a)(2).</b> (Cor	nore than 33-1/3% of its s – subject to certain ex taxable income (less see	support	and (2)	no more	than 33	3-1/3% 0	f its supp	port from gross		
	n organized and operated exc		c safety.	See sec	tion 509	(a)(4).					
more publicly s	n organized and operated exc supported organizations desc ype of supporting organization <b>b</b> Type II c	ribed in section 509(a)(1	) or secti e through	on 509( 1 11h.	functions a)(2). Se	e sectio	on 509(a	)(3). Che	oses of one or eck the box that inctionally integrated		
e By checking th other than four section 509(a)	is box, I certify that the organ idation managers and other to 2).	ization is not controlled han one or more publicly	directly o y support	r indirec ed orgai	tly by one nizations	e or moi describ	re disqua ed in sec	alified pe ction 509	rsons (a)(1) or		
check this box	ion received a written determ								ation,		
g Since August 1	7, 2006, has the organization	accepted any gift or co	ontributio	n from a	ny of the	followir	ng perso	ns?			
(i) A person below, th	who directly or indirectly con e governing body of the supp	trols, either alone or tog	ether wit	h persor	ns descril	bed in (i	i) and (iii	i) 	Yes No . 11 g (i)		
(ii) A family	member of a person describe	d in (i) above?							. 11g (ii)		
(iii) A 35% c	ontrolled entity of a person de	scribed in (i) or (ii) abov	e?						· 11 g (iii)		
h Provide the fol	owing information about the	supported organization(s	5).								
(i) Name of suppor organization	ted (ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) la organiza column (ij your go	ation in ) listed in	(v) Did yo the organi column (i) supp	u notify zation in of your ort?	organiz colun organize	s the ation in nn (i) d in the S.?	(vii) Amount of monetary support		
			Yes	No	Yes	No	Yes	No			
(A)											
(B)											
(C)											
(D)											
<u>(E)</u>											
Total	duction Act Notice, see the	Instructions for E-	000 0	00.57			2 aba dad	AIF	990 or 990-EZ) 2013		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support								
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activiti	es, etc (see instru	ctions)			12			
13	First five years. If the Form 990 is organization, check this box and s	for the organizati	on's first, second,	third, fourth, or fifth	tax year as a sec	tion 501(c)(3)			
	tion C. Computation of Pul								
	Public support percentage for 2013						%		
15	Public support percentage from 20	12 Schedule A, P	art II, line 14			15	%		
16a	33-1/3% support test – 2013. If t and stop here. The organization q								
k	33-1/3% support test – 2012. If the and stop here. The organization of	ne organization diqualifies as a publi	d not check a box cly supported orga	on line 13 or 16a, a inization	nd line 15 is 33-1/	3% or more, check	this box		
17 a	10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and	-circumstances' te	st, check this box a	ind stop here. Exp	plain in Part IV how			
	<b>b 10%-facts-and-circumstances test – 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organization	ation did not check	k a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instruction	ns ►		
-		the second se							

R	Δ	Δ
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7-	- / /	2	n	4	11	- 1

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	0.	0.	0.	7,503.	10,020.	17,523.
2	Gross receipts from admis- sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					10,020.	±1,523.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	0.	0.	0.	7,503.	10,020.	17,523.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.			1,505.	10,020.	17,323.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the vear						
	,	0.	0.	0.			0.
•	Add lines 7a and 7b	0.	0.	0.			0.
8	Public support (Subtract line 7c from line 6.)						17,523.
	tion B. Total Support	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(a) 2012	(f) Total
	dar year (or fiscal yr beginning in) ► Amounts from line 6				the second se	(e) 2013	
10 a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0.	0.	0.	7,503.	10,020.	17,523.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total Support. (Add Ins 9,10c, 11 and 12.)	0.	0.	0.	7,503.	10,020.	17,523.
14	First five years. If the Form 990 is organization, check this box and st	for the organization	n's first, second, th	ird, fourth, or fifth t	ax year as a section	on 501(c)(3)	
Sec	tion C. Computation of Pub						
15	Public support percentage for 2013						010
16	Public support percentage from 207		and the second se			16	010
Sec	tion D. Computation of Inve						
17	Investment income percentage for						010
18	Investment income percentage from						010
	<b>33-1/3% support tests – 2013.</b> If t is not more than 33-1/3%, check th	is box and stop he	re. The organizatio	on qualifies as a pu	iblicly supported or	rganization	► []
	<b>33-1/3% support tests – 2012.</b> If t line 18 is not more than 33-1/3%, c	heck this box and s	top here. The org	anization qualifies	as a publicly supp	orted organization	1 ▶
20	Private foundation. If the organization	tion did not check a	a box on line 14, 19	9a, or 19b, check t	his box and see in	structions	

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BAA

Schedule A	(Form 990 or 990-EZ) 2013	MARTIAL	YOU		45=275640	1 Page 4
Part IV	Supplemental Informat or 17b; and Part III, line (See instructions).	ion. Provid 12. Also co	te the explan mplete this pa	ations required by P art for any additional	art II, line 10; Part II, line 1 information.	7a

Schedule A (Form 990 or 990-EZ) 2013

SCHEDULE O	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047	
(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.	2013	
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or 990-EZ.</li> <li>Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.</li> </ul>	Open to Public Inspection	
Name of the organization	Employer ide	ntification number	
MARTIAL YOU	45-2756	5401	

TEEA4901 09/09/2013

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O) BANK FEES	4.
COMMUNITY GIFTS (PROGRAM SERVICE EXPENSE)	4,932.
SUPPLIES	468.
DUES & SUBSCRIPTIONS	66.
Total =	5,470.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
EXERCISE MATS @ ESTIMATED FMV		
Total	0.	4,480.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
DUE TO OFFICER	0.	

Total

0.