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14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances, Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, 1 declare that 1 have examined this return, including accompanying schedules and statemer and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of wr Signature of officer Signature of officer Signature of officer Signature Signature Date Trim's name (or yours) D' Angelo & Associates, Inc. Three Gateway Center, Suite 290	797 <u>,166</u>	800,341
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances, Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, 1 declare that 1 have examined this return, including accompanying schedules and statemer and belief, it is true, correct, are complete Declaration of pregarer (other than officer) is based on all information of we and belief, it is true, correct, are complete Declaration of pregarer (other than officer) is based on all information of we are and belief, it is true, correct are complete Declaration of pregarer (other than officer) is based on all information of we are and belief, it is true, correct are complete Declaration of pregarer (other than officer) Signature Date Preparer's signature Date Firm's name (or yours) D'Angelo & Associates, Inc. Firm's name (or yours) D'Angelo & Associates, Suite 290		
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, 1 declare that I have examined this return, including accompanying schedules and statemer and belief, it is true, correct and complex Declaration of preparer (other than officer) is based on all information of where the penalties of fileer Signature Park K Preparer's signature Preparer's signature Preparer's signature D'Angelo & Associates, Inc. Firm's name (or yours) D'Angelo & Associates, Inc. Three Gateway Center, Suite 290		
17 Other expenses (Part IX, column (A), lines 11a-110, 111-24) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, 1 declare that I have examined this return, including accompanying schedules and statemer and belief, it is true, correct, are complete Declaration of perparer (other than officer) is based on all information of where and belief, it is true, correct, are complete Declaration of perparer (other than officer) is based on all information of where and belief, it is true, correct, are complete Declaration of perparer (other than officer) is based on all information of where and belief, it is true, correct, are complete Declaration of perparer (other than officer) is based on all information of where and belief, it is true, correct, are complete Declaration of perparer (other than officer) is based on all information of where and belief, it is true, correct, are complete Declaration of perparers signature aid reparer's signature Date Preparer's signature Date Firm's name (or yours if self-employed), D'Angelo & Associates, Inc. Firm's name (or yours if self-employed), D'Angelo & Associates, Suite 290	<u>148,929</u>	538,954
17 Other expenses (Part IX, column (A), lines 11a-110, 111-24) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, 1 declare that I have examined this return, including accompanying schedules and statemer and belief, it is true, correct, are complete Declaration of perparer (other than officer) is based on all information of where and belief, it is true, correct, are complete Declaration of perparer (other than officer) is based on all information of where and belief, it is true, correct, are complete Declaration of perparer (other than officer) is based on all information of where and belief, it is true, correct, are complete Declaration of perparer (other than officer) is based on all information of where and belief, it is true, correct, are complete Declaration of perparer (other than officer) is based on all information of where and belief, it is true, correct, are complete Declaration of perparers signature aid reparer's signature Date Preparer's signature Date Firm's name (or yours if self-employed), D'Angelo & Associates, Inc. Firm's name (or yours if self-employed), D'Angelo & Associates, Suite 290		
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20 Total assets (Part X, line 16) 1, 0 21 Total labilities (Part X, line 26) 1, 0 22 Net assets or fund balances. Subtract line 21 from line 20 1, 2 Part II Signature Block Under penalties of perjury, 1 declare that I have examined this return, including accompanying schedules and statemer and belief, it is true, correct, and complete Declaration of perform (other than officer) is based on all information of whether the signature of officer Signature of officer Yep are r's signature Signature Preparer's see Only Preparer's is self-employed), D'Angelo & Associates, Inc.	301,872	
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemer and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and true. aid reparer's signature Preparer's signature Date 11/04/10 error set only D'Angelo & Associates, Inc. Three Gateway Center, Suite 290	-4,706	
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemer and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and true. aid reparer's signature Preparer's signature Date 11/04/10 error set only D'Angelo & Associates, Inc. Three Gateway Center, Suite 290	f Current Year	End of Year
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemer and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and true. aid reparer's signature Preparer's signature Date 11/04/10 error set only D'Angelo & Associates, Inc. Three Gateway Center, Suite 290	<u>525,238</u>	
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemer and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of whether and true. aid reparer's signature Preparer's signature Date 11/04/10 error set only D'Angelo & Associates, Inc. Three Gateway Center, Suite 290	<u>367,999</u>	
Ign ere aid reparer's se Only Firm's name (or yours self-employed), Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemer and belief, it is true, correct, are complete Declaration of preparer (other than officer) is based on all information of which Signature of officer <u>HUN da</u> Park, <u>Executive Director</u> Date <u>11/04/10</u> D'Angelo & Associates, Inc. Three Gateway Center, Suite 290	<u>239, 7239</u>	<u> </u>
Type or print hame and title aid reparer's signature Se Only Firm's name (or yours if self-employed), D'Angelo & Associates, Inc. Three Gateway Center, Suite 290	257,239 hts, and to the b hich preparer ha	1,318,10 pest of my knowledge as any knowledge 0
reparer's se Only if self-employed), Three Gateway Center, Suite 290		Preparer's identifying number (see instructions)
se Only Firm's name (or yours if self-employed), Three Gateway Center, Suite 290	nployed 🕨 📘	_ P00438342
if self-employed), fillee Gateway Center, Suite 290	EIN	
	Phone	
	no	▶ 412-391-019(
ay the IRS discuss this return with the preparer shown above? (see instructions)		
or Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2009

		or Slavic, Eas		0785029		Page 2
	be the organization's miss	Service Accomplishing Stop:	nents			
See Sche						
		•		•	• •	• • • •
·			•••••			• •• •
-		nificant program services dur	ing the year which were i	not listed on		
-	990 or 990-EZ?		• •			Yes X No
	ribe these new services o					
-	ization cease conducting,	, or make significant changes	in how it conducts, any j	program		
services?	ribe these changes on So					🗌 Yes 🗶 No
	=	nents for each of the organization	ation's three largest prog	ram services by ex	nansas	
Section 501(c	:)(3) and 501(c)(4) organi:	zations and section 4947(a)(1 s, and revenue, if any, for each) trusts are required to re	port the amount o		
4a (Code Publicat)(Expenses \$ ion of Slavi	420,586 includi c Review and N)	(Revenue \$	206,549
•				•		•
				• • •	•	•
						• •
			·			•
4b (Code:) (Expenses \$	261,092 includu	ng grants of \$.)	(Revenue \$	268,444
sponsors	nip or annua	1 convention.				
	•	· ·				•
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					•	
			•	•		•
		•		•		· ·
4c (Code:) (Expenses \$	includu	ng grants of \$)	(Revenue \$	
(//		-3 3 ······	,	(•
			•	·		•
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		••				
				•	•	
		· ·				
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	•					•
•	· ·	• •	· · · ·			•
4d Other program	m services. (Describe in S	Schedule O.)				
(Expenses \$		including grants of \$)	(Revenue \$)
	m service expenses 🕨	681,678				

Form 990 (2009) Association for Slavic, East Part IV Checklist of Required Schedules

31-0785029		3	1	-()7	8	5	0	2	9	
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							r · · ·
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				[Yes	No
1	complete Schedule A				1	x	
2	is the organization required to complete Schedule B, Schedule of Contributors?				2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		•				
	candidates for public office? If "Yes," complete Schedule C, Part I				3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	•					
-	Schedule C, Part II				4		x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	•••					
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part IIi				5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have		•		Ť		<u> </u>
•	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"						
	complete Schedule D, Part i				6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		•	•			<u> </u>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II				7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"						
-	complete Schedule D, Part IIi				8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part						<u> </u>
•	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"						
	complete Schedule D, Part IV				9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or						
	quasi-endowments? If "Yes," complete Schedule D, Part V				10		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		••				
	VII, VIII, IX, or X as applicable				11	x	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				,		
	Schedule D, Part VI.				~	¥	
•	Did the organization report an amount for investmentsother securities in Part X, line 12 that is 5% or more					54	•× •
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.				\sim		
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more				۸.	1.4	1 1.
	of its total assets reported in Part X, line 16? if "Yes," complete Schedule D, Part VIII.				**		Ň.
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total asset	5			 	ĨÍ.	- 1 - 3- 1875
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.				~	×	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.					, 1 ² 67 4	,»
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that address	es			· · ·		
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X					``` ` ₩' `	~~, ^,
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete						ί,
	Schedule D, Parts XI, XII, and XIII				12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?		Yes	No		••×	«, ·
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	12A		Х		»	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?		•	•	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,						~
16	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I				_14b	<u> </u>	<u>x</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				40		v
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II				15		<u>x</u>
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III				16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			•	16		X
.,	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			-	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				17		<u></u>
.5	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II				18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?						
	If "Yes," complete Schedule G, Part III				19		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	•			20		x
_							

Form 990 (2009) Association for Slavic, East Part IV | Checklist of Required Schedules (continued)

31-0785029

Page 4

21	• Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
•	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
2	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	· -		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		х
5	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		х
3	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		~~ ^ ```````````````````````````````````	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	ž.		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
D	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	_	X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2009)

Form	990 (2009) Association for Slavic, East 31-078	5029			F	age 5
Pa	Int V Statements Regarding Other IRS Filings and Tax Compliance					
	•		·····		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1				
	U S. Information Returns. Enter -0- if not applicable	1a	5		[
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable	e			
	gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	_2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2Ь		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by		1		
	this return?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authorit	у			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fir	nancial				
	account)?			4a		X
b	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					j
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ction?	•	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg	arding				
	Prohibited Tax Shelter Transaction?			5c	_	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne				
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods				لـ ـ ـ ـ
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	IS				
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	}			
	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7 <u>f</u>		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		•	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-	Cas				
	required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			· ·		
•	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a		····
b	Did the organization make a distribution to a donor, donor advisor, or related person?	•		9b		
10	Section 501(c)(7) organizations. Enter:	ا مه ا				
а ⊾	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	·			1
11	Section 501(c)(12) organizations. Enter.					1
а ь	Gross income from members or shareholders	11a	· · · · · · · · · · · · · · · · · · ·			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against					1
10-	amounts due or received from them.)	11b			-	!
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	•	12a		
0	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				1

	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or c Schedule O. See instructions.	•		
	tion A. Governing Body and Management			
<u> 3ec</u>	tion A. Governing body and Management			T
4-	Enter the sumbar of voting members of the service holds		Yes	No
1a	Enter the number of voting members of the governing body1a21Enter the number of voting members that are independent1b19	_		
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-	- -	
•	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	12	x
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X	-
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	v	X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	X	-
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			. .
a	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	86	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
<u></u>	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Hev	venue Code.)		<u> </u>	
	• · · · · · · · · · · · ·		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	<u>10a</u>		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	105		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	<u>12a</u>	x	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	x	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	<u>12c</u>		X
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	ļ	X
15	Did the process for determining compensation of the following persons include a review and approval by		1	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	<u>15a</u>	X	
b	Other officers or key employees of the organization	<u>15b</u>	x	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			
16a				- <u>-</u>
	with a taxable entity during the year?	<u>16a</u>	<u> </u>	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			· . - -
	the organization's exempt status with respect to such arrangements?	16b	L.	
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection Indicate how you make these available Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			

Page 6

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3	1	_	0	7	8	5	0	2	9	
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L	_	0	7	8	5	0	2	9	

lines O there when

Form 990 (2009)	Associat	tion	for	Slav	vic,	East	E
Part VI 0	Governance.	Manad	ement	. and	Disclo	sure F	-c

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Form 990 (2009) Association for Slavic, East

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII **Employees, and Independent Contractors**

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's current key employees. See instructions for definition of "key employee."

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees, and former such persons.

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average			(0)	hat a		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Mark von Hagen										
Pesident	4.00	X		X				0	0	0
Bruce Grant										
Vice-President	4.00	X		X				0	0	0
William Taubman										
Past President	4.00	X						0	0	0
Susan Linz										
Treasurer	2.00	x	ļ	x				0	0	0
Pamela Ballinger										
Member	0.50	X						0	0	0
Robert Blobaum										
Member	0.50	x						0	0	0
Katerine Bowers									_	
Member	0.50	x						0	0	0
Michael Brewer									_	
Member	0.50	x						0	0	0
Nancy Condee									_	
Member	0.50	X	ļ					0	0	0
Peter Craumer										
Member	0.50	X						0	0	0
Sibelan Forrester										
Member	0.50	X						0	0	0
Anna Grzylma-Buss										
Member	0.50	X						0	0	0
Stephen Hanson										
Member	0.50	X						0	0	0
Robert Hayden										
Member	0.50	X						0	0	0
Michael Khodarkov										
Member	0.50	X						0	0	0
Gail Kligman										
Member	0.50	X						0	0	0
William E. Pomera										
Member	0.50	X						0	0	0

Form 990 (2009)

31-0785029

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Form 990 (2009) Association for Slavic, East

31-0785029

Part VII Section A. Officers	, Directors, Trus	stees	s, Ke	y Er	nplo	yees	s, an	nd Highest Compensated	Employees (continued)	
(A) Name and Title	(B) Average hours per	<u> </u>	1 _	chec	_	hat a		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key empioyee	Highest compensated employee	Former	from the organization	from related organizations (W-2/1099-MISC)	other compensation from the
		l trustee	nal truste		ioyee	ompens		(W-2/1099-MISC)		organization and related organizations
			96			sated				
Marilyn Puescheme Member	yer 0.50	x						o	0	o
Mary Theis	0.30	<u> </u>						0		U
Member	0.50	x						0	0	0
· · ·										
 										
· · · · · · · · · · · · · · · · · · ·										
1bTotal2Total number of individuals (in	eluding but not l	mite				tod a) who received more than	\$100.000 in	
reportable compensation from				trios	e 115	ieu a	000	e) who received more than	\$100,000 m	
3 Did the organization list any fo				ruste	e, k	eý er	nplo	oyee, or highest compensa	ted	Yes No
employee on line 1a? If "Yes," 4 For any individual listed on line	complete Sche	dule	J for	suc	h inc	lividu	al			3 X
the organization and related o										4 X
Individual 5 Did any person listed on line 1)r	
services rendered to the organ Section B. Independent Contractor		" cor	nple	te So	ched	ule J	for	such person		5 X
Complete this table for your fit compensation from the organi	ve highest comp	ensa	ted	ndej	bend	ent c	conti			
Name and	(A) I business address							Descrip	(B) blion of services	(C) Compensation
2 Total number of independent	contractors (Incli	naiuð	j DUC	ποτ	umit	ea 10	ino	se iisted above) who receiv	/eu	

	more than \$100,000 in compensation from the organization >
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0

Form 990 (2009) Association for Slavic, East 31-0785029 Part VIII Statement of Revenue

Page 9

	•						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ით	10	Federated campai	ans	1a				Tevenue		512, 515, 61 514
ant		Membership dues	gns .	1b						
교립		Fundraising events		1c						
ifts I a		Related organization		1d						
<u>8</u>		Government grants (contri		1e						
ü si		All other contributions, gift	-	16						
Per		and similar amounts not in		1f		8,176				
EP	~	Noncash contributions incl	ludod in linas 1a.		5	0/1/0				
Contributions, gifts, grants and other similar amounts	•	Totai. Add lines 1a			•		8,176			50 TABLE 1
						Busn. Code				
je j	2a Convention income						268,444	268,444		
Rev	b	Membership			•		259,393	259,393		
Program Service Revenue	c	Publication		otion	8		174,315	174,315		
Š	ď	Publication	•	-	-		27,846	27,846		
Ĕ	e	Sale of mai	•	•		611600	4,388		4,388	
gra	f	All other program s	-							
۲.		Total. Add lines 2a				•	734,386			
		Investment income		divider	ds, intere	st, and				
		other similar amounts)					57,609	57,609		
	4	Income from invest	tment of tax	-exem	pt bond p	roceeds 🕨				
	5	Royalties								
			(ı) Real		(II <u>)</u> P	ersonal			*	1
1	6a	Gross Rents								
	b	Less rental exps								
	С	Rental inc or (loss)								
	d 7a	Net rental income								
	14	sales of assets	(I) Securities	5	(11)	Other				
		other than inventory								
	b	Less cost or other				070				
		basis & sales exps				872				
		Gain or (loss)				-872	-872	073		
	d	Net gain or (loss)	adracana ava			•	-872	-872	>	1
enue	8a	Gross income from fu (not including \$	inuraising eve	nis					* .	-
ven		of contributions repor	ted on line 1c							
å		See Part IV, line 18	ted on the rej	a						4440 A
Other Rev	h	Less direct expen	949	b						
ð		Net income or (los			events	►			•	· ··· · · · · · · · · · · · · · · · ·
		Gross income from g	-			-				Ĩ
		See Part IV, line 19	J	a						
	b	Less: direct expen	ses	ь						
	с	Net income or (los	s) from gam	nng ac	tivities					
	10a	Gross sales of inv	entory, less							
		returns and allowa	inces	а						
	b	Less: cost of good	ls sold	b						
	c	Net income or (los			ventory	•				
		Miscellan	eous Revenue	•		Busn. Code				
	11a	Miscellaneou	s revenue	38			1,042	1,042		
	b									
	C	•		••		<u> </u>			· · · · · · · · · · · · · · · · · · ·	
	d	All other revenue				L				i
	е	Total. Add lines 1		•			1,042	·······		
	12	Total Revenue. S	ee instructio	ns.			800,341	787,777	4,388	0

ASSOC4SLAVI 11/04/2010 3 11 PM Association for Slavic, East Form 990 (2009) 31-0785029 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. Ail other organizations must complete column (A) but are not required to complete columns (B), (C), and (D), (D) Fundraising (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, (C) Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 1 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 2 the U.S. See Part IV, line 22 Grants and other assistance to governments, 3 organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 314,083 226,856 87,227 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 150,782 224,871 74,089 9 Other employee benefits 10 Payroll taxes Fees for services (non-employees): 11 a Management 405 405 b Legal 12,280 12,280 Accounting С Lobbying đ Professional fundraising services. See Part IV, line 17 e 501 501 Investment management fees f 174,336 147,148 27,188 Other g 12 Advertising and promotion 114,693 104,345 10,348 13 Office expenses Information technology 14 15 Royalties 28,511 21,811 6,700 16 Occupancy 5,943 4,754 1,189 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 interest 21 Payments to affiliates 14,951 4,984 9,967 22 Depreciation, depletion, and amortization 1,932 1,932 23 Insurance Other expenses. Itemize expenses not 24 covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 20,934 16,015 4,919 Bank/credit card fees а 3,562 Other expenses 3,562 b

917,002

681,678

235,324

DAA

c d e f

25

26

All other expenses

fundraising solicitation

Total functional expenses. Add lines 1 through 24f

Joint costs. Check here l i following

SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

Form 990 (2009) Association for Slavic, East Part X | Balance Sheet

31-0785029

			(A)		(B)
			Beginning of year		End of year
	Cash—non-interest bearing		74,298		114,842
	Savings and temporary cash investments			2	
	Pledges and grants receivable, net		8,652		2,900
	Accounts receivable, net		18,469	4	8,003
	Receivables from current and former officers, directors, trustees, key				
	employees, and highest compensated employees. Complete Part II of				
	Schedule L		·	5	
	Receivables from other disqualified persons (as defined under section				
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete				
	Part II of Schedule L			6	
1	Notes and loans receivable, net			7	
1	Inventories for sale or use			8	1 007
	Prepaid expenses and deferred charges		4,802	9	1,827
	Land, buildings, and equipment cost or	74 700	•	n.	
	other basis. Complete Part VI of Schedule D 10a	74,729			
	•	52,722	37,830		22,007
	Investments—publicly traded securities		1 404 407	11	
	Investments-other securities. See Part IV, line 11		1,481,187	12	1,615,819
	Investments—program-related. See Part IV, line 11			13	
	Intangible assets			14	
1	Other assets. See Part IV, line 11		1 605 000	15	1 865 200
-	Total assets. Add lines 1 through 15 (must equal line 34)		1,625,238		1,765,398
	Accounts payable and accrued expenses		122,768		181,716
	Grants payable		245 221	18	
	Deferred revenue		245,231	19	265,069
	Tax-exempt bond liabilities			20	· · · · · · · · · · · · · · · · · · ·
	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
22	Payables to current and former officers, directors, trustees, key		Ŷ	,	*
'	employees, highest compensated employees, and disqualified		and an analysis of the second se		
	persons. Complete Part II of Schedule L			22	
	Secured mortgages and notes payable to unrelated third parties			23	
ł	Unsecured notes and loans payable to unrelated third parties		·	24 25	508
	Other liabilities. Complete Part X of Schedule D	-	367,999		447,293
-	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ► X and			_20	44/,433
1	complete lines 27 through 29, and lines 33 and 34.		ν έ		
27	Unrestricted net assets		1,174,289	27	1,234,355
28	Temporarily restricted net assets		57,010		57,810
29	Permanently restricted net assets	ł	25,940		25,940
25	Organizations that do not follow SFAS 117, check here ►	•	23/540	23	<u> </u>
	and complete lines 30 through 34.		x		
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or equipment fund			31	
32	Retained earnings, endowment, accumulated income, or other funds			32	· · · · · · · · · · · · · · · · · · ·
33	-		1.257.239		1,318,105
34	•				1,765,398
33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances		1,257,239 1,625,238	33	

Form 990 (2009)

Fom	990 (2009) Association for Slavic, East 31-0785029		Pa	<u>ge 12</u>
Pa	rt XI Financial Statements and Reporting			
	,		Yes	No
1	Accounting method used to prepare the Form 990 [.]			11 III III III III III III III III III
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		<i>i</i> - 1	
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in		,	
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		<i>*</i>	
	issued on a consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	35		

Form 990 (2009)

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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.							OMB No 1545-0047			
Department of the Treasury	∕ ► Att	tach to Form 990 or Form 990-	-			truction	IS.		Open to Public	
Internal Revenue Service Name of the organization	Association	for Slavic, Eas d Eurasian Stud	t				Empl	-	Inspection	
Part I Reas		Status (All organizations		omplo	to this	nort)			5029	
		se it is: (For lines 1 through 11,				pan.)	See II	ISLIUC		
		sociation of churches described		-						
	cribed in section 170(b)(1)(in section	1110(0)(·)(A)(I).					
		ce organization described in se	ction 170	(h)(1)(A)(
		-				\/1\/A\/i	ii) Ente	or tha h	ospital's namo	
	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:									
		of a college or university owned	or operat	ed by a o	overnme	ental un	t descri	bed in		
	o)(1)(A)(iv). (Complete Part			,-3						
6 A federal, sta	te, or local government or g	overnmental unit described in s	ection 17	70(b)(1)(A)(v).					
7 🔄 An organizati	on that normally receives a	substantial part of its support fr	om a gov	ernmenta	l unit or	from the	genera	al public	;	
described in s	section 170(b)(1)(A)(vi). (Co	omplete Part II.)								
		170(b)(1)(A)(vi). (Complete Part								
		1) more than 33 1/3 % of its sup					•	-		
•		npt functions—subject to certair		, ,	,					
	-	nd unrelated business taxable in	•			() from t	ousines	ses		
		0, 1975 See section 509(a)(2)			-					
		exclusively to test for public saf exclusively for the benefit of, to	-				out th	•		
		ted organizations described in s					-			
		the type of supporting organization						30011011		
a 🗍 Type		c Type III–Function			d	~	e lil-Ot	her		
e By checking t	his box, I certify that the org	panization is not controlled direc			one or m					
		and other than one or more pul							า	
509(a)(1) or s	ection 509(a)(2).									
		ermination from the IRS that it is	a Type I,	, Type II,	or Type	III suppo	orting		_	
	check this box									
g Since August following per	-	tion accepted any gift or contrib	ution fron	n any of th	ne					
(i) A person	who directly or indirectly co	ontrols, either alone or together	with perse	ons descr	nbed in (II)			Yes No	
and (iii) t	elow, the governing body o	f the supported organization?							11g(i)	
(ii) A family	member of a person descrit	bed in (i) above?							11g(II)	
(iii) A 35% c	ontrolled entity of a person of	described in (i) or (ii) above?							11g(iii)	
		he supported organization(s).					-			
 (i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1–9	1	organization sted in your		ou notify	(vi) I organizat		(vii) Amount of	
organization		above or IRC section		document?	col (I)	of your	(i) organı	zed in the	support	
		(see instructions))	Yes	No	Sup Yes	No	Yes	5 ? No		
	··· <u> </u>		res	NO	res	NO	res	No		
				<u>}</u>						
-					-					
			+				<u> </u>			
Total	~			` `						
Total		L	<u> </u>	L	I	L				

Schedule A (Form 990 or 990-EZ) 2009

<u>Sche</u>	dule A (Form 990 or 990-EZ) 2009 AS:	<u>sociatio</u> n	for Slav	ic, East	31	-0785029	Page 2
Pa	art II Support Schedule for O	rganizations	Described in S	ections 170(I	o)(1)(A)(iv) and	170(b)(1)(A)(vi)
	(Complete only if you ch						
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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)	an a					
6	Public support. Subtract line 5 from line 4	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3		÷	, ***	
	tion B. Total Support				· · · · · · · · · · · · · · · · · · ·		
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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)				- Andrews		
11	Total support. Add lines 7 through 10			X X	· • \$		
12	Gross receipts from related activities, etc.	, ,				12	
13	First five years. If the Form 990 is for the		t, second, third, for	urth, or fifth tax ye	ar as a section 501	(c)(3)	
<u></u>	organization, check this box and stop her						
	tion C. Computation of Public Se			_		······································	
14	Public support percentage for 2009 (line 6		•	n (f))		14	%
15	Public support percentage from 2008 Sch				•	15	%
16a	33 1/3 % support test—2009. If the organ			13, and line 14 is	33 1/3 % or more,	check this box	
	and stop here. The organization qualifies						. 🕨 🗌
b	33 1/3 % support test—2008. If the organ				15 is 33 1/3 % or m	ore, check this	<u> </u>
4-	box and stop here. The organization qual						. 🕨 🗌
17a	10%-facts-and-circumstances test-200						
	more, and if the organization meets the "fa			-			. [***
L	organization meets the "facts-and-circums						
b	10%-facts-and-circumstances test-200						
	more, and if the organization meets the "fa						ب
10	organization meets the "facts-and-circums						· · 🏲 💾
18	Private foundation. If the organization did	I NOT CHECK & DOX (on iine 13, 16a, 16t	o, 17a, or 17b, ch	eck this box and se	e instructions	

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18

Schedule A (Form 990 or 990-EZ) 2009

S

Page 3

(f) Total

1,416,967

2,133,241

3,550,208

3,550,208

514,598

514,598

11,095

4,190

4,080,091

►

87.01%

86.41%

13%

13%

► X

(f) Total 3,550,208

ssoc	4SLAVI 11/04/2010 3 11 PM					
Sche	dule A (Form 990 or 990-EZ) 2009 Ass					0785029
Pa	rt III Support Schedule for Or)	
	(Complete only if you che	ecked the box o	<u>n line 9 of Par</u>	t I.)		
	tion A. Public Support				<u>_</u>	
Cal	endar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	231,648	246,123	387,598	284,029	267,569
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	376,915	452,128	411,568	421,025	471,605
3	Gross receipts from activities that are not an unrelated trade or business under section 513					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					
5	The value of services or facilities furnished by a governmental unit to the organization without charge					
6	Total. Add lines 1 through 5	608,563	698,251	799,166	705,054	739,174
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					
b	Amounts included on lines 2 and 3 received					
	from other than disqualified persons that		1			
	exceed the greater of \$5,000 or 1% of the					
	amount on line 13 for the year					
C	Add lines 7a and 7b	 			*	
8	Public support (Subtract line 7c from line 6.)	*				
	tion B. Total Support	r	· · · · · · · · · · · · · · · · · · ·			
Ca	endar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009
9	Amounts from line 6	608,563	698,251	799,166	705,054	739,174
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	98,877	93,778	179,424	84,910	57,609
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					
С	Add lines 10a and 10b	98,877	93,778	179,424	84,910	57,609
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			3,241	4,466	3,388
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			412	2,736	1,042
13	Total support. (Add lines 9, 10c, 11,					
	and 12.)	707,440	792,029	982,243	797,166	801,213
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	second, third, four	th, or fifth tax year	as a section 501(c	:)(3)
Sec	tion C. Computation of Public Su	pport Percenta	ige			
15	Public support percentage for 2009 (line 8	, column (f) divided i	by line 13, column	(f))		15
16	Public support percentage from 2008 Sch				·	16
<u>Sec</u>	tion D. Computation of Investme					
17	Investment income percentage for 2009 (In		-	column (f))		17
18	Investment income percentage from 2008	Schedule A. Part III	line 17			18

33 1/3 % support tests-2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 19a 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3 % support tests-2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and b line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

ITT IV Supplemental Information. C Part II, line 17a or 17b; and Part II, line 17a or 17b; and P					
art III, Line 12 - Other	Income Deta	ail		 	
iscellaneous Income		\$	4,190	 	

SCHEDULE D (Form 990)

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 9 1 **Open to Public** 1-

▶	Attach to	Form 990.	▶ s	ee separ	ate inst	ructions.
-						

	Department of the Treasury		e 6, 7, 8, 9, 10, 11, or 12. ∂0. ► See separate instructions.		Open to Public Inspection
Name of the organization			Employer identif	ication number	
Association for Slavic, East					
European, and Eurasian Studies				31-07850	
Pa		tions Maintaining Donor Advised Funization answered "Yes" to Form 990,		or Accounts. Co	mplete if
			(a) Donor advised funds	(b) Funds a	nd other accounts
1	Total number at end of	f year			
2	Aggregate contribution	is to (during year)			
3	Aggregate grants from	(during year)			
4	Aggregate value at end	d of year			
5	Did the organization in	form all donors and donor advisors in writing tha	t the assets held in donor advised		
		tion's property, subject to the organization's excl	-		Yes No
6	-	form all grantees, donors, and donor advisors in			
	•	e purposes and not for the benefit of the donor o	r donor advisor, or for any other		
		permissible private benefit?			
		ation Easements. Complete if the orga		orm 990, Part IV	/, line 7.
1	' ` <i>`</i>	ation easements held by the organization (check			
		nd for public use (e.g., recreation or pleasure)	Preservation of an historically	•	
	Protection of natur		Preservation of certified histor	nc structure	
2	Preservation of op	•	nation contribution in the form of a co	nonution	
2	easement on the last of	bugh 2d if the organization held a qualified conse day of the tax year	rvation contribution in the form of a co	nservation	
				Held at	the End of the Tax Year
_	Total number of conse	anyation easements		2a	Ine Line of the Tax Tear
b		ed by conservation easements		. <u>2a</u> 2b	
c	•	on easements on a certified historic structure incl	uded in (a)	20	
d		on easements included in (c) acquired after 8/17/		2d	• • • • • • • • • • • • • • • • • • • •
3		on easements modified, transferred, released, ex			
•	the taxable year ▶			Lation damig	
4		re property subject to conservation easement is l	ocated ►		
5		have a written policy regarding the periodic mon			
	-	ement of the conservation easements it holds?			Yes No
6	Staff and volunteer ho	urs devoted to monitoring, inspecting, and enford	ing conservation easements during th	e year	
	▶				
7	Amount of expenses in \$	ncurred in monitoring, inspecting, and enforcing o	conservation easements during the year	ar	
8	· · ·	 con easement reported on line 2(d) above satisfy the set of the set	he requirements of section		
Ŭ	170(h)(4)(B)(i) and sec				Yes No
9		now the organization reports conservation easem	ents in its revenue and expense state	ment. and	
-		clude, if applicable, the text of the footnote to the	•	•	
	the organization's acco	ounting for conservation easements.			
Pa		tions Maintaining Collections of Art, if the organization answered "Yes" to		er Similar Asset	s.
1a	If the organization elec	cted, as permitted under SFAS 116, not to report	in its revenue statement and balance	sheet works of	
	-	s, or other similar assets held for public exhibition			
	provide, in Part XIV, th	ne text of the footnote to its financial statements t	hat describes these items.		
b	If the organization elec	cted, as permitted under SFAS 116, to report in it	s revenue statement and balance she	et works of art,	
	historical treasures, or	other similar assets held for public exhibition, ec	lucation, or research in furtherance of	public service,	
	provide the following a	mounts relating to these items.			
	(i) Revenues included	d in Form 990, Part VIII, line 1		. ▶ \$_	
	(ii) Assets included in	Form 990, Part X		▶ \$_	
2	If the organization rece	eived or held works of art, historical treasures, or	other similar assets for financial gain,	provide the	
	following amounts requ	uired to be reported under SFAS 116 relating to t	hese items.		
а	Revenues included in	Form 990, Part VIII, line 1		. ▶ \$_	
b	Assets included in For	m 990, Part X		. ▶ \$_	

Schee	dule D (Form 990) 2009 Associatic	on for Slavi	.c, East	31-07	85029	Page 2
Pa	rt III Organizations Maintaining	Collections of Art	, Historical Trea	sures, or Other	Similar Asset	s (continued)
3	Using the organization's acquisition, accession collection items (check all that apply):	n, and other records, ch	eck any of the follow	ng that are a signific	ant use of its	
а	Public exhibition	d 🗍 Loar	n or exchange program	ms		
ь	Scholarly research	e 🗍 Othe				
с	Preservation for future generations					
4	Provide a description of the organization's colle Part XIV.	ections and explain how	v they further the orga	anization's exempt pi	urpose in	
5	During the year, did the organization solicit or i assets to be sold to raise funds rather than to l	receive donations of an	t, historical treasures, of the organization's c	or other similar ollection?		Yes No
Pa	rt IV Escrow and Custodial Arra IV, line 9, or reported an am		-		"Yes" to Form	990, Part
1a	Is the organization an agent, trustee, custodiar included on Form 990, Part X?	n or other intermediary	for contributions or ot	her assets not		Yes No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the followi	ng table:		•	
		·	•			Amount
с	Beginning balance				1c	
d	Additions during the year		•	•	1d	
е	Distributions during the year				_1e	
f	Ending balance				<u>1f</u>	
	Did the organization include an amount on For	m 990, Part X, line 21?				Yes No
	If "Yes," explain the arrangement in Part XIV					
<u> </u>	rt V Endowment Funds. Comple			1	1	·
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bac	k (e) Four years back
	Beginning of year balance					
	Contributions					
С	Net investment earnings, gains,				2	~
	and losses				<u>`*</u>	· · · · · · · · · · · · · · · · · · ·
	Grants or scholarships					····
e	Other expenditures for facilities					•• •
	and programs Administrative expenses					
	End of year balance					·····
2	Provide the estimated percentage of the year	II and balance held as		L	L	
- a	Board designated or quasi-endowment	%				
	Permanent endowment > %	^				
	Term endowment ▶%					
	Are there endowment funds not in the possess	sion of the organization	that are held and adr	ninistered for the		
	organization by:	J. J				Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations		•••	•		3a(ii)
b	If "Yes" to 3a(ii), are the related organizations	listed as required on So	chedule R?		•	3b
4	Describe in Part XIV the intended uses of the o	organization's endowm	ent funds.		• •	·
Pa	rt VI Investments—Land, Buildir	ngs, and Equipme	nt. See Form 99	0, Part X, line 1	0.	
	Description of investment	(a) Cost or other basis	6 (b) Cost or ot	her (c) Acc	cumulated	(d) Book value
		(investment)	basis (other	r) depr	eciation	
1a	Land					
b	Buildings					
C	Leasehold improvements	ļ				
	Equipment					
	Other	L		,729	52,722	22,007
Total	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X, c	column (B), line_10(c).)		22,007

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 Association for Slav Part VII Investments-Other Securities. See Form 9		31-0785029	Page 3
(a) Description of security or category	(b) Book value	(c) Method o	fvaluation
(including name of security)	(2) 2000 1440	Cost or end-of-ye	
Financial derivatives			
Closely-held equity interests			
Other _ Mutual_Funds	1,615,819	Market	·
	-	·	
	-		
	-		
			· · · · · · · · · · · · · · · · · · ·
Totai. (Column (b) must equal Form 990, Part X, col. (B) line 12)			
Part VIII Investments—Program Related. See Form S (a) Description of investment type			ft.
(a) Description of investment type	(b) Book value	(c) Method o Cost or end-of-ye	
· · · · · · · · · · · · · · · · · · ·			
· · · · · · · · · · · · · · · · · · ·			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		·····	
Part IX Other Assets. See Form 990, Part X, line 15			
(a) Description			(b) Book value
	· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·			
· · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · · · · ·
Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X 1 Other Liabilities. See Form 990, Part X, line	25		·
1. (a) Description of liability	(b) Amount		
Federal income taxes	508		

508

►

2. FIN 48 Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

chedule D (Form 990) 2009 Association for Slavic, 1		-0785029	Page 4
Part XI Reconciliation of Change in Net Assets from Form	990 to Audited Finan	cial Statements	
1 Total revenue (Form 990, Part VIII, column (A), line 12)		. 1	800,341
2 Total expenses (Form 990, Part IX, column (A), line 25)		. 2	<u> </u>
3 Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4 Net unrealized gains (losses) on investments		4	177,527
5 Donated services and use of facilities		5	
6 Investment expenses		6	
7 Prior period adjustments		7	
8 Other (Describe in Part XIV.)		_ 8	
9 Total adjustments (net). Add lines 4 through 8		. 9	177,527
0 Excess or (deficit) for the year per audited financial statements Combine line		10	60,860
Part XII Reconciliation of Revenue per Audited Financial S	itatements With Rever	ue per Return	
1 Total revenue, gains, and other support per audited financial statements		1	977,868
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.		X	
a Net unrealized gains on investments	2a 1	.77,527	
b Donated services and use of facilities	2b	c .	
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIV)	2d		
e Add lines 2a through 2d	······································	2e	177,527
3 Subtract line 2e from line 1		3	800,341
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1;	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	· *	
b Other (Describe in Part XIV.)	4b	<u>%</u>	
c Add lines 4a and 4b		4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	1		800,34
Part XIII Reconciliation of Expenses per Audited Financial			000754
1 Total expenses and losses per audited financial statements			917,002
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a	[*] ŵa	
b Prior year adjustments	2b	<i>M</i> (+	
c Other losses	20 20		
d Other (Describe in Part XIV.)	2d	A	
· · · · · ·	_20		
e Add lines 2a through 2d	• •	<u>2e</u>	017 001
3 Subtract line 2e from line 1	1 1	3	917,002
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		* 54	
a investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV.)	_4b	×	
c Add lines 4a and 4b		4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	<u>8)</u>		917,00
Part XIV Supplemental Information			
mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; I			
d 2b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Pa	art XIII, lines 2d and 4b. Also	complete	
s part to provide any additional information			
			· — — — — —

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 Association for Slavic, East	31-0785029	Page 5
Part XIV Supplemental Information (continued)		<u> </u>
•		
		·
		. <u> </u>
		·
		· _ _
		·

SCHEDULE O (Form 990)	Supplemental Information to Form 990 Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.		OMB No 1545-0047	
Department of the Treasury Internal Revenue Service			Open to Public inspection	
Name of the organization	Association for Slavic, East European, and Eurasian Studies	Employer identif 31-07850		

Form 990 - Organization's Mission or Most Significant Activities The Association for Slavic, East European, and Eurasian Studies (ASEEES), a nonprofit, non-political, scholarly society, is the leading private organization in the world dedicated to the advancement of knowledge about the former Soviet Union (including Eurasia) and Eastern and Central Europe.

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents Association changed name.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders Association is made of members.

Form 990, Part VI, Line 7a - Election of Members and Their Rights The Vice President is elected annually by ASEEES members and is designated President-Elect. After serving one year as Vice President, the Vice President becomes President the following year. After one year in the presidency, the President is designated Immediate Past President and serves an additional year as a member of the Board of Directors. Six members-at-large are elected by the ASEEES members. Two are elected each year to hold office for three (3) years. One graduate student representative is elected by ASEEES members and serves for two (2) years. Nine are nominated by their respective committees and related associations and serve for two (2) years.

One is the executive director; one is the editor of its main scholarly journal; one is the treasurer of the association.

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
Association for Slavic, East	31-0785029

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 Form 990 is prepared buy accountants and reviewed by executive director and treasurer before return is filed.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Reviews are performed by host universities in accordance with Universities employment policies

Form 990, Part VI, Line 15b - Compensation Process for Officers Reviews are performed by host universities in accordance with Universities employment policies.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Documents are available upon request at the Associations national headquarters during normal business hours.

100707000211

New York State Department of State Division of Corporations, State Records and Uniform Commercial Code One Commerce Plaza, 99 Washington Avenue Albany, NY 12231 www.dos state.ny.us

CERTIFICATE OF AMENDMENT OF THE CERTIFICATE OF INCORPORATION OF

AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SLAVIC STUDIES, INC.

(Insert Name of Domestic Corporation)

Under Section 803 of the Not-for-Profit Corporation Law

FIRST: The name of the corporation is:

American Association for the Advancement of Slavic Studies, Inc.

If the name of the corporation has been changed, the name under which it was formed is:

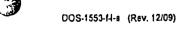
SECOND: The certificate of incorporation was filed by the Department of State on:

January 22, 1948

THIRD: The law the corporation was formed under is: Not-for-Profit Corporation Law Section 402

FOURTH: The corporation is a corporation as defined in Section 102(a)(5) of the Not-for-Profit Corporation Law.

FIFTH: The corporation is a Type B corporation. If the corporate purposes are being enlarged, limited or otherwise changed, the corporation shall be a Type corporation.



eres the some

Page 1 of 5

100707000211

SIXTH: The amendment effected by this certificate of amendment is as follows:

(Set forth each amendment in a separate paragraph providing the subject matter and full text of each amended paragraph. For example, an amendment changing the name of the corporation would read as follows: "Paragraph First of the Certificate of Incorporation relating to the corporate name is hereby amended to read in its entirety as follows: First: The name of the corporation is .. (new name).")

Paragraph First of the Certificate of Incorporation relating to the corporate name

is hereby [check the appropriate box] [] added to read in its entirety as follows or [X] amended

to read in its entirety as follows:

First: The name of the corporation is Association for Slavic, East European, and Eurasian Studies, Inc.

its in p

SEVENTH: The Secretary of State is designated as agent of the corporation upon whom process against it may be served. The address to which the Secretary of State shall forward copies of process accepted on behalf of the corporation is:

203C Beilefield Hail 315 S. Bellefield Avenue Pittsburgh, Pennsylvania 15260-6424

EIGHTH: The certificate of amendment was authorized by: (Check the appropriate bax)

 \boxtimes The amendment was authorized by a vote of a majority of the members at a meeting.

The amendment was authorized by the unanimous written consent of the members entitled to vote thereon.

The amendment was authorized by a vote of a majority of the entire board of directors. The corporation has no members.

× 1 (Signature)

Executive Director

(Signer's Tille)

Lynda Park

(Print or Type Signer's Name)

DOS-1553-f-I-8 (Rev 12/09)

Page 4 of 5

100707000211

CERTIFICATE OF AMENDMENT OF THE CERTIFICATE OF INCORPORATION

OF

AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SLAVIC STUDIES, INC.

(Insert Name of Domestic Corporation)

Under Section 803 of the Not-for-Profit Corporation Law

Filer's Name _____ LYNDA PARK, EXECUTIVE DIRECTOR

Address _____ 203C BELLEFIELD HALL, 315 S. BELLEFIELD AVENUE

City, State and Zip Code _____PITTSBURGH, PENNSYLVANIA 15260-6424

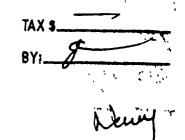
NOTE: The certificate must be submitted with a \$30 filing fee. This form was prepared by the New York State Department of State. It does not contain all optional provisions under the law. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores. The Department of State recommends that all documents be prepared under the guidance of an attorney. Please be sure to review Section 804 and Section 404 of the Not-for-Profit Corporation Law to determine if any consents or approvals are required to be attached to this certificate of amendment.

For Office Use Only

DEPARTMENT OF STATE FILED JUL -7 2010

STATE OF NEW YORK

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