**Form 990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

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

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year must use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

**A**

For the 2009 calendar year, or tax year beginning , 2009, and ending

- **B**
  - Check if applicable
  - [ ] Address change
  - [ ] Name change
  - [ ] Initial return
  - [ ] Termination
  - [ ] Amended return
  - [ ] Application pending

- **C**
  - National Health Federation
  - P.O. Box 688
  - Monrovia, CA 91017

- **D**
  - Employer identification number
  - [ ] 94-1294934

- **E**
  - Telephone number
  - 626-357-2181

- **F**
  - Group Exemption Number

- **G**
  - Accounting method
  - [ ] Cash
  - [x] Accrual

- **H**
  - Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

- **I**
  - Website: [ ] N/A

- **J**
  - Tax-exempt status (check only one)
  - [x] 501(c)(4)
  - [ ] 501(c)(13) or 4947(a)(1)

- **K**
  - [ ] If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

- **L**
  - Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ.

### Part I. Revenue, Expenses, and Changes in Net Assets or Fund Balances

(See the instructions for Part I.)

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Contributions, gifts, grants, and similar amounts received</td>
<td></td>
<td>210,998.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Program service revenue including government fees and contracts</td>
<td></td>
<td>24,898.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Membership dues and assessments</td>
<td></td>
<td>35,768.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Investment income</td>
<td></td>
<td>32,982.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>Gross amount from sale of assets other than inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5b</td>
<td>Less cost or other basis and sales expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5c</td>
<td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Special events and activities (complete applicable parts of Schedule G) if any amount is from gaming, check here</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>Gross revenue (not including $ of contributions reported on line 1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td>Less direct expenses other than fundraising expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c</td>
<td>Net income or (loss) from special events and activities (Subtract line 6b from line 6a)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Gross sales of inventory, less returns and allowances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>Less cost of goods sold</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c</td>
<td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Other revenue (describe ▶)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8</td>
<td></td>
<td>304,646.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part II. Balance Sheets

(See the instructions for Part II)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Beginning of year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Grants and similar amounts paid (attach schedule)</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Benefits paid to or for members</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Salaries, other compensation, and employee benefits</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Professional fees and other payments to independent contractors</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Occupancy, rent, utilities, and maintenance</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Printing, publications, postage, and shipping</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Other expenses (describe ▶ See Statement 1)</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Total expenses. Add lines 10 through 16</td>
<td></td>
</tr>
</tbody>
</table>

### Part III. Balance Sheets

(See the instructions for Part II)

<p>| | | |</p>
<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Beginning of year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Excess or (deficit) for the year (Subtract line 17 from line 9)</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Other changes in net assets or fund balances (attach explanation)</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Net assets or fund balances at end of year Combine lines 18 through 20</td>
<td></td>
</tr>
</tbody>
</table>

### Part IV. Balance Sheets

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(B) End of year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe ▶ See Statement 2)</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe ▶)</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td></td>
</tr>
</tbody>
</table>

**BAA**

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.
### Part III: Statement of Program Service Accomplishments

(See the instructions.)

**Health Awareness**

What is the organization's primary exempt purpose? Health Awareness

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

#### Expenses

(Revised for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(Grants $)</th>
<th>(If this amount includes foreign grants, check here)</th>
</tr>
</thead>
<tbody>
<tr>
<td>28</td>
<td>28a. Distribution of health journal to members. Collect advertising revenue to support publications.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Total program service expenses (add lines 28a through 31a)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### List of Officers, Directors, Trustees, and Key Employees

List each one even if not compensated. (See the instructions.)

<table>
<thead>
<tr>
<th>(a) Name and address</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation (if not paid, enter -0-)</th>
<th>(d) Contributions to employee benefit plans and deferred compensation</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sylvia Provenza</td>
<td>Vice President</td>
<td>0</td>
<td>0.90</td>
<td>0.90</td>
</tr>
<tr>
<td>515 North Avenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verona, PA 15147</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Murray Susser, M.D.</td>
<td>Chairman</td>
<td>0</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>180 Montgomery Street #2200</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>San Francisco, CA 94133</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scott Tips</td>
<td>President</td>
<td>0</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>7455 Poplar Drive</td>
<td>Secretary</td>
<td>0</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Forestville, CA 95436</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Richard Kunin, M.D.</td>
<td>Vice Chairman</td>
<td>0</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Susan Negus</td>
<td>Treasurer</td>
<td>0</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hans Kugler</td>
<td>Director</td>
<td>0</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Cherokee Ilse</td>
<td>Director</td>
<td>0</td>
<td>0.00</td>
<td>0.00</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pamela Gerry</td>
<td>Director</td>
<td>0</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paul Morin, M.D.</td>
<td>Director</td>
<td>0</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harvey Bigelsen, M.D.</td>
<td>Director</td>
<td>0</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>William Franklin McCoy, M.D.</td>
<td></td>
<td>0</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

BAA TEEA912L 01/30/10 Form 990-EZ (2009)
### Form 990-EZ (2009) National Health Federation 94-1294934 Page 3

#### Part V  Other Information (Note the statement requirements in the instrs for Part V.)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>34</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>35a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>35b</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>36</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>37a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>37b</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>38a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>39</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>40a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>40b</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>40c</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>40d</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>40e</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>41</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>43</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>44</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>45</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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**Form 990-EZ (2009) National Health Federation 94-1294934 Page 3**

#### Part V  Other Information (Note the statement requirements in the instrs for Part V.)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity</td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>If the organization has income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?</td>
<td></td>
</tr>
<tr>
<td>37a</td>
<td>Enter amount of political expenditures, direct or indirect, as described in the instructions</td>
<td></td>
</tr>
<tr>
<td>37b</td>
<td>Did the organization file Form 1120-POL for this year?</td>
<td></td>
</tr>
<tr>
<td>38a</td>
<td>Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?</td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Section 501(c)(7) organizations Enter.</td>
<td></td>
</tr>
<tr>
<td>39a</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>39b</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>40a</td>
<td>Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 (N/A), section 4912 (N/A), section 4955 (N/A)</td>
<td></td>
</tr>
<tr>
<td>40b</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>40c</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>40d</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>40e</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>List the states with which a copy of this return is filed</td>
<td></td>
</tr>
<tr>
<td>42a</td>
<td>The organization's books are in care of</td>
<td></td>
</tr>
<tr>
<td>42b</td>
<td>At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</td>
<td></td>
</tr>
<tr>
<td>42c</td>
<td>At any time during the calendar year, did the organization maintain an office outside of the U.S?</td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ</td>
<td></td>
</tr>
<tr>
<td>45</td>
<td>Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ</td>
<td></td>
</tr>
</tbody>
</table>

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**Form 990-EZ (2009)**

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**BAA**

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**BAA**
Form 990-EZ (2009) National Health Federation 

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 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.

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None.

<table>
<thead>
<tr>
<th>Employee</th>
<th>Title</th>
<th>Hours</th>
<th>Compensation</th>
<th>Contributions</th>
<th>Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

1 Total number of other employees paid over $100,000...

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None.

<table>
<thead>
<tr>
<th>Contractor</th>
<th>Type of service</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

d Total number of other independent contractors each receiving over $100,000...

Under penalties of perjury, I declare that I have examined the return, including a true, correct, and complete Declaration of preparer (other than officer) is based on information furnished and believe that it is true, correct, and complete.

Signature of officer

Signature of preparer

Preparer's signature

Paid Preparer's Use Only

Form's name (or your firm's name if self-employed), address and ZIP + 4.

BAA
**2009 Federal Book Depreciation Schedule**

Client 103  
National Health Federation  
94-1294934

### Machinery and Equipment

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>Date Acquired</th>
<th>Date Sold</th>
<th>Cost/Basis</th>
<th>Bus Pct</th>
<th>Cur 179 Bonus</th>
<th>Special Depr Allow</th>
<th>Prior 179 Bonus/Sp. Depr</th>
<th>Prior Dec, Bal Dep</th>
<th>Salvage/Basis Reduction</th>
<th>Depr. Basis</th>
<th>Prior Depr</th>
<th>Method</th>
<th>Life</th>
<th>Rate</th>
<th>Current Depr</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>COMPUTER MONITOR</td>
<td>8/24/05</td>
<td></td>
<td>255</td>
<td></td>
<td></td>
<td></td>
<td>255</td>
<td>120</td>
<td>S/L 7</td>
<td>36</td>
<td>36</td>
<td></td>
<td></td>
<td></td>
<td>36</td>
</tr>
<tr>
<td>2</td>
<td>COMPUTER</td>
<td>4/08/06</td>
<td></td>
<td>499</td>
<td></td>
<td></td>
<td></td>
<td>499</td>
<td>195</td>
<td>S/L 7</td>
<td>71</td>
<td>71</td>
<td></td>
<td></td>
<td></td>
<td>71</td>
</tr>
<tr>
<td>3</td>
<td>COMPUTER</td>
<td>12/22/08</td>
<td></td>
<td>973</td>
<td></td>
<td></td>
<td></td>
<td>973</td>
<td></td>
<td>S/L 7</td>
<td>139</td>
<td>139</td>
<td></td>
<td></td>
<td></td>
<td>139</td>
</tr>
</tbody>
</table>

**Total Machinery and Equipment**  
1,727 0 0 0 0 0 1,727 315 246

**Total Depreciation**  
1,727 0 0 0 0 0 1,727 315 246

**Grand Total Depreciation**  
1,727 0 0 0 0 0 1,727 315 246
Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising and Promotion</td>
<td>$400</td>
</tr>
<tr>
<td>Bank Charges</td>
<td>$2,038</td>
</tr>
<tr>
<td>Conferences, Conventions, and Meetings</td>
<td>$4,269</td>
</tr>
<tr>
<td>Depreciation</td>
<td>$246</td>
</tr>
<tr>
<td>Dues and Subscriptions</td>
<td>$119</td>
</tr>
<tr>
<td>Equipment rental</td>
<td>$1,901</td>
</tr>
<tr>
<td>Insurance</td>
<td>$2,384</td>
</tr>
<tr>
<td>Office Expenses</td>
<td>$6,402</td>
</tr>
<tr>
<td>Outside services</td>
<td>$25,894</td>
</tr>
<tr>
<td>Tax and licenses</td>
<td>$493</td>
</tr>
<tr>
<td>Telephone</td>
<td>$2,911</td>
</tr>
<tr>
<td>Travel</td>
<td>$15,292</td>
</tr>
<tr>
<td>UK Expenses</td>
<td>$740</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$63,089</strong></td>
</tr>
</tbody>
</table>

Statement 2
Form 990-EZ, Part II, Line 24
Other Assets

<table>
<thead>
<tr>
<th>Category</th>
<th>Beginning</th>
<th>Ending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture and Fixtures</td>
<td>$1,425</td>
<td>$1,425</td>
</tr>
<tr>
<td>Gold Coins</td>
<td>$0</td>
<td>$41,066</td>
</tr>
<tr>
<td>Inventories</td>
<td>$32,023</td>
<td>$32,023</td>
</tr>
<tr>
<td>Machinery and Equipment</td>
<td>$7,530</td>
<td>$7,284</td>
</tr>
<tr>
<td>Notes and Loans Receivable</td>
<td>$14,772</td>
<td>$11,520</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$55,750</strong></td>
<td><strong>$93,318</strong></td>
</tr>
</tbody>
</table>