Form 990 匆

Department of the Treasury Internal Revenue Service

## **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)

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

OMB No 1545-0047 Open to Public Inspection

			iendar yea	r, or tax year beginning 01 C Name of organization	-U1-2UU/ and ending	12-31-200	<del>'</del>	D Employ	ver ident	ification number	
	theck if ap ddress ch	if applicable s change							01-0891955		
$\Gamma$	lame char	change print or   Number and street (of 1 0 box is find is not delivered to street dudiess)   Room/ suite							one num	ber	
r I	nıtıal retur	type. See return Specific 2122 P STREET NW (20)								53	
	inal returr		Instruc- tions.	City or town, state or countr WASHINGTON, DC 20037	, and ZIP + 4		•		-	Cash Accrual	
	mended r		tions.	WASHINGTON, DC 20057				Othe	r (specify	) 🕨	
	pplication										
, ,	ррисаціон	pending	♣ Section	501(c)(3) organizations and	1 4947(a)(1) nonexempt (	haritable	H and I are	not applicabl	e to section	on 527 organizations	
				nust attach a completed Sch			H(a) Is this	a group retu	ırn for aff	iliates?  Yes  No	
G 1	Web site	e: 🟲 www	v cadna org	1			<b>H(b)</b> If "Ye	s" enter num	ber of aff		
				<u> </u>			H(c) Are al			☐ Yes ☐ No	
J (	Organiza	tion type	(check only	one) ► 🔽 501(c) (6) 🗖 (ins	ert no )   4947(a)(1) or	527	_	o," attach a		ŕ	
				tion is not a 509(a)(3) supportin				a separate i ed by a grou		d by an organization  Yes  No	
			than 25,000 iplete return	A return is not required, but if t	ne organization chooses to file	e a return,	I Grou	p Exempti	on Num		
							_			ation is <b>not</b> required to	
				5b, 8b, 9b, and 10b to line			attach	Sch B (Fon	n 990, 99	90-EZ, or 990-PF)	
P	art I			enses, and Changes		und Ba	ances (Se	e the ins	<u>structi</u>	ons.)	
	1			ts, grants, and similar amo		1 . 1					
	a .			lonor advised funds		1a					
	b			port (not included on line 1	·	1b					
	c d		•	pport (not included on line ributions (grants) (not incl	•	1c					
	"										
	e			a through 1d) (cash \$				_	1e		
	2	-		evenue including governm		•	V11, line 93)	•	2	F7.000	
	3		•	and assessments					3	57,000	
	5	Interest on savings and temporary cash investments							5		
	6a	Gross rents							3		
	b	Less rental expenses 6b									
	c		•	or (loss) subtract line 6b					6c		
ш	7			income (describe 🕨 ) .					7		
Revenue	8a			m sales of assets	(A) Securities	<del></del>	(B) O the	er			
ű				pry	(ii) occurred	8a	(2) 0 till	-			
	ь	Less cos	st or other ba	sis and sales expenses		8b					
	c	Gain or	(loss) (att	ach schedule)		8c					
	d	Netgai	n or (loss)	Combine line 8c, columns	(A) and (B)				8d		
	9	Special	l events an	d activities (attach sched	ule) If any amount is fro	om <b>gaming</b>	, check here l	►r F			
	а	Grossi	evenue (no	ot including \$	of						
			•	orted on line 1b)		9a					
	Ь	Less d	ırect expe	nses other than fundraisin	g expenses	9b					
	С	Netinc	ome or (los	ss) from special events Si	btract line 9b from line	9a			9с		
	10a	Gross	sales of inv	entory, less returns and a	llowances	10a					
	b	Less c	ost of good	ds sold		10b					
	С	•	, ,	from sales of inventory (attach	•				10c		
	11			om Part VII, line 103) .				<del></del>	11		
	12			d lines 1e, 2, 3, 4, 5, 6c, 7					12	57,000	
.0	13			(from line 44, column (B)				<u> </u>	13		
ÿ =	14	_		general (from line 44, colu	,			_	14		
Expenses	15			line 44, column (D)) .				-	15		
ш	16 17			ates (attach schedule) .					16 17	40 117	
_	18			dd lines 16 and 44, colum ) for the year Subtract line					18	40,117	
<u>8</u>	19		•	d balances at beginning of					19	10,003	
Net Asset	20			net assets or fund balance				<u> </u>	20		
ž	21		-	d balances at end of year (					21	16,883	
				k Reduction Act Notice, se			at No 1128			Form <b>990</b> (2007)	

Part II Statement of Functional Expenses

If "Yes," enter (i) the aggregate amount of these joint costs \$\_\_\_\_\_

(iii) the amount allocated to Management and general \$

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

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	( <b>B)</b> Program services	(C) Management and general	( <b>D)</b> Fundraising
22a	Grants paid from donor advised funds (attach Schedule)					
	(cash \$noncash \$) If this amount includes foreign grants, check here	_				
	,	22a				
22b	Other grants and allocations (attach schedule)					
	(cash \$noncash \$) If this amount includes foreign grants, check here	22b				
23	Specific assistance to individuals (attach schedule)	23			1	
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a				
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
c	Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26				
27	Pension plan contributions not included on lines 25a, b and c	27				
28	Employee benefits not included on lines 25a - 27	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31	850			
32	Legal fees	32	23,839			
33	Supplies	33	177			
34	Telephone	34	6,525			
35	Postage and shipping	35				
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39	183			
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42				
43	Other expenses not covered above (itemize)					
a	Web and Domain Prof Fees	43a	3,825			
Ь	Filing Fee	43b	750			
с	Bank Charges	43c	55			
d	Advertising and Public Rel	43d	3,913			
e		43e				
f		43f				
g	Total functional expenses. Add lines 22a through 43g	43g				
44	(Organizations completing columns (B)-(D), carry these totals to lines 13—15)	44	40,117	0	0	0
	Costs. Check ► 「 If you are following SOP 98-2 y joint costs from a combined educational campaign and fundraising	solici	tation reported	in (B) Program	m sarvicas?	- □Yes ▽

\_, **(ii)** the amount allocated to Program services \$\_\_

, and (iv) the amount allocated to Fundraising \$

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	omplishments			
All or publi	ganizations must describe their exempt purpose achieve	i i i i i ements neasura	and partners. This sytem is a catalyst for making the internet a less confusing and safer place for consumers and businesses alike, and takes action to end the practices of domain name tasting and kiting, and reduce instances of cybersquatting in a clear and concise manner. State the number of clients served, ble (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt.	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
а	Worked to raise awareness of the consumer, I based crimes such as spam, spyware, and ph	busine ishing	ss, and global impact of cybersquatting and other Internet Very closely involved in shaping the new domain tasting ed with educational forums and meetings with legislative	
	(Grants and allocations \$ )		If this amount includes foreign grants, check here 🕨 🦵	
b				
	(Grants and allocations \$	)	If this amount includes foreign grants, check here 🕨 🦵	
С				
	(Grants and allocations \$	)	If this amount includes foreign grants, check here 🕨 🦵	
d				
	(Grants and allocations \$	)	If this amount includes foreign grants, check here ▶ ☐	
_	Other program services (attach schedule)	•		

Form 99	0 (2007)				Page <b>4</b>
Part I	Balance Sheets (See the instru	uctions.)			
Note:	Where required, attached schedules and amo column should be for end-of-year amounts of	•	(A) Beginning of year		(B) End of year
45	Cash—non-interest-bearing			45	17,883
46	Savings and temporary cash investments			46	
47a	Accounts receivable	47a			
Ь	Less allowance for doubtful accounts	47b		47c	
48a	Pledges receivable	48a			
Ь	Less allowance for doubtful accounts	48b		48c	
49	Grants receivable			49	
50a	Receivables from current and former office key employees (attach schedule)			50a	
Ь	Receivables from other disqualified perso $4958(c)(3)(B)$ (attach schedule)	•		50b	
51a	Other notes and loans receivable (attach schedule)	51a			
ည္မွ <b>b</b>	Less allowance for doubtful accounts	51b		51c	
% 52 ₹	Inventories for sale or use			52	
<sup>=₹</sup>   53	Prepaid expenses and deferred charges			53	
54a	Investments—publicly-traded securities	. ► 「Cost 「FMV		54a	
Ь	Investments—other securities (attach sc	hedule) ► Cost FMV		54b	
55a	Investments—land, buildings, and equipment basis	55a			
ь	Less accumulated depreciation (attach schedule)	55b		55c	
56	Investments—other (attach schedule) .			56	
57a	Land, buildings, and equipment basis	57a			
ь	Less accumulated depreciation (attach schedule)	57b		57c	
58	Other assets, including program-related i	nvestments			
	(describe ► 	)		58	
59	Total assets (must equal line 74) Add lin	es 45 through 58		59	17,883
60	Accounts payable and accrued expenses			60	
61	Grants payable			61	
62	Deferred revenue			62	
্ 63	Loans from officers, directors, trustees, a	nd key employees (attach			
	schedule)			63	
∷ 64a	Tax-exempt bond liabilities (attach sched	dule)		64a	
b	Mortgages and other notes payable (attac	ch schedule)		64b	
65	Other liablilities (describe ►	)		65	1,000
66	<b>Total liabilities</b> Add lines 60 through 65	<u></u>		66	1,000
Org	anizations that follow SFAS 117, check here	and complete lines			
ූ ධ <b>67</b>	Unrestricted			67	
I					<u> </u>

		4958(c)(3)(B) (attach schedule)		50ь	
	51a	Other notes and loans receivable (attach			
.a		schedule)	_	l	
Assets	Ь	Less allowance for doubtful accounts 51b		51c	
AS.	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54a	Investments—publicly-traded securities . ► Cost FMV		54a	
	Ь	Investments—other securities (attach schedule) ► Cost FMV		54b	
	55a	Investments—land, buildings, and equipment basis			
	ь	Less accumulated depreciation (attach	-		
		schedule)		55c	
	56	Investments—other (attach schedule)		56	
	57a	Land, buildings, and equipment basis 57a			
	ь	Less accumulated depreciation (attach schedule)		57c	
	58	Other assets, including program-related investments			
		(describe ►			
		)		58	
					47.000
-	59	Total assets (must equal line 74) Add lines 45 through 58	0		17,883
	60	Accounts payable and accrued expenses		60 61	
	61	Grants payable		62	
_	63	Deferred revenue		62	
ψ. 1	63	schedule)		63	
L :	64a	Tax-exempt bond liabilities (attach schedule)		64a	
^,	ь	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe		65	1,000
	03	Other Habilities (describe P		03	1,000
	66	Total liabilities Add lines 60 through 65	0	66	1,000
-	<b>-</b>	nizations that follow SFAS 117, check here ► and complete lines			1,222
		67 through 69 and lines 73 and 74			
Š	67	Unrestricted		67	
Balances	68	Temporarily restricted		68	
<u> </u>	69	Permanently restricted		69	
Fund	Orga	nizations that do not follow SFAS 117, check here ▶ 🔽 and			
Fu		complete lines 70 through 74			
ō	70	Capital stock, trust principal, or current funds		70	
sets	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
8	72	Retained earnings, endowment, accumulated income, or other funds .		72	16,883
Net	73	<b>Total net assets or fund balances</b> Add lines 67 through 69 <b>or</b> lines 70 through 72 (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal			
		line 21)	0	73	16,883
	74	Total liabilities and net assets / fund balances Add lines 66 and 73		74	17,883
					Form <b>990</b> (2007)

Part		onciliation of Revent instructions.)	ue per Audited Finar	icial Sta	itements V	Vith Reven	ue per	Return (See
а		ue, gains, and other suppoi	t per audited financial stat	tements			а	
b	A mounts ind	cluded on line <b>a</b> but not on	Part I, line 12					
1	Net unrealiz	ed gains on investments		<b>b1</b>				
2	Donated ser	rvices and use of facilities		b2				
3	Recoveries	of prior year grants		b3				
4	Other (spec	ıfy)		<b>b</b> 4				
	Add lines <b>h</b> i	Lthrough <b>b4</b>					ь	
c		e <b>b</b> from line <b>a</b>				• •	c	
d		cluded on Part I, line 12, b		• •				
1		expenses not included on			1			
-	6b	The state of the s	r urc 1, mile	d1				
2	Other (spec	ıfy)		d2				
	Add lines <b>d</b> 1	Land <b>d2</b> .					d	
e		ue (Part I, line 12) Add lin					_	
Pari		onciliation of Expens		ncial Si	atemente	With Fyna	e   nses ne	er Return
a		ses and losses per audited	<u> </u>				a	CI NCLUIII
b		cluded on line <b>a</b> but not on		· · ·	- · ·	- <del>-</del>	<del>-</del> +	_
1		rvices and use of facilities	•	Ь1				
2		djustments reported on Pa						
_	20	- ·		b2				
3	-	orted on Part I, line		b3				
4		ıfy)						
	0.111	1.4b		. <b>b4</b>				
		Lthrough b4					ь	
с		e <b>b</b> from line <b>a</b>					С	
d		cluded on Part I, line 17, b		I	ı			
1	Investment 6b	expenses not included on	Part I, line	d1				
2	Other (spec							
		.,		. d2				
	Add lines <b>d</b> i	Land <b>d2</b> .					d	
e	-	ses (Part I, line 17) Add li						
Dari		ent Officers, Directo		v Emple	vees (List	each nersor	e	as an officer
rai	dırec	tor, trustee, or key em uctions.)						
			(B) Title and average hours	/C\ C-	mpensation	( <b>D</b> ) Contribu		(E) Expense
	(A) Name	and address	per week devoted to position		iid, enter -0)	deferred com	pensation	account and other allowances
	odico		Vice President		-			
	P Street NW S ington, DC 20		0 00		0			
	Bourne		President					
	P Street NW S ington, DC 20		0 00		0			
wasii	ington, DC 20	037						

	Survey Office ve Diverter	- T	Fl	· · · · · · · · · · · · · · · · · · ·			raye v
	t V-A Current Officers, Directors			<u> </u>	1	Yes	No
75a	Enter the total number of officers, director	rs, and trustees permitted	d to vote on organization	n business at board			
b	Are any officers, directors, trustees, or ke	y employees listed in For	rm 990, Part V-A, or hig	hest compensated			
	employees listed in Schedule A, Part I, or	highest compensated pro	ofessional and other ind	ependent			
	contractors listed in Schedule A , Part II-	A or II-B, related to each	other through family or	business			
	relationships? If "Yes," attach a statemen	it that identifies the indivi	iduals and explains the	relationship(s) .	75b		Νo
c	Do any officers, directors, trustees, or key	y employees listed in Form	m 990, Part V-A, or hig	hest compensated			
	employees listed in Schedule A, Part I, or	highest compensated pro	ofessional and other ind	ependent			
	contractors listed in Schedule A, Part II-	A or II-B, receive compe	nsation from any other o	organizations, whether			
	tax exempt or taxable, that are related to	the organization? See the	ınstructions for the de	finition of "related	75c		N o
	organization"						
	If "Yes," attach a statement that includes	the information described	d in the instructions				
d	Does the organization have a written confl	lict of interest policy? .			75d		Νo
Par	t V-B Former Officers, Director						
	<b>Benefits</b> (If any former office (described below) during the benefits in the appropriate contains.	year, list that person	below and enter the	amount of compens			
	(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans		oense aco ner allowa	
	ANT Other Information (Coathe	in a tru vation and \					
	Other Information (See the	<u>_</u>	ution If "Voc " attach a			Yes	No
76	Did the organization make a change in its activities	_	·				
					76		No
77	Were any changes made in the organizing	or governing documents	but not reported to the	IRS?	77		Νo
	If "Yes," attach a conformed copy of the c	hanges					
78a	Did the organization have unrelated business gross	income of \$1,000 or more duri	ing the year covered by this	return?	78a		Νo
b	If "Yes," has it filed a tax return on Form 9	<b>990-T</b> for this year?			78b		Νo
79	Was there a liquidation, dissolution, termination, or a statement	_	the year? If "Yes," attach		79		N.o.
20	Is the organization related (other than by association		ide organization) through cor	nmon membership	/9		No
bud	governing bodies, trustees, officers, etc , to any other				80a		No
h	If "Yes," enter the name of the organization	nn 🌬					
D			ıs	onexempt			
31a	Enter direct or indirect political expenditu			•			
	Did the organization file Form 1120-POL for				81b		No.

				raye 2
ar	t VI Other Information (continued)	,	Yes	No
32a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		Νo
Ь	If "Yes," you may indicate the value of these items here Do not include this amount as revenue			
	ın Part I or as an expense ın Part II(See ınstructions ın Part III)	_		
3a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		Νo
4a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b		Νo
5	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?	85a		Νο
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	Yes	
_	If "Yes," was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year	000	100	
_	Dues assessments, and similar amounts from members 85c			
		-		
	Section 162(e) lobbying and political expenditures 85d	-		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	-		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <b>85f</b>	_		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		Νo
h	If section $6033(e)(1)(A)$ dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax			
	year <sup>?</sup>	85h		Νo
6	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a 0			
ь	Gross receipts, included on line 12, for public use of club facilities 86b 0			
7	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a 0	1		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	-		
8a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2			
	and 301 7701-3? If "Yes," complete Part IX			
		88a		Νo
Ь	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning			
	of section 512(b)(13)? If yes complete Part XI			
		88b		Νo
9a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	section 4911 ► , section 4912 ► , section 4955 ►			
ь	501(c)(3) and $501(c)(4)$ orgs. Did the organization engage in any section 4958 excess benefit transaction during			
_	the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement			
	explaining each transaction	89b		Νo
c	Enter Amount of tax imposed on the organization managers or disqualified persons			
	during the year under sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			
e	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter			
	transaction?			
		89e		Νo
f	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?			
		89f		Νo
	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting			
9	organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time			
	during the year?			
		89g		Νo
02	List the states with which a copy of this return is filed 🕨			
	Number of employees employed in the pay period that includes March 12, 2007 (See 90b			(
U	Instructions)			
1a		223-U	253	
	The books are in care of F Organization Telephone no F (202)	223-9	200	
	2122 P Street NW Suite 300			
	Located at Mashington, DC ZIP + 4 Mashington, DC			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	Γ	V .	K.
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	Νo
	account)?	91b		Νo
	If "Yes," enter the name of the foreign country ►			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts			

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Part 2		nformation Reg controlling organ				ed Ei	ntities Comp	lete only i	f the org	anizati	on is
										Yes	No
106		e reporting organiza ode? if "Yes," comp				lefine	d in section 512	(b)(13) of			No
	I	(A) Name and address o controlled enti		Employer I	B) dentification nber		(C) Description of transfer		( A mount o	D) of transf	er
а											
b											
С											
		Totals									
107	Did +b	e reporting organiza	ation <b>receive</b> any f	transfors <b>from</b> a	controlled entity	25 do	afinad in castion	E12/b)/12	\ of	Yes	No
107		ode? if "Yes," comp				as ue	illied ill Section	512(0)(13	) 01		No
(A) Name and address of each controlled entity			(B) Employer Identification Number		(C) Description of transfer			(D) A mount of transf		er	
а											
b											
с											
·		Totals									
										Yes	No
108		e organization have ies and annuities de			ct on August 1/,	2006	covering the in	terests, rer	its,		No
	Un	der penalties of perjury	, I declare that I have	examined this retu	rn, including accompa	anying	schedules and state	ements, and t	o the best o	f my kno	w ledge
		d belief, it is true, correc	ct, and complete Dec	laration of preparer	(other than officer) is	s based	d on all information i	of which prep	arer has an	y knowled	lge -
Please Sign	e	***** Signature of officer					2008-08 Date	-14			
Here	[	-					Date				
		Phil Lodico Vice Preside  Type or print name and									
					Date			Preparer's S	SN or PTIN (	See Gen	Inst W)
Paid Prena	arer's	Signature P	P SHERMAN CPA		bute		Check if self-empolyed	Treparer 3 3.	N 01 1 11N (	See Gen	11130 1117
Use Only		Firm's name (or yours if self-employed), address, and ZIP + 4	SHERMAN FINANCIA	L MANAGEMENT LLC	2			EIN Þ			
			10321 AVENHAM WA	ΝΥ				Dhans k	(004) 305	7057	
		Phone no ► (804):			(804) 305	-/95/					

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## **TY 2007 Other Liabilities Schedule**

Name: COALITION AGAINST DOMAIN NAME ABUSE INC

**EIN:** 01-0891955

**Software ID:** 07000211

**Software Version:** 2007v2.4

Description	Beginning of Year Amount	End of Year Amount
Loan from Fairwinds Partners		1,000