*	CDO ORCHEST	TRA BOOSTER (CLUB 8135199	95		D 0
	Balance Sheets (see the instru	ctions for Part II)				Page 2
	Check if the organization used Sche	dule O to respond to an	y question in this Part II			
		, ,,,,,,,,,		ginning of year		
22	Cash, savings, and investments		(A) DE		1-21	(B) End of year
23					22	18,978
24	Other assets (describe in Schedule O)		111111111111		23	0
25			**********		24	0
26	Total liabilities (describe in Schodule (1)			(25	18,978
27	(describe in editedule O)		**********	(26	0
-		olumn (B) must agree w	vith line 21)	(27	18,978
		rvice Accomplish	ments (see the instruction	ns for Part III)		Expenses
	Check if the organization used Sci	nedule O to respond to a	any question in this Part III		(Da	equired for section
Wh	THE INCOME PROPERTY AND A PROPERTY A	AND CITE AMINACI	Therman II a		50	(c)(3) and 501(c)(4)
as i	scribe the organization's program service accomessured by expenses. In a clear and concisions benefited, and other relevant information	omplishments for each of	fits three largest program	services,	org	anizations; optional
	, and the state of	n for each program title.	services provided, the num	iber of	for	others.)
28	SEE ATTACHMENT #2					T .
	1.15					
	(Grants \$) If this ar	mount includes foreign a	ranta abada bara			
29	/ I thou	nount molades loreign g	rants, check here	▶	28a	
	(Grants \$) If this an					
30	(Cirains \$) If this an	nount includes foreign gr	rants, check here	▶	29a	
					i i	
	(Grants \$) If this an	nount includes foreign gr	ants, check here		30a	
11	Other program services (describe in Schedule	e O)			000	
	(Grants \$) If this arr	nount includes foreign an	onto obselvbene	, п	~ .	
2	Total program service expenses (add lines	28a through 31a)			31a	
Pa	List of Officers, Directors, Truste Check if the organization used Scho	es, and Key Employee	s (list each one gron if not		32	0
	Check if the organization used Scho	edule O to respond to ar	Ov question in this Dort N	compensated s	ee the	instructions for Part IV)
		To respond to all				····· 🛚 🗓
	(a) Name and title	(b) Average	(C) Reportable compensation	(d) Health benefi	ts,	(0) 5-11-11
	(A) Hama and the	hours per week	(Forms W-2/1099 - MISC)	contributions to employee benefit pl	ane	(e) Estimated amount of other compensation
म	E ATTACHMENT #3	devoted to position	(if not paid, enter -0-)	and deferred compens	sation	
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		A100-200-U10-200-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0			\dashv	
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