

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 2013, and ending 2013, and ending 2013

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **MISSION HILL HEALTH MOVEMENT, INC.**

Number and street (or P O box, if mail is not delivered to street address) Room/suite
1534 TREMONT STREET

City or town, state or province, country, and ZIP or foreign postal code
ROXBURY, MA 02120

D Employer identification number: **04-2581620**

E Telephone number: **617-427-6919**

F Group Exemption Number: **▶**

G Accounting Method: Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ **WWW.MHHM.ORG**

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

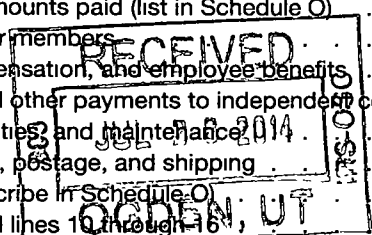
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **123,015**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

1	Contributions, gifts, grants, and similar amounts received	1	81,324	
	2	Program service revenue including government fees and contracts	2	32,080
	3	Membership dues and assessments	3	0
	4	Investment income	4	7,052
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe in Schedule O)	8	2,559	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	123,015	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	0
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	53,278
	13	Professional fees and other payments to independent contractors	13	19,026
	14	Occupancy, rent, utilities, and maintenance	14	12,425
	15	Printing, publications, postage, and shipping	15	636
	16	Other expenses (describe in Schedule O)	16	12,895
17	Total expenses. Add lines 10 through 16 ▶	17	98,260	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	24,755
	19	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)	19	335,063
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	990
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	360,808

SCANNED AUG 05 2014



9 99

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	223,167	226,648
23 Land and buildings	94,595	93,140
24 Other assets (describe in Schedule O)	22,001	5,010
25 Total assets	339,763	366,798
26 Total liabilities (describe in Schedule O)	4,700	5,990
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	335,063	360,808

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **to improve area health status by education & advocacy**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28 Sponsor and/or participate in forums and community events providing education on specific diseases and health issues, providing participants with information and resources to advocate for better health for their [CONTINUED ON SCHEDULE O] (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	24,486
29 Provide low-cost office space to small local non-profit organizations. Provide free, accessible meeting space meeting space for neighborhood organizations. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	24,150
30 Co-sponsor weekly farmers' market at Brigham Circle (Mid-June - October), serving 200 shoppers weekly. Accept SNAP/EBT, WIC, Senior Coupons, and Boston Bounty Bucks. Distribute educational materials on diet and health. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	9,742
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	2,559
32 Total program service expenses (add lines 28a through 31a)	32	60,937

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MARGARET COHN EXECUTIVE DIRECTOR	24 HOURS	34,581	7,542	0
JAMES J. FARROW PRESIDENT	10 HOURS	0	0	0
ANGEL PIZARRO VICE PRESIDENT	5 HOURS	0	0	0
BARRY TWOMEY TREASURER	10 HOURS	0	0	0
ELIZABETH COMMERFORD CLERK	10 HOURS	0	0	0
MAYNARD CLARK DIRECTOR	5 HOURS	0	0	0
JOHN JACKSON DIRECTOR	5 HOURS	0	0	0
RODERICK KERSEY DIRECTOR	5 HOURS	0	0	0
HARRISON LEE DIRECTOR	5 HOURS	0	0	0
REBECCA MANOS DIRECTOR	5 HOURS	0	0	0
GLORIA MURRAY DIRECTOR	5 HOURS	0	0	0
[CONTINUED ON SCHEDULE O]				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
46	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	No
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49b	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 **0**

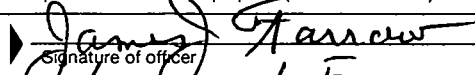
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

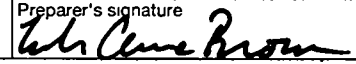
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 **0**

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	 Signature of officer	7/14/14 Date
	JAMES H. FARROW PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name LEAH ANNE BROWN	Preparer's signature 	Date 6/20/14	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ LEAH ANNE BROWN			Firm's EIN ▶	
	Firm's address ▶ 1746 1/2 Q ST NW, WASHINGTON, DC 20009			Phone no 617-921-1772	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2013

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization MISSION HILL HEALTH MOVEMENT, INC.	Employer identification number 04-2581620
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
 - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U S?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,790	258,747	101,911	117,535	81,324	564,307
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	16,200	26,050	29,200	29,728	32,080	133,258
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	20,990	284,797	131,111	147,263	113,404	697,565
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	155	610	0	0	765
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	0	155	610	0	0	765
8 Public support (Subtract line 7c from line 6.)						696,800

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	20,990	284,797	131,111	147,263	113,404	697,565
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	748	1,937	7,052	9,737
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	0	0	748	1,937	7,052	9,737
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	3,323	10,388	2,559	16,270
13 Total support. (Add lines 9, 10c, 11, and 12.)	20,990	284,797	135,182	159,588	123,015	723,572
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	96.30 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	97.10 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	1.35 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	0.43 %
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART III, LINE 12e: \$2,559 RECEIVED AS REIMBURSEMENT FOR EXPENDITURES AS FISCAL AGENT (See also Schedule O)

a) The Mission Hill Health Movement had an agreement with a small non-profit, the Boston Self Help Center, to help it save money by processing the payroll for the Boston Self Help Center's single part-time employee. This agreement ended in 2013. The Boston Self Help Center reimbursed all related expenditures for 2013: \$2,109 (reported on 990EZ, Part I, Line 12).

b) The Mission Hill Health Movement acts as Fiscal Agent for the Friends of the Parker Hill Library (the local public library branch). The Friends of the Parker Hill Library reimbursed all related expenditures for 2013: \$450 paid to performers at Library events (reported on 990EZ, Part I, Line 13).

Area with horizontal dashed lines for providing additional information.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

MISSION HILL HEALTH MOVEMENT, INC.

Employer identification number

04-2581620

PART I, LINES 8, 12, 13:

\$2,559 RECEIVED AS REIMBURSEMENT FOR EXPENDITURES AS FISCAL AGENT

a) The Mission Hill Health Movement had an agreement (which ended in 2013) with the Boston Self Help Center, to process the payroll for its single part-time employee. The Boston Self Help Center reimbursed all related expenditures for 2013: \$2,109 (reported on Line 12).

b) The Mission Hill Health Movement acts as Fiscal Agent for the Friends of the Parker Hill Library (the local public library branch), which reimbursed all related expenditures for 2013: \$450 paid to performers at events (reported on Line 13).

PART I, LINE 14:

\$11,375 spent on labor for maintenance and repairs is reported on line 13.

PART I, LINE 16:

Program Supplies & Food \$2,887

Depreciation Expense \$2,579

Office Supplies \$1,899

Payroll Service \$1,436

Telephone \$1,244

Outreach & Publicity \$725

Liability Insurance \$570

Charitable Donations \$395

Website \$206

Meeting Expenses \$202

Fees \$181

Transportation \$168

Finance Charges \$166

Miscellaneous Expenses \$137

Conferences \$100

Name of the organization

Employer identification number

MISSION HILL HEALTH MOVEMENT, INC.

04-2581620

TOTAL for Line 16: \$12,895

PART I, LINE 20:

\$990 was spent on labor for building improvements. This amount has been adjusted into Fixed Assets, but it was included on Line 13 in order to satisfy the 990 reporting requirements.

PART I, LINE 24b:

Accounts receivable \$2,559

Prepaid Expense \$2,451

PART I, LINE 26b:

Accounts Payable \$5,029

Deferred Revenue \$961

PART III, LINE 28 (continued)

families and their community, including: Annual Health Fair (100 participants); Healthy Food Festival (300 participants); Weekly walking group (up to 12 participants); free film series (75 participants); Women's Health Group (25 participants).

PART III, LINE 31:

Acted as fiscal agent for Boston Self Help Center (see Part I Line 8, above) and Friends of the Parker Hill Library.

PART IV, CONTINUED:

MARYANN NELSON -- DIRECTOR -- 5 HOURS -- 0 -- 0 -- 0

THERESA PARKS -- DIRECTOR -- 5 HOURS -- 0 -- 0 -- 0

LARRY RONCO -- DIRECTOR -- 5 HOURS -- 0 -- 0 -- 0