State v. Kenneth Manzi Kagonyera 00 CRS 65086 Buncombe County

State v. Robert Wilcoxson, III
00 CRS 65088
Buncombe County

HANDOUTS

Correction to Brief – Page 13

| September 12, 2006 | Kagonyera files a motion to compel DA to release results of DNA testing. | | | |
|--------------------|--|--|--|--|
| March 28, 2007 | CODIS hit on DNA profile from bandana matched to Bradford Summey. | | | |
| February 15, 2008 | Kagonyera files a Motion for Appropriate Relief (MAR). | | | |
| May 20, 2008 | The Judge orders the DA's Office to respond to Kagonyera's MAR. | | | |
| July 29, 2008 | The DA's Office files a response. In response, DA says that prior DNA testing was "either negative or inconclusive" and that the state is willing to compare DNA profiles developed from bandanas and gloves to the DNA profile of Summey, Rutherford and Pickens. | | | |
| July 30, 2008 | The Judge orders DNA testing and orders the DA's Office to "provide the Court with such Orders as may be necessary for the collection of the DNA of [Summey, Rutherford, and Pickens] by August 15, 2008." | | | |
| August 26, 2008 | Kenneth Kagonyera applies to the NC Innocence Inquiry Commission. | | | |
| August 29, 2008 | Robert Rutherford is transferred from federal prison to the Buncombe County Detention Facility for a DNA sample. | | | |
| September 19, 2008 | Robert Rutherford is interviewed by a detective. He requests an interview with DA Ron Moore. DA Moore does not interview Rutherford. | | | |
| April 17, 2009 | Robert Rutherford is returned to federal custody without his DNA sample being obtained. | | | |
| November 22, 2010 | Robert Wilcoxson applies to the NC Innocence Inquiry Commission. | | | |

Addition to Brief – Robert Wilcoxson, III

Motion for Appropriate Relief (MAR)

Order

FILED

| STATE OF NORTH CAROLINA COUNTY OF <i>BUNCOMBE</i> | 272 NOV IN THE OF NERAL COURT OF JUSTICE SUPERIOR COURT DIVISION ELAVORAGE COURT CEITE No(s) 00 CAS 65088 |
|--|--|
| | |
| STATE OF NORTH CAROLINA |) |
| V. |) MOTION FOR APPROPRIATE RELIEF |
| Robert WilcaxSan, Defendant. |))) |
| case(s), and respectfully moves the cou | defendant pro se in the above-captioned art, pursuant to G.S. 15A-1411, et seq., for appropriate and sentence in said case (s). In support of this motion, |
| | (1) |
| I am asking the court to review resently obligated to serve: | the legality of the following conviction(s) which I am |
| Date of conviction: Augus Presiding Judge: DEAU | 5/-17-2002 |
| Presiding Judge: DENNI | is windER |
| Plea (guilty or not guilty): 90 | 11/14 |
| Offense(s) convicted of: | |
| Sentence(s): 15/ Mo. | N TO 189 MON |
| | |
| | (2) |
| | (2) |
| | s that shows that I am legally entitled to relief from my |
| onviction and/or sentence. (Use addition | s that shows that I am legally entitled to relief from my onal pages if necessary.) |
| onviction and/or sentence. (Use addition | s that shows that I am legally entitled to relief from my onal pages if necessary.) |
| onviction and/or sentence. (Use addition | s that shows that I am legally entitled to relief from my |

| AMENDER CONSTITUTE CONSTITUTE CONSTITUTE DEFENSE | E PROCEEDINGS WOULD HAVE BEEN DIFFERENT TO PROCEED PROPERLY AND ACCORDINGLY FIVELY STRIP THE DETENDANT OF HIS GETS ENT RIGHT GIVEN AND QUARNIET, BY THE U.S. UtiON THE DURPOSE OF THE GTA AND AMENT FINE ASSISTANCE OF COUNSEL TO SAFEGUARE. PERS CONSTITUTIONAL RIGHTS AND GIVE THE— DANT THE OPPOSTUNITY TO CONFER ADEQUATELY |
|--|---|
| OF Chau | UNSEL AND DISCUSS CONDITION OF PIEAS NATURE |
| TO EXE | LEISE THIS FUNDAMENTAL FAIRNESS CAUSED |
| The HAI | PROCEEDINGS ENTO DISKEDUTE, |
| (12)21. | |
| | (3) |
| | (3) |
| | oregoing statement of facts is supported by the court record of this case and by the idavits and documents which are attached to this motion: |
| (1) | Affidavit of |
| (2) | Affidavit of |
| (3) | |
| (4) | |
| | |
| | (6) |
| This r that applies to | notion comes within G.S. 15A-1415 because (place an "X" beside each statement o your case): |
| | My conviction was obtained in violation of due process of law, (U.S. Am. 5, 6, 14; N.C. Const. Art. I, Sec. 18, 19, 23), as well as other provisions of nited States and North Carolina Constitutions. G.S. 15A-1415(3). |
| affida 1415(| I have discovered new evidence (witness testimony, or document), which direct and material bearing upon my guilt or innocence, and which is shown by an vit of the witness, or a copy of the document, attached to this Motion. G.S. I5A-6). If the newly discovered evidence is not proved by an attachment to this Motion, escribed as follows (use additional pages if necessary): |

THE RESULTS OF THE PROCEEDINGS WOULD HAVE BEEN DIFFERENT AREASONABLE PROBABILITY ES PROBABILITY SUFFICIENT TO UNDERMIND CONFIDENT IN THE OUTCOME,

PETTIONER PRAYS UPON THE HONORABLE
COURT TO REVERS THE UNJUST CONVICTIONS
DUE TO THE FACTS listED HEREOFF

| hearing, and could no | nknown or unavailable to me and my lawyer at time of my trial or ot, with due diligence, have been discovered or made available at that |
|--|--|
| which must be retroa | en a significant change in the law (either substantive or procedural), ctively applied to my case. G.S. 15A-1415(7). (Briefly describe the not applied to your case, giving a citation to the new statute or court |
| ` ' | onviction was valid, there was a problem in the way I was sentenced, walid. G.S. 15A1415(8). (Briefly describe the problem with your |
| sentence.) Z WAS 9iv Portion of ZNUALIO | AS A MASTER OF MAN DEFON |
| HAS NO 2 | VIOL RECORD TO BE SCORED ON |

(7)

If you allege that your conviction was obtained in violation of your right to due process of law and other constitutional provisions, (part (6)(a) above), state the other constitutional violations that you are alleging (place an "X" beside each statement that applies to your case). NOTE: Each allegation below of a constitutional violation must be supported by specific facts alleged in part (2) above.

(a) X Conviction obtained by a plea of guilty which was unlawfully induced or not made voluntarily with understanding of the nature of the charges and consequences of the plea. U.S. Const. Am. 5, 6, 14; N.C. Const. Art. 1, Sec. 19, 23.

| (b) Conviction obtained by use of a coerced or illegally obtained confession. U.S. Const. Am. 5, 6, 14; N.C. Const. Art. I, Sec. 19, 23. |
|--|
| (c) Conviction obtained by use of evidence gained in an unconstitutional search and seizure. U.S. Const. Am. 4, 14; N.C. Const. Art. I, Sec. 19, 20. |
| (d) Conviction obtained by use of evidence obtained pursuant to an unlawful arrest. U.S. Const. Am. 4, 14; N.C. Const. Art. I, Sec. 19, 20. |
| (e) Conviction obtained by a violation of the privilege against self-incrimination. U.S. Const. Am. 5, 14; N.C. Const. Art. I, Sec. 19, 23. |
| (f) Conviction obtained by the unconstitutional failure of the state to disclose to the defendant evidence favorable to the defendant. U.S. Const. Am. 5, 6, 14; N.C. Const. Art. I Sec. 18, 19, 23. |
| (g) Conviction obtained by a violation of the protection against double jeopardy. U.S. Const. Am. 5, 14; N.C. Const. Art. I, Sec. 19, 23. |
| (h)Conviction obtained by action of the grand jury that issued the indictment, or the trial jury that entered the guilty verdict, which was unconstitutionally selected, impaneled and constituted. U.S. Const. Am. 5, 14 (due process and equal protection); N.C. Const. Art. I, Sec. 18, 19, 22, 23, 24, 26. |
| (i) Conviction obtained by denial of counsel at a critical stage of the proceedings, without a knowing, voluntary and valid waiver by defendant of the right to counsel. U.S. Const. Am. 5, 6, 14; N.C. Const. Art. I, Sec. 19, 23. |
| (i) Conviction obtained by denial of the defendant's right to present evidence in his own defense. U.S. Const. Am. 5, 6, 14; N.C. Const. Art. I, Sec. 18, 19, 21, 23. |
| (k) Conviction obtained due to the denial of defendant's right to appeal, without a knowing, voluntary and valid waiver by defendant of his right to appeal. U.S. Const. Am. 5, 6, 14; N.C. Const. Art. I, Sec. 18, 19, 21, 23. |
| (1) Y Conviction obtained due to the ineffectiveness of trial and/or appellate defense counsel. U.S. Const. Am. 5, 6, 14; N.C. Const. Art. I, Sec. 19, 23. |
| (m) Other right under the U.S. Constitution: |
| (n) Other right under the U.S. Constitution: |
| (o) Other right under the U.S. Constitution: |

I, Robert wilcox So, being first duly sworn, depose and say that I am the defendant in the above matter, that I have read the foregoing MOTION FOR APPROPRIATE RELIEF and the facts stated therein are true of my own knowledge, except as to those matters stated "upon information and belief," I am informed and believe them to be true.

| X | Doct | Corporation | Defendant's Signature | Defe

Sworn to and subscribed before me this ay day of CTOBER, 1904.

Notary Public.

My Commission expires:

PUBLIC TO COUNTY

CERTIFICATE OF SERVICE

This is to certify that the foregoing MOTION FOR APPROPRIATE RELIEF has been duly served upon the following by placing a copy of same in the United States Mail, postage prepaid, and properly addressed as follows:

District Attorney

BUNCOMBE COUNTY COURTHOUSE AShewill N.C. 28801

This the <u>23</u> day of <u>octobea</u>, <u>Noz</u>

Defendant's Signature

STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE SUPERIOR COURT DIVISION COUNTY OF BUNCOMBE? WEV 22 WHY: 53 00 CRS 65088

| | A 10 TO 10 T | TY CSC |
|---|--|----------|
| E4 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | 1 150230 |

| 1 | 1 6.26 | |
|------------------------------|-------------|-------|
| STATE OF NORTH CAROLINA, | | |
| v. |))) | ORDER |
| ROBERT WILCOXSON, Defendant. | , | |

THIS CAUSE coming on to be heard before the undersigned Superior Court Judge upon Defendant's motion for appropriate relief and the Court having reviewed the motion and the case filed makes the following findings:

- 1. The Defendant, in his motion for appropriate relief, has stated that his lawyer failed to argue that there existed no factual essential elements to substantiate the charge, the charge being second-degree murder.
- 2. Defendant further states that his Constitutional rights were violated because he did not have adequate opportunity to adequately confer with counsel and discuss the condition of pleas.
- 3. Defendant further contends that he was not sentenced correctly in that he has no prior convictions.
- 4. Defendant pled guilty to second-degree murder, admitting that he was in fact guilty, and the Court after hearing a summary of the facts and such evidence that the State deemed appropriate, found and concluded that there was a factual basis for the plea.
- 5. The Defendant, for sentencing purposes was given no points and treated as a prior record Level I and was sentenced from the presumptive range of sentences for the charge to which he pled guilty that being second-degree murder and received a sentence of not less than 150 and not more than 189 months
- 6. The attorney for the Defendant conferred, in person or by writing, with the Defendant, 39 times from the initial representation to disposition. Further, counsel met with the Defendant 20 times, which set 20 conferences according to the affidavit submitted by his attorney for professional services. The State said these meetings were in excess of 16 hours which were face to face meeting with the Defendant.

CC West

7. The Court finds the Defendant's motion for appropriate relief to be without merit and that he was not denied effective assistance of counsel, and that he did in fact have adequate time to confer with his counsel, admitted his guilt in fact based upon the evidence submitted in Court and the Court determined there was factual basis. The Court further concludes that Defendant was sentenced correctly, and therefore, the Defendant's motion for appropriate relief is hereby **DENTED**.

This the $2/\sqrt{\text{day of November, 2002.}}$

HONORABLE RONALD K. PAYNE Superior Court Judge Presiding

Shaun Bowman Criminal Record

Shaun Bowman's Criminal Record

| urisdiction | DOO | Date of |
|-------------|---|---|
| | | Conviction |
| BUNCOMBE | 02/27/1992 | 10/20/1993 |
| | | |
| BUNCOMBE | 05/08/1992 | 09/21/1992 |
| | | |
| BUNCOMBE | 05/08/1992 | 9/15/1992 |
| BUNCOMBE | 05/19/1993 | 10/20/1993 |
| | | |
| BUNCOMBE | 06/09/1993 | 10/20/1993 |
| | | |
| | | |
| BUNCOMBE | 05/31/1993 | 10/20/1993 |
| | 0.7.10.1.11.000 | 10/00/4000 |
| BUNCOMBE | 05/31/1993 | 10/20/1993 |
| 21001405 | 0640041000 | 10/20/1000 |
| BUNCOMBE | 06/09/1993 | 10/20/1993 |
| | | |
| DIBLOOMDE | 02/10/1005 | 09/13/1995 |
| BUNCOMBE | 02/19/1993 | 09/13/1993 |
| RINCOMBE | 07/23/1995 | 08/21/1995 |
| JOINC.OMDL | 07/23/1973 | 06/21/1973 |
| BUNCOMBE | 09/17/1995 | 12/20/1995 |
| | | 01/23/2002 |
| | 05/2 1/2001 | 01/23/2002 |
| LEVELAND | 10/16/2005 | 11/21/2005 |
| | | *** |
| | BUNCOMBE | BUNCOMBE 05/08/1992 BUNCOMBE 05/08/1992 BUNCOMBE 05/19/1993 BUNCOMBE 06/09/1993 BUNCOMBE 05/31/1993 BUNCOMBE 06/09/1993 BUNCOMBE 06/09/1993 BUNCOMBE 02/19/1995 BUNCOMBE 07/23/1995 BUNCOMBE 09/17/1995 |

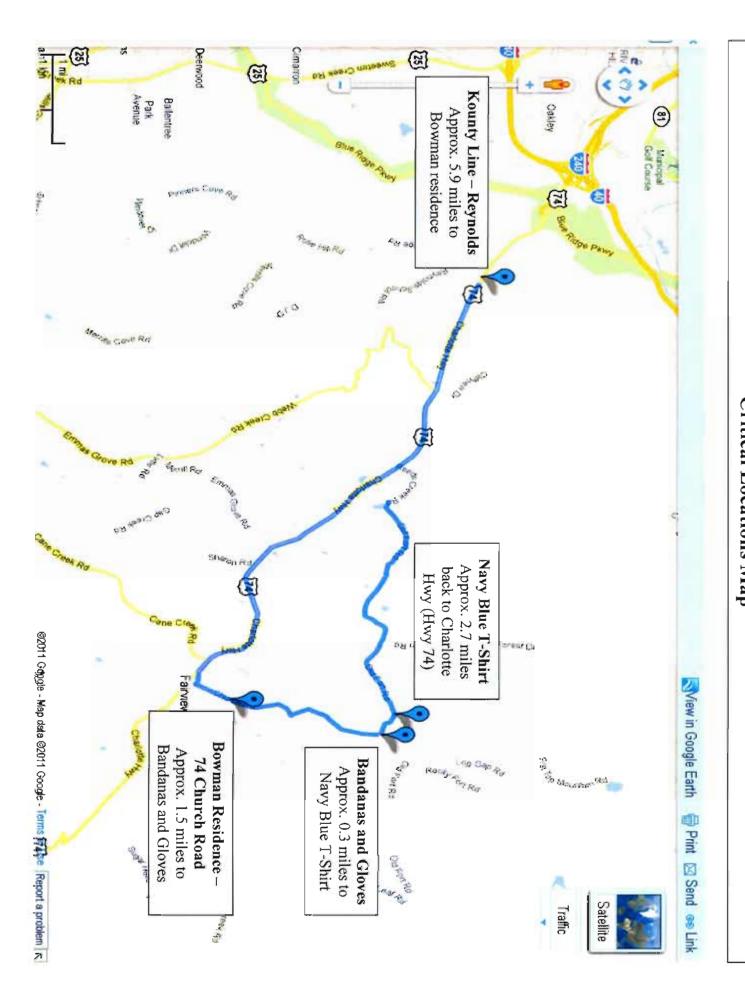
Wanda Holloway Criminal Record

Wanda Holloway's Criminal Record

| Conviction | Jurisdiction | DOO | Date of Conviction |
|--|--------------|------------|--------------------|
| NO OPERATORS LICENSE | BUNCOMBE | 04/13/1989 | 05/14/1989 |
| UNSAFE MOVEMENT | BUNCOMBE | 04/13/1989 | 04/14/1989 |
| MISDEMEANOR FAIL TO REPORT ACCIDENT W/ INJURY | BUNCOMBE | 05/16/1993 | 08/31/1991 |
| NO OPERATORS LICENSE | BUNCOMBE | 11/11/1995 | 12/18/1995 |
| FICT. INFO TO OFFICER | BUNCOMBE | 11/11/1995 | 02/18/1995 |
| MISDEMEANOR POSSESSION OF DRUG PARAPHERNALIA | BUNCOMBE | 01/15/1997 | 02/03/1997 |
| NO OPERATORS LICENSE | BUNCOMBE | 06/04/1997 | 06/14/1999 |
| MISDEMEANOR LARCENY | BUNCOMBE | 09/26/2002 | 01/27/2003 |
| FELONY MAINTAIN PLACE FOR CS | BUNCOMBE | 05/11/2007 | 09/07/2007 |
| NO OPERATORS LICENSE | BURKE | 07/29/2009 | VL |

Critical Locations Map

Bowman Homicide Critical Locations Map



DNA Testing Guide

DNA Testing Guide

| Date/Lab | Item | Notes | | | |
|----------------------------------|----------------------------------|--|--|--|--|
| 3/7/2001 SBI | Item 10: Gray Bandana | "Did not match" profiles from the victim and all of Group B. | | | |
| | Item 13: Red Bandana | Profiles from the victim and all of Group B are "not present" in this mixture. | | | |
| 10/1/2007 SBI | Item 10: Gray Bandana | CODIS Hit – Matched to a convicted offender in the DNA database. | | | |
| 6/10/2010 SBI | Item 10: Gray Bandana | NCIIC obtains DNA standard of Bradford Summey and submits standard to SBI for direct comparison. | | | |
| 7/26/2010 SBI | Item 10: Gray Bandana | DNA profile obtained from gray bandana matched the DNA profile obtained from Bradford Summey. | | | |
| 11/2/2010 2/4/2011 LabCorp | Item 9: Cotton Gloves | ALL of Group A and Group B are excluded. | | | |
| Laucurp | Item 11: Cotton Glove | Mixture of 3 or more individuals – ALL of Group B are excluded; Rutherford and Summey are excluded; Pickens is NOT excluded | | | |
| | Item 12: Red Bandana | Insufficient for inclusionary purposes. ALL of Group A and Group B are excluded. | | | |
| | Item 13: Red Bandana | Mixture of 3 or more individuals at least one of which is male – ALL of Group B excluded; Summey and Pickens are excluded. Rutherford cannot be excluded. | | | |
| | Item 14: Cotton Glove | Mixture from more than one individual, one of which is male. ALL of Group B is excluded. Rutherford and Summey are excluded. Pickens cannot be excluded. | | | |
| 4/20/2011 LabCorp | NCIIC Item 29: Van Door Panel | Six areas were analyzed, areas A-F. Presumptive chemical testing on item at areas A, B, and C revealed negative tests. No further testing was performed on these areas. | | | |
| | | DNA was isolated at areas D, E, and F. SBI serology tests in 2001 revealed chemical indications for the presence of blood at these locations. | | | |
| | | The partial DNA profiles obtained from areas D and E are insufficient for inclusionary purposes. Walter Bowman (victim) is excluded as the source of the DNA in these samples. | | | |
| | | The partial DNA profile obtained from area F is insufficient for inclusionary purposes. No conclusion can be made regarding Walter Bowman (victim) as the source of the DNA in this sample | | | |
| 4/22/2011 LabCorp | NCIIC Item 30: Blue T-shirt | The partial DNA profile obtained from the shirt collar is insufficient for inclusionary purposes. All of Group A, Group B and the victim are excluded as the source of the DNA in this sample. | | | |

Meghan Clement LabCorp

Curriculum Vitae

CURRICULUM VITAE

Meghan E. Clement

Laboratory Corporation of America 1912 Alexander Drive Research Triangle Park, NC 27709

EDUCATION:

1985 Master of Science, Forensic Science

University of New Haven, West Haven, Connecticut

Honors: Graduate Fellow, 1984

1983 Bachelor of Science, Biology

Westfield State College, Westfield, Massachusetts

Graduated Cum Laude

PROFESSIONAL EXPERIENCE:

TECHNICAL DIRECTOR, FORENSIC IDENTITY May 2000- Present

Laboratory Corporation of America Research Triangle Park, North Carolina

Responsibilities: Manage the daily responsibilities of laboratory personnel and flow of casework, as well as implementation of new tests, participate in analysis of casework and interpret results of DNA analysis, prepare reports, provide expert testimony, direct and coordinate marketing and sales functions.

ASSOCIATE DIRECTOR, FORENSIC IDENTITY Aug. 1998- May 2000

Laboratory Corporation of America Research Triangle Park, North Carolina

Responsibilities: Direct and participate in the DNA analysis of samples submitted to the laboratory, prepare reports of results and provide expert testimony, supervise and direct laboratory technologists and lab clerk positions, direct and coordinate marketing and sales functions.

ASSISTANT DIRECTOR, FORENSIC IDENTITY Nov. 1994- Aug. 1998 Laboratory Corporation of America (formerly Roche Biomedical Laboratories) Research Triangle Park, North Carolina

Responsibilities: Conduct forensic DNA analysis on biological samples using both RFLP and PCR techniques, oversee and direct the laboratory technologists in the production of forensic DNA casework, prepare reports of results and provide expert testimony, assist in laboratory operations to ensure timely handling of cases and QA/QC measures, assist in the marketing and sales aspects of the Forensic Identity department.

PROFESSIONAL EXPERIENCE (cont.):

FORENSIC BIOLOGIST March 1991 - Nov. 1994

Tarrant County Medical Examiner's Office Fort Worth, Texas

Responsibilities: Forensic analysis of biological samples using traditional serological techniques as well as RFLP DNA profiling, conduct research and validation of new techniques in the forensic biology field, provide expert testimony, provide training to officer's in various law enforcement agencies concerning the collection and preservation of evidence, crime scene investigation.

SENIOR CRIMINALIST March 1985 - March 1991

City of Albuquerque, Police Department, Criminalistics Albuquerque, New Mexico

Responsibilities: Assisted in implementing a DNA section including setting up quality control measures and population data bases, as well as performing validation studies, traditional serological analysis, blood/breath alcohol concentration analysis, provide expert testimony, crime scene investigation, train new personnel, officers and detectives.

TEACHING ASSISTANT, FORENSIC SCIENCE Sept. 1984- Mar. 1985

University of New Haven, West Haven, Connecticut

Responsibilities: Assist in teaching serological techniques to graduate students in the Criminalistics laboratories, assist in research projects being conducted.

TEACHING ASSISTANT, BIOLOGY Sept. 1983 - Sept. 1984

University of New Haven, West Haven, Connecticut

Responsibilities: Set up and assist in teaching various biology laboratories to undergraduate students.

FORENSIC SCIENCE INTERNSHIP August 1984

New Mexico State Police Crime Laboratory, Santa Fe, New Mexico

Observed and participated in case analysis under the supervision of New Mexico State Police forensic analysts in the serology, trace, drugs and firearms sections.

SPECIALIZED SCHOOLS AND TRAINING:

ASCLD/LAB-International ASSESSOR TRAINING COURSE Houston, TX January 9-13, 2006

DNA AUDITOR TRAINING

FBI Academy, Quantico, VA April 7-8, 2004

ASCLD-LAB INSPECTOR TRAINING Raleigh, NC April 7-9, 2003

SPECIALIZED SCHOOLS AND TRAINING |cont.):

FORENSIC AMPLITYPE PM + HLA DQA1 PCR WORKSHOP Perkin-Elmer Training Dept., Foster City, CA March 1995

ADVANCED FORENSIC DNA TYPING SCHOOL FBI Academy, Quantico, Virginia June 1991

VISITING SCIENTIST PROGRAM FBI Academy, Quantico, Virginia March 1990 - June 1990

Assisted in numerous DNA research projects being conducted by the FBI Research and Training Center including data base compilation, ethidium bromide use in DNA analysis, quantitation of human DNA using slot blot techniques, effect of glycerol concentration on DNA, studies on possible ladders for amplified RFLP's (Amp-FLP's), and population data base compilation of Amp-Flp MCT118.

FORENSIC APPLICATIONS OF DNA TYPING FBI Academy, Quantico, Virginia December 1989

MOLECULAR GENETICS AND FORENSIC SCIENCE University of New Mexico, Albuquerque, New Mexico Fall 1988

INSTRUMENTAL ANALYSIS OF PAINTS FBI Academy, Quantico, Virginia June 1988

DNA POLYMORPHISM AND DNA TYPING COURSE/WORKSHOP University of New Haven, West Haven, Connecticut May 1988

FORENSIC SEROLOGICAL APPLICATIONS OF ISOELECTRIC FOCUSING University of New Haven, West Haven, Connecticut May 1987

SUPERVISION OF BREATH TESTS FOR INTOXICATION PROGRAMS University of Indiana, Bloomington, Indiana May 1986

PUBLICATIONS AND ORAL PRESENTATIONS:

Budowle, B., Monson, K., Anoe, K.S., Baechtel, S., Bergman, D.L., Buel, E., Campbell, P.A., Clement, M.E. et al (1991) A Preliminary Report on Binned General Population Data on Six VNTR Loci in Caucasians, Blacks and Hispanics from the United States. Crime Lab Digest 18:9-26.

PUBLICATIONS AND ORAL PRESENTATIONS [cont.):

Validation of Multiplex STR Profiling Systems for Forensic Casework Specimens American Academy of Forensic Sciences, Feb. 1998

Developing a DNA Laboratory on a Shoestring Budget Southwestern Association of Forensic Scientists, Spring Meeting 1991

PROFESSIONAL AFFILIATIONS:

American Academy of Forensic Sciences, Member

Southwestern Association of Forensic Scientists, Member

Northeastern Association of Forensic Scientists, Associate Member

SBI Lab Report & Bench Notes

January 17, 2001

North Carolina

State Bureau of Investigation

Department of Justice Raleigh

Laboratory Report

) TO:

Det. Eddie Davis

Buncombe County Sheriff's Department

202 Haywood Street

Asheville, NC 28801

DATE: SBILAB NO.: January 17, 2001 R200024857

SBI FILE NO.:

AGENCY FILE NO. :

00339072 Jed Taub

EXAMINED BY: SUBMITTED BY:

Addressee

DATE SUBMITTED: November 02, 2000

DATE OF OFFENSE: September 18, 2000

TYPE OF CASE: Homicide

LOCATION:

Buncombe County

SUBJECT(S):

Walter Rodney Bowman (victini)

Aaron J. Brewton (suspect) Robert Wilcoxson III (suspect) Teddy L. Isbell, Sr. (suspect) Kenneth M. Kagonyera (suspect) Larry Jerome Williams (suspect) Damion Miguel Mills (suspect)

ITEMS SUBMITTED:

Item # 1: Vehicle door panel.

Item # 2: Samples from Walter Bowman.

Item # 2-1: Two liquid blood samples from Walter Bowman.

Item # 2-2: Hairs from Walter Bowman.

Item # 2-3: Bloodstain prepared from Item 2-1: blood of Bowman.

Item # 2-4: Lead pellets from autopsy of Walter Bowman.

Item # 2-5: Bloodstain from autopsy of Walter Bowman.

Item # 3: Standards from Robert Wilcoxson.

Item # 3-1: Two liquid blood samples of Robert Wilcoxson.

Item # 3-2: Head hair standard of Wilcoxson.

Item # 3-3: Bloodstain prepared from Item 3-1: blood of Wilcoxson.

Item # 4: Standards from Larry J. Williams.

Item # 4-1: Two liquid blood samples of Larry J. Williams.

Item # 4-2: Head hair standard of Williams.

Item # 4-3: Bloodstain prepared from Item 4-1: blood of Williams.

Item # 5: Standards from Teddy Isbell.

Item # 5-1: Two liquid blood samples from Teddy Isbell.

Item # 5-2: Head hair standard from Isbell

Item # 5-3: Bloodstain prepared from Item 5-1: blood of Isbell.

Item # 6: Standards from Kenneth M. Kagonyera.

Item # 6-1: Two liquid blood samples from Kenneth M. Kagonyera.

Item # 6-2: Head hair standard from Kagonyera.

Item # 6-3: Bloodstain prepared from Item 6-1: blood of Kagonyera.

I, Roy Cooper, Altorney General of the State of North Carolina, hereby certify that the form identified as: North Carolina State Bureau of Investigation, Department of Justice, Laboratory Report is a form approved by me for the purpose stated in G.S. 90-95(g) and approved by me in compliance with the said statute

THIS REPORT IS TO BE USED ONLY IN CONNECTION WITH AN OFFICIAL CRIMINAL INVESTIGATION.

Mr. Ronald L. Moore, DA

This report represents a true and accurate result of my analysis on the item(s) described

Bryan E. Beatty, Director

Jed Taub

Page 2

R200024857

ITEMS SUBMITTED (continued):

Item # 7-1: Two liquid blood samples from Aaron Brewton.

Item #7-2: Head hair standard from Brewton.

Item # 7-3: Bloodstain prepared from Item 7-1: blood of Brewton.

Item #8: Peavey Sexual Assault Standards Kit from Damian Mills.

Item #8-1: Two liquid blood samples from Damian Mills.

Item #8-2: Bloodstain prepared from Item 8-1: blood of Mills.

Item #8-3: Saliva standard from Mills.

Item #8-4: Head hair standard from Mills.

Item #9: One pair cotton gloves.

Item # 10: Gray bandana type scarf.

Item # 10-1: Cutting from Item 10: gray bandana scart.

Item # 11: Cotton work glove.

Item # 12: Red bandana type scarf.

Item # 13: Red bandana type scarf.

Item # 13-1: Cutting from Item 13: red bandana scarf.

Item # 14: Cotton glove.

TYPE EXAMINATION REQUESTED:

Examine for blood and saliva.

RESULTS OF EXAMINATION:

Bloodstains were prepared from Items 2-1, 3-1, 4-1, 5-1, 6-1, 7-1, and 8-1. The liquid blood samples (Items 2-1, 3-1, 4-1, 5-1, 6-1, 7-1, and 8-1), bloodstains (Items 2-3, 2-5, 3-3, 4-3, 5-3, 6-3, 7-3, and 8-2), saliva sample (Item 8-3), and lead pellets (Item 2-4) were not analyzed.

Examination of the door panel (Item 1) revealed chemical indications for the presence of blood. Further testing was inconclusive.

Examination of the gloves and bandanna/scarves (Items 9, 10, 11, 12, 13, and 14) failed to reveal the presence of blood.

Examination of the bandanna/scarves (Items 10 and 13) revealed chemical indications for the presence of saliva.

Examination of a bandana/scarf and glove (Items 12 and 14) as well as visual examination of Items 9 and 11 failed to reveal the presence of saliva.

This lab report details only the results of the serological examination of this evidence. The hair samples are being returned unanalyzed. All questions and inquiries concerning hair examinations of this evidence should be directed to the SBI Trace Evidence Section.

DISPOSITION OF EVIDENCE:

Items 2-3, 2-5, 3-3, 4-3, 5-3, 6-3, 7-3, 8-2, 10-1, and 13-1 were transferred to Special Agent M. T. Boodee of the DNA Analysis Unit on January 17, 2001 for further analysis.

The remaining evidence is being held for pick up by the investigating agency.

North Carolina State Bureau of Investigation

| | 1 | , | 1 |
|-----------------|------|-------|------|
| Page _ | _ | ot. | |
| Use SBI-5A Cont | lnu. | atlon | Shee |

| PART A |) | | REQUES | ST FOR EXAMIN | ATION O | F PHYSIC | AL EVIDENCE | | |
|----------------|------------|--|--------------------------------------|--|----------------------------|--|---|--------------------------|---|
| Requesting | | Det | ective Ec | ddie Davis | of Offense: | Bunco | Mbe SBI Lat | | 20024857 |
| Requesting | | | A L INVESTIC COUNTY SH | ATION DIVISION | <u> </u> | 0000 | SBI File | # | _ |
| PLE | ASE PLA | CE A CHEC | 62 HAYWOO | EBEER DEPART | MEINER RED | ADDRESS | | | 00339072 |
| ☐ Agency I | P. O. Box, | City and Zip # | ASHEVILLE, P | NC 28801 | | ,), | Agency | 1 | |
| Agency | Street Add | lress, City and | Zip: 202 | Hayusad | St A | ihe on the | . | | omicide |
| CAA (SBI Case) | | | | DIC (SBI District in Charge | | | | | 9-18-2000 |
| Investigating | Officer N | ame and Best | Contact Number | er - Name: <u>G., S</u> | pcinkl | e(Det | Contact | Number: _ | 828250 4443 |
| VICTIM(S) | | | Race/Sax | DOB SUSPE | CT(S) | | Race/\$ex | DOB | SID # |
| Walter | Rolle | 4 Boun | AN BIM | 1949 acro | 2 J.Bc | enton | BIM | 5-3/ | |
| | g :: | | | Rob | ert Wi | lockson | III B/M | 1979 | |
| | 1 4 | | | Ted | ly L.I. | shell (S | SR) B/M | 7-24 | |
| | 8.1 | | | Ken | weth M | KAGON | yera Blm | 7-31 | |
| Has any evid | Egice IEA | is case been : | submitted to the | e laboratory previous | IN NO | lf yes, t | o which section(s) | ? | |
| Lab A(| mancy S | Type Conta | Iner/Description | on of Evidence | | Examine F | or | | Ocation Found for body (fuld/DNA Evidence) |
| 0 | 14 | PACKAGE | el vehic | le door pan | el | match | to #2 (DN | 51 | uspect's vehic |
| @ | 2× | blood | from VI | ictim walte | Bowne | match | to #1(DNA |) au | Hopsy-Bowman |
| 0 | 3 x | DNA S | ample 1 | hair/blood | d | DNO MAT | ch 9-14 | Ro | pert Wilcoxson |
| Ø | 42 | | • . | hair/bloo | | | ch 9-14 | | ry J. William |
| 0 | 5× | | | hair 15 la | | DNA MA | tch 9-14 | Te | ddy Isbell |
| 1 | 6x | DNAS. | angle | hair 1610 | od | DNA MA | tch 9-14 | Kei | weth KAGENY |
| B | 71 | DNAS | ample | hair 1610 | e.d | ONAMAT | tch 9-14 | aa | ran Breyston |
| M | 81 | _ | SAMPLE | 1 1 | 5/2J | DNA MA | tch 9-14 | DA | mion Mills |
| 10 | OX | i 1 - | bas ul | I pair cotto | islove | DNA MAT | ch 3-8 | Nec | ir Crime Scene |
| 18DV | XOL | | | bandana ty | 5 pe504 | F D.JA M | atch 3-8 | | granime scen |
| Additional An | alysis Red | quested / Instr | uctions: ρ/a | ease mater | + Amou | igh Dr | VA any h | air or | other bodily |
| fluids | 1 Lour | ed on i | tems 9 | through 14 | to si | spects | · 3 × hrong | h 8, | |
| | | | EVIDEN | CE WILL BE RETUR | NED TO TH | E REQUEST | ING OFFICER | | |
| | | | SBI LABO | RATORY CH | AIN OF | CUSTOD | Y USE ON | Υ_ | |
| CONTAINER | /DESCR | Carolina Stat IPTION OF Ex andition as rec | /IDENCE was o | restigation employee delivered to the perso | s appearing ton (or approv | elow indicate ed carrier) In | e that the material dicated, on or abo | described ut the date | above under <i>TYPE</i> stated, and was delivered in |
| iTEM(S) | Receiv | ed By: (| Print) | (Initial) | Received | From: (P | rint) | (Initial) | DATE |
| -10 000 | A A | (D) Juli | - 60 | · DO | 5/1/2 | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | 802 | 11-2-10 |

N.C. STATE BUREAU OF INVESTIGATION

55

CONTINUATION PAGE

Supplement to SBI-5 / Part A Request for Examination of Physical Evidence

Sy

| SBI LAB | #R200024857_ SBI FILE # | AGENO | Y FILE # 00339072 |
|------------|---|---------------|----------------------|
| Item # | Type Container/Description of Evidence | Examine For | Exact Location Found |
| 11% | plastic bay w/ cotton work glove | DNA MATCH 3-8 | New crime scene |
| 12 x | plastic bag wired scarf | DNA MATA 3-8 | 1.1 |
| | plasticbag wy red scarf | DNA MATLL 3-8 | () |
| 14x | plastic buy w/ cotto, y/ove | DNA mata 3-8 | 13 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Suspects - 5 ? 6 | | |
| | Larry Jerone William Blm | 3-21-84 | |
| | Suspects - 5 & 6 Larry Jerone William Blm Damion Miguel Mills | 4-1-80 | |
| | | | |
| | | | |
| | 25 | | |
| | TAB | | |
| | <u>·</u> | | |
| | | | |
| Additional | Analyzis Requested / Instructions: | | 2077 |
| | 007 | | |
| | | | |

| SBI LABORATORY CHAIN OF CUSTODY USE ONLY | | | | | | |
|--|--------------------|--------------|-------|----------|-----------|---------|
| Item(s) | Received By: (Prin | t) (Initial) | From: | (Print) | (Initial) | Date |
| 11-145ealed | A. GROW- 64 | 4 BX | Eddie | Davis | EC3 | 11-2-00 |
| 11-14 scaled | MWhout " | MW | A-60 | EDN- Buy | po | 1-26.01 |
| | V | | | J | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |



PAGE NUMBER
SBI LAB FILE NUMBER
ANALYST
DATE
R7000-24

| DBI MODECODAR GENETICS DECITOR - DAS NOTES | |
|--|--------|
| PACKAGING: [Y SEALED BROWN PAPER BAG & S. br. pp. hag & hat-seal h | 3) |
| [] SEALED ZIPLOCK PLASTIC BAG bloods aim on the bloodstain were analyzed. [] SEALED ZIPLOCK PLASTIC BAG bloods aim on the bloodstain were analyzed. | 一个一个 |
| inside. I washed off items. | n 1 |



| PAGE NUMBER | | 4 |
|---------------------|-------------|---|
| SBI LAB FILE NUMBER | R2000 24857 | |
| ANALYST | m · | |
| DATE | 11-13-00 | |
| | | |

| ITEM NO. <u>3</u> |
|--|
| PACKAGING: |
| [] SEALED BROWN PAPER BAG |
| [] SEALED ENVELOPE [] SEALED ZIPLOCK PLASTIC BAG 3-1: 57. his c hold part of the state of the s |
| |
| [] HEAT SEALED PLASTIC BAG [] OTHER S. evid. bag & 2 s. onv. |
| [IT OTHER S. evich. hag & 2 s. onv. 3-2: Head hair stal. |
| Containing a plastic hubble pack bag containing ptt, rtt,(other) |
| containing a liquid blood sample. |
| Identified as collected from: Robert Wilcoxson |
| Stain made from OTT Item # 3-3 |
| Stain made from Item # 3 - } Stain submitted for DNA testing [Stain returned to Agency [] |
| Neither the liquid blood sample nor the bloodstain were analyzed. |



| PAGE NUMBER | | 5 |
|---------------------|-------------|---|
| SBI LAB FILE NUMBER | R2000 24857 | |
| ANALYST | M | |
| DATE | 11-13-2000 | |
| _ | ,, | |

| ITEM NO. 4 |
|---|
| PACKAGING: |
| [] SEALED BROWN PAPER BAG [] SEALED ENVELOPE [] SEALED ZIPLOCK PLASTIC BAG [] HEAT SEALED PLASTIC BAG [] OTHER & wid bay & 2 & cmV, 4-2! head hair std. |
| [] SEALED ENVELOPE |
| [] SEALED ZIPLOCK PLASTIC BAG 4-1 |
| [] HEAT SEALED PLASTIC BAG head how Store |
| [4] OTHER s. and bay & 2 s. only 4-2 |
| |
| Containing a plastic bubble pack bag containing ptt, rtt, (other) |
| containing a liquid blood sample. |
| Identified as collected from: Larry J. Williams |
| |
| Stain made from Item # 4-3 Stain submitted for DNA testing [Stain returned to Agency [] |
| Stain submitted for DNA testing [Stain returned to Agency [] |
| |
| Neither the liquid blood sample nor the bloodstain were analyzed. |
| |
| |



| PAGE NUMBER | | 6 |
|---------------------|------------|---|
| SBI LAB FILE NUMBER | R200024857 | |
| ANALYST | Vn . | |
| DATE | 11-13-00 | |
| | | |

| ITEM NO. 5 |
|---|
| PACKAGING: |
| [] SEALED BROWN PAPER BAG [] SEALED ENVELOPE |
| [] SEALED ZIPLOCK PLASTIC BAG 5-1: bubble pake rll, pl |
| [] SEALED ENVELOPE [] SEALED ZIPLOCK PLASTIC BAG [] HEAT SEALED PLASTIC BAG [] OTHER S. evidbag ? 2 s. anv. 5-2. Head hair stell |
| Containing a plastic bubble pack bag containing _ / ptt, _ rtt,(other) containing a liquid blood sample. |
| Identified as collected from: Taddy Ishell |
| Stain made from Item # 5-3 Stain submitted for DNA testing [Stain returned to Agency [] |
| Neither the liquid blood sample nor the bloodstain were analyzed. |
| |



| PAGE NUMBER | |
|---------------------|--------------|
| SBI LAB FILE NUMBER | R2000-24 857 |
| ANALYST | |
| DATE | 11-13-00 |
| | |

| ITEM NO |
|---|
| PACKAGING: |
| [] SEALED BROWN PAPER BAG [] SEALED ENVELORE |
| [] SEALED ZIPLOCK PLASTIC BAG |
| [] HEAT SEALED PLASTIC BAG [] OTHER S. avid. bug & 2 s. unv. 6-2; head hair std. |
| Containing a plastic hubble pack bag containing(ptt, rtt, (other) containing a liquid blood sample. |
| Identified as collected from: Kenneth M. Kagonijera |
| Stain made from Att Stain returned to Agency [] Stain submitted for DNA testing [, Stain returned to Agency [] |
| Neither the liquid blood sample nor the bloodstain were analyzed. |
| |



| PAGE NUMBER | 8 |
|---------------------|-------------|
| SBI LAB FILE NUMBER | R2000 24857 |
| ANALYST | hs : |
| DATE | 11-13-00 |
| | |

| тем ио |
|--|
| PACKAGING: |
| [] SEALED BROWN PAPER BAG |
| [] SEALED ENVELOPE [] SEALED ZIPLOCK PLASTIC BAG 7-1: plantic beg a paper form, at the part of the plantic beg a paper form, at the part of the plantic beg a paper form, at the part of the plantic beg a paper form, at the part of the plantic beg a paper form, at the part of the plantic beg a paper form, at the part of the part |
| [] HEAT SEALED PLASTIC BAG [MOTHER S. 2vid. boy & 2 S. anv. 7.2: head him std. |
| Containing a plastic bubble pack bag containing ptt, rtt, (other) containing a liquid blood sample. |
| Identified as collected from: Aaron Brewton |
| Stain made frompf Item # 7-3 Stain submitted for DNA testing |
| Neither the liquid blood sample nor the bloodstain were analyzed. |



| PAGE NUMBER | | 9 |
|---------------------|---------------|---|
| SBI LAB FILE NUMBER | n #2000-24857 | |
| ANALYST | M | |
| DATE | / NOV 13 2000 | |
| | | |

SBISUSPECT EVIDENCE COLLECTION KIT

| Item #a_SBf Suspect Evidence Collection Kit |
|--|
| Item # 2 a.SBI Suspect Evidence Collection Kit |
| (sealed [\(\substaction \) unsealed []) containing items identified as collected from |
| Damian Mills |
| |
| |
| Item # 8- A ziplock bag containing a bubble pack container containing aptt,rtt,(other) containing a liquid blood sample. |
| rtt. (other) containing a liquid blood sample |
| Stain made from the purple top tube / YES M NO [] Item # X - C. |
| Stain submitted for DNA testing [Stain returned to Agency [] |
| Neither the liquid blood sample nor bloodstain were analyzed. |
| |
| Item # 8-3 An envelope (sealed [] unsealed [])identified as containing a known saliva sample. Not tested. |
| 0 |
| Item # An envelope (sealed [] unsealed []) identified as containing a known pubic hair sample. |
| |
| Item # 8-4 An envelope (sealed [] unsealed []) identified as containing a known head hair sample. |
| |
| Item # An envelope (sealed [] unsealed []) identified as containing pubic hair combings. |

forms/casenotes/bodyfluid/newsusp.wpd



| PAGE NUMBER | 10 |
|---------------------|--------------|
| SBI LAB FILE NUMBER | R 2000-24857 |
| ANALYST | - W |
| DATE | ' JAN 3 2001 |
| | |

| ITEM NO. | CONTAINING: |
|--|--|
| PACKAGING: [SEALED BROWN PAPER BAG [] SEALED ENVELOPE [] OTHER | 1 pr. bkckish-brown workglove |
| | [] Sample Submitted For DNA Testing Sample Not Submitted For DNA Testing [] Identity not in question |
| [] NOT EXAMINED | [] Per officer's instructions(date:) [/ All standards not available [/] |
| | ATTACH PHOTOS, DRAWING, AND SKETCHES HERE |
| BLOOD TESTING: Phenolphthalin Pos Control Takayama Pos Control Enter Results as + (Pos), - (Neg), or Inc | Nothing seen. No hair Crime segre: Neg |
| SPECIES ORIGIN TESTING: ABAcard Heme Trace Anti-human hemoglobin Test Sample QC test done X Kit Lot No. Enter Result as + (Pos), - (Neg), or Inc | No stoins |
| AMYLASE TESTING FOR INDICATIONS OF SALIVA: - Test Sample - Known Control - Reagent Blank - Substrate Control - Absorbance Reading (Optional) | |
| SEMEN TESTING: - Test Sample - Known Control - Substrate Control - Reagent Blank Enter results on scale from + to ++++ Est. Quantity of sperm | - |
| p30 TESTING: ABAcard p30 - Test Sample QC test done X Kit Lot No. Enter Results as + (Pos), ~ (Neg), or Inc. | - |



| PAGI | מטא ב | MBER | |
|------|-------|------|--------|
| SBI | LAB | FILE | NUMBER |
| ANAI | LYST | | |
| DATE | 5 | | |

| 11 |
|--------------|
| R 2000-24857 |
| M |
| JAN 3 2001 |
| |

| ITEM NO. (D | CONTAINING: |
|---|--|
| PACKAGING: [V] SEALED BROWN PAPER BAG [] SEALED ENVELOPE [] OTHER | grey bandanna |
| - | Sample Submitted For DNA Testing ample Not Submitted For DNA Testing [] Identity not in question |
| [] NOT EXAMINED | [] Per officer's instructions(date:) [] All standards not available [] |
| Phenolphthalin Pos Centrol Neg Control Fakayama Pos Control Neg Control Enter Results as + (Pos), - (Neg), or Inc SPECIES ORIGIN TESTING: ABAcard Heme Trace Anti-human hemoglobin - Test Sample QC test done X Kit Lot No. Enter Result as + (Pos), - (Neg), or Inc AMYLASE TESTING FOR INDICATIONS OF SALIVA M - Test Sample Hi - Known Control - Reagent Blank AMYLIASE TESTING: - Test Sample - Known Control - Absorbance Reading (Optional) SEMEN TESTING: - Test Sample - Known Control - Reagent Blank Enter results on scale from + to ++++ Est. Quantity of sperm p30 TESTING: ABAcard p30 | Mothing seen. checked a likely spot. Chime scope: Mothing rean. Chime scope: Mothing rean. Mothing rean. |
| - Test Sample QC test done X Kit Lot No. Enter Results as + (Pos), - (Neg), or Inc | |



| PAGE | מטא ב | MBER | |
|-------|-------|------|--------|
| SBI | LAB | FILE | NUMBER |
| ANAI | LYST | | |
| מידעם | ₹. | | |

| | 17 |
|--------------|----|
| R 2000-24857 | ι |
| M | |
| JAN 3 2001 | |
| | |

| ITEM NO. | CONTAINING: |
|--|--|
| PACKAGING: [SEALED BROWN PAPER BAG [] SEALED ENVELOPE [] OTHER | brown knit glove-left hand |
| RESULTS OF TESTING: | [] Sample Submitted For DNA Testing Sample Not Submitted For DNA Testing [] Identity not in question |
| [] NOT EXAMINED | [] Fer officer's instructions(date: |
| | • |
| Phenolphthalin Pos Control Neg Control Takayama Pos Control Neg Control Enter Results as + (Pos), - (Neg), or In | Nothing seen. No hair Crime scope: Nea No stains |
| SPECIES ORIGIN TESTING: ABAcard Heme Trace Anti-human hemoglobin - Test Sample QC test done X Kit Lot No. Enter Result as + (Pos), - (Neg), or Inc | |
| AMYLASE TESTING FOR INDICATIONS OF SALIVA: - Test Sample - Known Control - Reagent Blank - Substrate Control - Absorbance Reading (Optional | .) |
| SEMEN TESTING: - Test Sample - Known Control - Substrate Control - Reagent Blank Enter results on scale from + to ++++ Est. Quantity of sperm | |
| p30 TESTING: ARAcard p30 - Test Sample QC test done X Kit Lot No. Enter Results as + (Pos), - (Neg), or Ir | |



| PAGI | NUM : | 18ER | | | | |
|---------|-------|------|--------|--|--|--|
| SBI | LAB | FILE | NUMBER | | | |
| ANALYST | | | | | | |
| DATE | Ξ | | | | | |

| | 13 |
|--------------|-------------|
| R 2000-24857 | 77 |
| W | |
| JAN 3 2001 | |
| | _ |

| ITEM NO. 12 | CONTAINING: |
|---|--|
| PACKAGING: | ved Bandanna |
| SEALED BROWN PAPER BAG | |
| [] SEALED ENVELOPE | knotted in circle |
| [] OTHER | |
| | |
| | [] Sample Submitted For DNA Testing Sample Not Submitted For DNA Testing [] Identity not in question [] Per officer's instructions(date:) [] All standards not available |
| | ATTACH PHOTOS, DRAWING, AND SKETCHES HERE 1/5 thing cen, checked a likely spot |
| BLOOD TESTING: Phenolphthalin | Do hing cen, |
| Pas Control Neg Control | Crime scope: Neg No hair |
| Pos Control Neg Control Pos Control Neg Control | Crime score: Nea No hair |
| Pos Control Neg Control | Cistoria Zinta (10 m) |
| Enter Results as + (Pos), - (Neg), or Inc | |
| SPECIES ORIGIN TESTING: | |
| ABAcard Heme Trace Anti-human hemoglobin | |
| Kit Ldt No Test Sample QC test done X | |
| Enter Result as + (Pos), - (Neg), or Inc | |
| NATACE MECHANIC POR TIPLESTONE OF | - |
| AMYLASE TESTING FOR INDICATIONS OF SALIVA: | |
| - Test Sample | |
| - 44 - Known Control | |
| - Reagent Blank | |
| - Substrate Control | |
| - Absorbance Reading (Optional) | |
| SEMEN TESTING: | 100 |
| - Test Sample | (C |
| - Known Control | |
| - Substrate Control - Reagent Blank | |
| Enter results on scale from + to ++++ | |
| Est. Quantity of sperm | |
| | - - |
| p30 TESTING: | |
| ABAcard p30 - Test Sample QC test done X | |
| Kit Not No. | - |
| Enter Results as + (Pos), - (Neg), or Inc | |



| ١ | PAGE | Z NUM | MBER | |
|---|------|-------|------|--------|
| ĺ | SBI | LAB | FILE | NUMBER |
| | ANAI | YST | | |
| ١ | DATE | ? | | |

| 14 | |
|-------------|--|
| R2000-24857 | |
| M | |
| JAN 3 2001 | |
| | |

| ITEM NO. 3 | CONTAINING: |
|--|--|
| PACKAGING: [] SEALED BROWN PAPER BAG [] SEALED ENVELOPE [] OTHER | ped bandanna - Marlboro Country |
| | Sample Submitted For DNA Testing mple Not Submitted For DNA Testing [] Identity not in question |
| [] NOT EXAMINED | [] Per officer's instructions(date:) [] All standards not available [] |
| BLOOD TESTING: Phenolphthalin Pos Control Takayama Pos Control Neg Control Enter Results as + (Pos), - (Neg), or Inc | Nothing Seen. Chechida likely spit Crime scape; Near No hair |
| SPECIES ORIGIN TESTING: ABAcard Heme Trace Anti-human hemoglobin - Test Sample QC test done X Kit Lot No. Enter Result as + (Pos), - (Neg), or Inc | *13-1 |
| AMYLASE TESTING FOR INDICATIONS OF SALIVA: - Test Sample - Known Control - Reagent Blank - Substrate Control - Absorbance Reading (Optional) | - the |
| SEMEN TESTING: - Test Sample - Known Control - Substrate Control - Reagent Blank Enter results on scale from + to ++++ Est. Quantity of sperm p30 TESTING: ABAcard p30 | |
| - Test Sample QC test done X Kit Lot No. Enter Results as + (Pos), - (Neg), or Inc forms/casenotes/bodyfluid/newlabnt.wpd | |



| l | PAGE NUM | IBER | | |
|---|----------|-------------|--------|---|
| ĺ | SBI LAB | FILE | NUMBER | _ |
| l | ANALYST | | | |
| Į | ישיייבר | | | |

| 15_ |
|-------------|
| R2000-24857 |
| M |
| JAN 3 2001 |
| |

| ITEM NO. 17 | CONTAINING: |
|--|--|
| PACKAGING: [SEALED BROWN PAPER BAG [] SEALED ENVELOPE [] OTHER | brown knitglove - right hand |
| |] Sample Submitted For DNA Testing mple Not Submitted For DNA Testing [] Identity not in question [] Per officer's instructions(date:) [] All standards not available |
| , AT | TACH PHOTOS, DRAWING, AND SKETCHES HERE |
| BLOOD TESTING: Phenolphthalin Pos Control | Crime scope: Nea No hair |
| forms/dasenotes/bodyfluid/newlabnt.wpd | |



| PAGE NUMBER | 160 |
|---------------------|--------------|
| SBI LAB FILE NUMBER | R 2000-24857 |
| ANALYST | <u> </u> |
| DATE | Y JAN 3 2001 |
| | |

MOLECULAR GENETICS SECTION BODY FLUID IDENTIFICATION UNIT REVIEW SHEET AND CHECKLIST

| | 1. | Cover Sheet Present | *********** | | |
|---|-----|---|-------------|-----|--|
| 1 | 2. | Notes Present and Accurate | | (d) | |
| 1 | 3. | Phone Log Present (if applicable) | | | |
| l | 4. | DNA Evaluation Forms Present (if applicable) | | | |
| | 5. | All pages numbered and initialed | | | |
| ĺ | 6. | SBI-5 Evidence Submission Form Present and Correct | | | |
| l | 7. | Report matches dates, numbers, and names on the SBI-5 | | | |
| | 8. | Proper tests were run | | | |
| l | 9. | Proper controls were run | | | |
| l | | Appropriate conclusions were obtained | | | |
| | | Administrative records properly identified | | | |
| l | 12. | Chain of Custody reviewed in LAP | | | |
| | RE | VIEW OF RESULTS / CONCLUSIONS: | | | |
| l | 1. | Report is Accurate and Complete | | | |
| | 2. | Proper Report Format is Used | | | |
| | | · | | | |

COMMENTS:

I HAVE REVIEWED THIS REPORT AND CONCUR WITH THESE RESULTS.

Signature of Reviewer

Date of Review

forms\casenotes\bodyfluid\newbfrev.wpd

Timothy Baize NC SBI

Statement of Qualifications

STATEMENT OF QUALIFICATIONS

(Use additional sheets if necessary)

| Name of Lab: | NC State Crime Laboratory (Raleigh) | | Date: | March 31, 2011 | | | |
|--|-------------------------------------|-----------------------------|---------------|----------------|----------|---------------------|--|
| Name: Timothy Allen Baize | | | Job T | itle: | Forensi | c Scientist II | |
| Discipline(s): | Indicate all ar | eas in whi | ch you do | case | ework. | | |
| Controlled Substances | | | x DNA | | | | |
| Toxicology | | [| Firea | rms/T | oolmarks | | |
| Trace Evide | nce | [| Ques | stioned | Docume | nts | |
| Serology | | [| Latent Prints | | | | |
| East Carolina University 8/1996- COURSE WORK FOR DNA: Genetics - 2300, 5870 Statistics - 2228 | | Dates Attended 8/1996-5/ | 1 /2000 | Major Biolo | ogy | Degree Completed BS | |

Other Training: List continuing education, workshops, and other formal training received.

Basic Law Enforcement Training (Raleigh, NC) August - December 2004 34th SBI Academy (Salemburg, NC) January - April 2005 Marshall University Advanced DNA Workshop (Huntington WV) June 2005 Phase I Training - Drug Investigations (Salemburg, NC) January 2006 Phase I Training - Arson/Crime scene (Salemburg, NC) April 2006 Alternate Light Source Training (Raleigh, NC) May 2006 Bode Technology Group Meeting (Captiva Island, FI) May 30 - June 2, 2006 Advanced Crime Scene Class (Raleigh, NC) February 12-16, 2007 American Academy of Forensic Sciences (San Antonio, TX) February 19-23, 2007 American Academy of Forensic Sciences (Washington, DC) February 18-23, 2008 Southern Association of Forensic Sciences (Orlando, FL) October 19-23, 2009 Mid-Atlantic Association of Forensic Sciences (State College, PA) May 18-21, 2010

Courtroom Experience: List the discipline(s) in which you have qualified to testify as an expert witness and indicate over what period of time and approximately how many tlmes you have testified in each.

I have testified approximately twenty-eight times in superior court as a Forensic DNA analyst since March 2007.

Professional Affiliations: List any professional organizations of which you are or have been a member. Indicate any offices or other positions held and the date(s) of these activities.

None

Employment History: List all scientific or technical positions held, particularly those related to forensic science. List current position first. Give a brief summary of principal duties and tenure in each position.

Job Title: Forensic Scientist II Employer: NC State Crime Laboratory

Principal Duties: STR DNA Testing of evidentiary material. Testify to findings in court.

Tenure: March 31, 2011 – Present

Job Title: Forensic Scientist II Employer: NCSBI Crime Laboratory

Principal Duties: STR DNA Testing of evidentiary material. Testify to findings in court.

Tenure: January 1, 2010 – March 31, 2011

Job Title: Forensic Biologist I Employer: NCSBI Crime Laboratory

Principal Duties: STR DNA Testing of evidentiary material. Testify to findings in court.

Tenure: July 26, 2004 – January 1, 2010

Job Title: Senior DNA Technologist Employer: LabCorp

Principal Duties: DNA testing and analysis for paternity.

Tenure: Jan 8, 2001 - July 23, 2004

Other Qualifications: List below and scientific publication and/or presentation you have authored or coauthored, research in which you are or have been involved, academic or other teaching positions you have held, and any other information which you consider relevant to your qualification as a forensic scientist. (Use additional sheets if necessary)

None

SBI Lab Report & Bench Notes

March 07, 2001

North Carolina

State Bureau of Investigation

Department of Justice Raleigh

Laboratory Report

o: Officer Eddie Davis

Buncombe County Sheriff's Dept.

202 Haywood Street

Asheville, NC 28801

DATE: SBI LAB NO.: March 07, 2001 R200024857

SBI FILE NO.:

AGENCY FILE NO. :

00339072

EXAMINED BY:

Mark Boodee Addressee

SUBMITTED BY:

DATE SUBMITTED:

DATE OF OFFENSE:

September 18, 2000 November 02, 2000

TYPE OF CASE:

Homicide

LOCATION:

Buncombe County

SUBJECT(S):

Walter Rodney Bowman (victim)

Aaron J. Brewton (suspect) Robert Wilcoxson III (suspect) Teddy L. Isbell, Sr. (suspect) Kenneth M. Kagonyera (suspect) Larry Jerome Williams (suspect) Damion Miguel Mills (suspect)

ITEMS SUBMITTED AND RECEIVED FROM S/A J.S TAUB ON JANUARY 17, 2001:

Item # 2-3: Bloodstain prepared from Item 2-1: blood of Walter Bowman.

Item # 2-5: Bloodstain from autopsy of Walter Bowman.

Item #3-3: Bloodstain prepared from Item 3-1: blood of Robert Wilcoxson III.

Item # 4-3: Bloodstain prepared from Item 4-1: blood of Larry Williams.

Item # 5-3: Bloodstain prepared from Item 5-1: blood of Teddy Isbell.

Item # 6-3: Bloodstain prepared from Item 6-1: blood of Kenneth Kagonyera.

3m # 7-3: Bloodstain prepared from Item 7-1: blood of Aaron Brewton.

Lem # 8-2: Bloodstain prepared from Item 8-1: blood of Damion Mills.

Item # 10-1: Cutting from Item 10: gray bandana.

Item # 13-1: Cutting from Item 13: red scarf.

TYPE EXAMINATION REQUESTED:

STR/DNA Analysis.

RESULTS OF EXAMINATION:

DNA from Items #10-1 and #13-1 along with the DNA from the bloodstain of the suspects, Robert Wilcoxson III, Larry Williams, Teddy Isbell, Kenneth Kagonyera, Aaron Brewton, and Damion Mills (Items #3-3, #4-3, #5-3, #6-3, #7-3, and #8-2, respectively) and the DNA from the bloodstains of the victim, Walter Bowman (Item #2-3 and #2-5) was extracted, quantitated, amplified, and tested with DNA primers specific for the polymorphic human loci CSF1PO, TPOX, TH01, vWA, D16S539, D7S820, D13S317, D5S818 and Amelogenin. These items were also tested with DNA primers specific for the human loci Penta E, D18S51, D21S11, D3S1358, FGA, and D8S1179.

I, Roy Cooper. Attorney General of the State of North Carolina, hereby certify that the form identified as: North Carolina State Bureau of Investigation, Department of Justice, Laboratory Report is a form approved by me for the purpose stated in G.S. 90-95(g) and approved by me in compliance with the said statute.

COPIES TO:

THIS REPORT IS TO BE USED ONLY IN CONNECTION WITH AN OFFICIAL CRIMINAL INVESTIGATION.

Mr. Ronald L. Moore, DA

This report represents a true and accurate result of my analysis on the item(s) described

Mark Boodee

Robin Pendergraft, Director

Page 2 R200024857

RESULTS cont.:

The DNA profile obtained from the cutting from the gray bandana (Item #10-1) **DID NOT MATCH** the DNA profile obtained from the bloodstains of the victim, Walter Bowman (Item #2-3 and #2-5) or the DNA profile obtained from the bloodstain of the suspects, Robert Wilcoxson III, Larry Williams, Teddy Isbell, Kenneth Kagonyera, Aaron Brewton, and Damion Mills (Items #3-3, #4-3, #5-3, #6-3, #7-3, and #8-2, respectively). This profile was queried against the casework/convicted offender indexes of the NCSBI State Database and no high stringency match was observed. This profile has been added to a target batch file and will be routinely queried against the NCSBI State Database in search of a match to another forensic case or a convicted offender.

The DNA profile obtained from the cutting from the red scarf (Item #13-1) is <u>CONSISTENT WITH A MIXTURE</u> from multiple contributors and additional bands were present which cannot be accounted for by the standards submitted. The DNA profile obtained from the bloodstains of the victim, Walter Bowman (Item #2-3 and #2-5) and the DNA profile obtained from the bloodstain of the suspects, Robert Wilcoxson III, Larry Williams, Teddy Isbell, Kenneth Kagonyera, Aaron Brewton, and Damion Mills (Items #3-3, #4-3, #5-3, #6-3, #7-3, and #8-2, respectively) was not present in this mixture.

DISPOSITION OF EVIDENCE:

The remaining material (if any) is being retained by the laboratory in the Molecular Genetics Section Freezer.



Page 1
Total No. Of Pages Attached 22

North Carolina State Bureau Of Investigation Crime Laboratory Division MOLECULAR GENETICS SECTION

CASE NOTES COVER SHEET

| SBI LAB FILE NUMBER | R200024857 |
|-------------------------|--------------------|
| ANALYST | Mark T. Boodée MND |
| DATE ANALYSIS STARTED | 2 15 2001 |
| DATE ANALYSIS COMPLETED | 3 7 01 |



| ADMINISTRA | TIVE REVIEW |
|------------------|--------------------|
| Mo | 3)14/61 |
| (Initials) | (Date) |
| TECHNIC | CAL REVIEW |
| See last page of | the attached notes |



| PAGE NUMBER | . Q. |
|---------------------|------------------------|
| SBI LAB FILE NUMBER | ₹20 <i>010-21</i> ,852 |
| ANALYST | _ m |
| DATE | JAN 3 2001 |
| | |

DNA SAMPLE SUBMISSION DATA FORM

| ITEM# | DESCRIPTION OF EVIDENCE AND PACKAGING CONTAINERS | |
|-------|--|-------------|
| 2-3 | sonv. = bloodstain of victim Bowman | Joither for |
| 2-5 | " autopsy " " " | /0. |
| 3-3 | " ¿ bloods tain of suspect wilcoxson | |
| 4-3 | " & Williams | |
| 5.3 | " E " Isbell | |
| 6-7 | " & " Kagonyera | |
| 7-3 | 11 C 11 " Brewton | |
| 8-2 | " E " mills | |
| 10-1 | " & cutting from gray bandana | |
| 13-1 | " E " red " | |
| | | |
| | | |

Only the following categories will be uploaded to CODIS:

| Suspect Standard - Item # 3-3x 4-3x 5-3x 1-3x 8-2x |
| Unsolved/unidentified forensic unknown profile - Item # 10-1 |
| Transfer of suspect's DNA to victim or scene (forensic unknown) - Item # [] Mixture of victim/suspect or unknown profile - Item # _____ (as much of victim profile as possible has been removed)

| First Reader ______ Second Reader _______ Second Reader _______ Second Reader _______ Second Reader _______ Second Reader ______ Second Reader _______ Second Reader ________ Second Reader _________ Second Reader ________ Second Reader ________ Second Reader ________ Second Reader ________ Second Reader _________ Second Reader _________ Second Reader _________ Second Reader __________ Second Reader __________________________________



| PAGE NUMBER | |
|---------------------|------------|
| SBI LAB FILE NUMBER | R200024857 |
| ANALYST | NTB ~~W |
| DATE | 2 5 860 |
| | |

DNA Extraction Worksheet

NOTE: Extractions for Question and Known Samples are separated by time or space.

| Question Samples | Date/ Time | Extraction Type | Final Volume | Area and Equip. Decon. |
|------------------|---------------|--------------------|-----------------|---------------------------|
| -Q,10-1,13-1 | 2 12 61 | One | 50 | |
| | | <u> </u> | | |
| | | | | |
| | | | | |
| | | | | |

| Known Samples | Date/Time | Extraction Type | Final Volume | Area a <i>n</i> d Equip. Decon. |
|---|-----------|--------------------|-----------------|------------------------------------|
| -K MJB, 2-34, 2-54, 3-35, 2 4-35, 5-35, 6-3, 5, 7-35, 8-25 | 2 15 01 | On | 200 | |
| 4-35, 5-35, 6-3, 5, 7-35, 8-25 |) , - | | | |
| | | | | |
| | | | | |
| | | | | |

| Phenol/Chloroform lot # 109# 1052 | Ready Amp (purification kit) lot # |
|-----------------------------------|------------------------------------|
| Notes: | |



| PAGE NUMBER | <u></u> | |
|---------------------|------------|--|
| SBI LAB FILE NUMBER | R200024857 | |
| ANALYST | MTB AWAR | |
| DATE | 2 26/01 | |
| | | |

Quant Blot Sample Location Worksheet

| | 1 | 2 | 3 | 4 | 5 | 6 |
|--------|---|------------------|------|-------------|----------|-------------|
| A | A | Cal 1 | -K | 7-35 | | |
| В | В | Cal 2 | MJB | 8-27 | T AROUSE | exience . |
| C | С | -Q | 2-3v | R 2000 11/0 | 53 WA 3 | اماءدا |
| D | D | 10-1 | 2-54 | n a | ه . | L |
| E | E | l3- ₁ | 3-35 | | • | Φ λ |
| F | F | 5 5 5 | 4-35 | | ė. | To the form |
| G | G | | 5-3, | | | \$ |
| H | Н | | L-35 | 3 | ه د | |
| Notes: | | | | SP2 869 |) | 2 8 |

ECL kit lot # RPN 2109 Bahl 20



| PAGE NUMBER | 5 | | |
|---------------------|------------|--|--|
| SBI LAB FILE NUMBER | R200024857 | | |
| ANALYST | MTB MJ | | |
| DATE | 2/26/6, | | |
| | | | |

SAMPLE AMPLIFICATION WORKSHEET: PowerPlex 1.1 All amount in μ l (DNA + water = 16)

| Sample | DNA amt | H2O | Sample | DNA amt | H2O |
|--------------|--------------------|-------|----------|---------|-----|
| K562 | 0.25 | 13.25 | | | |
| Neg. Control | -0- | 13.5 | | | |
| МЈВ | 1.0 | 12.5 | | | |
| -0 | 13.5 | | | | |
| 10-1 | 8.0 | 5.5 | | | |
| 13 -1 | 2.0 | 15 | | | |
| -K | 13.5 | | | | |
| 2-34 | 1.0 | 12.5 | | | |
| 2-54 | 0.5 | 13.0 | | | |
| 3-35 | 1.0 | 7.6 | | | |
| 4-35 | 0.5 | 13.0 | | | |
| 5-35 | 0.5 129 10.5 | 13.0 | <u> </u> | | |
| 10-35 | 1.0 | 13.5 | | | |
| 7-35 | 1.0 | 12.5 | | | |
| 8-13 | 6.5 | 13.0 | <u></u> | | |

Master Mix Components:

| Component | Lot# | Amount used |
|----------------------|------------|---------------|
| 10 X Buffer | 9365802 | 2.5 ul/sample |
| 10X Pplex 1.1 Primer | 10919301 | 2.5 ul/sample |
| 10X D16S539 Primer | 5014115299 | 2.5 ul/sample |
| 10X Amelo. Primer | 11244301 | 2.5 ul/sample |
| BSA | 1094 1375 | 1.0 ul/sample |
| Tag* | 30232 | 0.5 ul/sample |
| | | |

Add 11.5 μ l master mix to 13.5 μ l sample + dH2O. Total reaction volume is 25 μ l.

| Thermocycler# 9700#3 | K562 Lot #_ | 12306401 |
|---------------------------|-------------------|----------|
| Area and Equipment Decont | aminated Before U | Jse / |



| PAGE NUMBER | |
|-----------------------|------------|
| SBI LAB FILE NUMBER _ | R200024857 |
| ANALYST | MTB MVB |
| DATE | اه ادواد |
| | |

ELECTROPHORESIS WORKSHEET

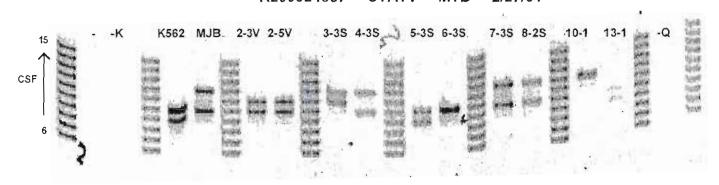
Conditions:

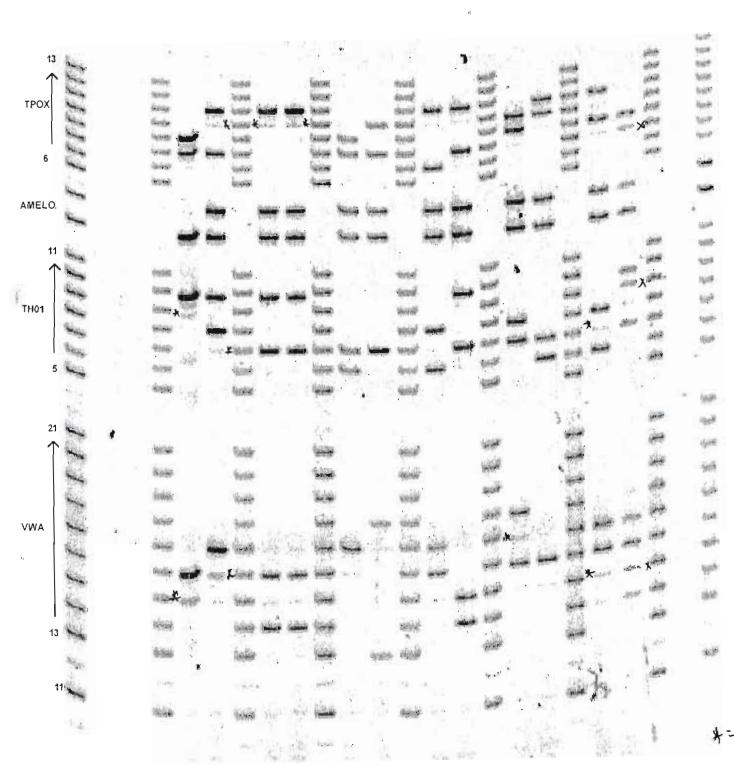
Approximately 45 minutes @ 40W for Short Plates Approximately 1hour 30 minutes @ 45W for Long Plates

| Lane | Sample # | Description | Lane | Sample # | Description |
|------|----------|-------------|------|----------|--------------|
| 1 | XXXXX | XXXXXXXXXX | 16 | 5-35 | |
| 2 | XXXXX | XXXXXXXXXX | 17 | 6-35 | |
| 3 | L | | 18 | L | |
| 4 | _ | | 19 | 7-35 | |
| 5 | -4 | | 20 | 8-25 | |
| 6 | | | 21 | L | |
| 7 | + | KSloL | 22 | 10-1 | |
| 8 | MB | | 23 | 13-1 | |
| 9 | | | 24 | | |
| 10 | NS-2-31 | | 25 | -0 | |
| 11 | 2-21 | | 26 | | |
| 12 | L | | 27 | | |
| 13 | 3-35 | | 28 | | |
| 14 | 4-35 | | 29 | XXXXX | XXXXXXXXXXXX |
| 15 | Ĺ | | 30 | XXXXX | XXXXXXXXXXXX |

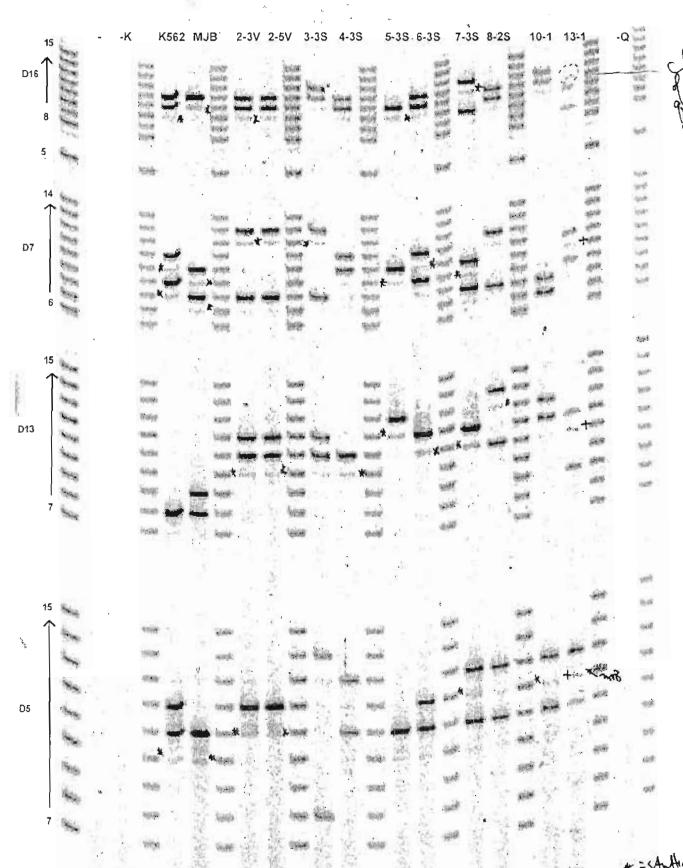
| Allelic Ladder lot # | 9662305 | _ |
|-------------------------|----------|---|
| Amelogenin ladder lot # | 11244201 | |
| Load dye lot # | 10957104 | |
| Tracking dye lot # | 9963610 | |

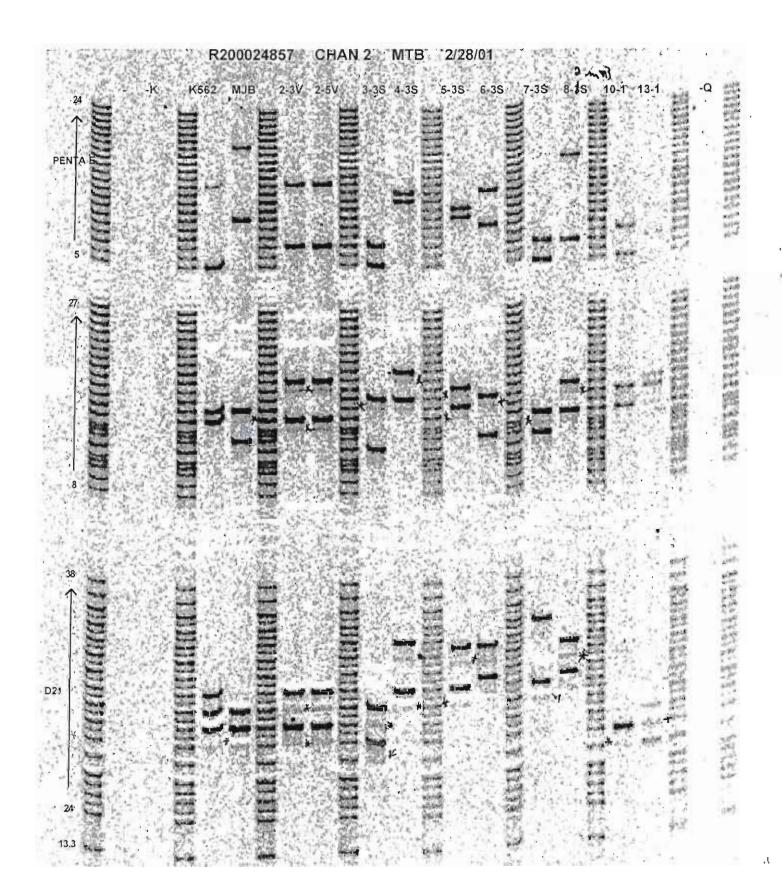
R200024857 CTATV MTB 2/27/01 *

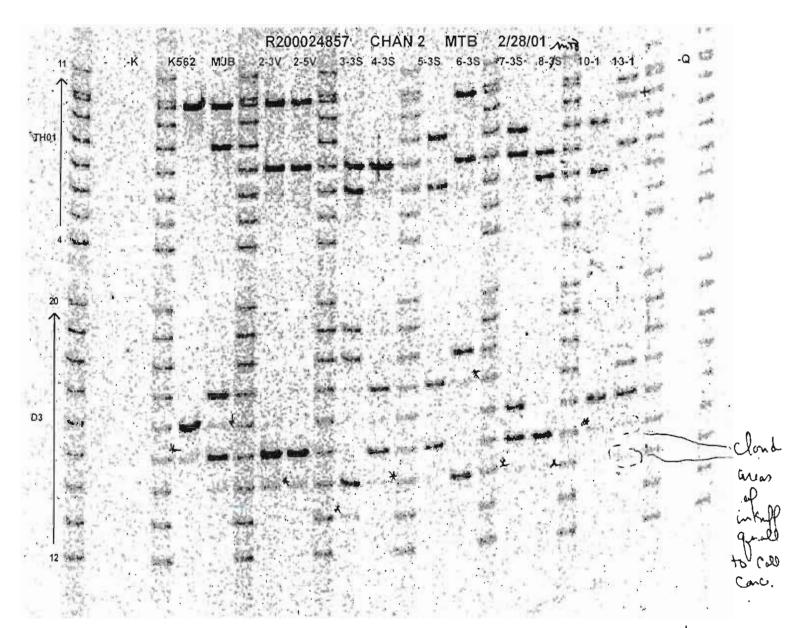




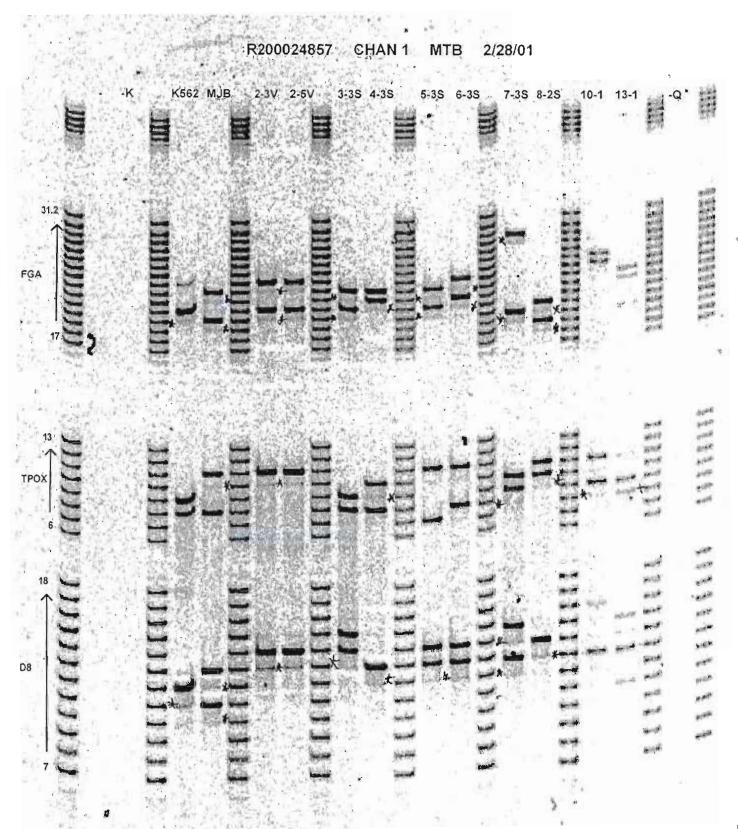
R2000242857 DDDD MTB 2/27/01



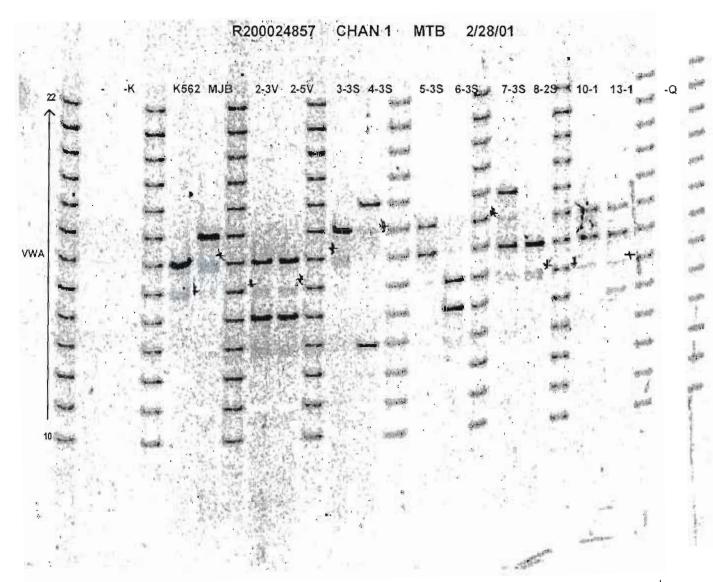




x = chulter + = poso-chuller



x=KALAPP + DOSKIBL



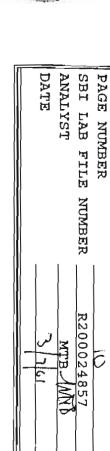
* = Atular += passible there



ANALYST DATE SBI LAB FILE NUMBER PAGE NUMBER R200024857 10/

eaction INC= Inconclusive * possible state





| = | 4, | month of the state | | | | | | | 25 | |
|-----|------------|--|---------|-----------|---------|----------------|------------|----------|--------|------------------------------|
| - | y | | | - | ' | - | - | | | |
| | | 1 (C) 11 | | 9 (to) 11 | 12 mars | (i+) 15/r | | £ 2 | 910 | []-1 |
| | Mele | = 5. | 213 | 7 | 12,13 | 1617 | 6,8 | 1 | ټ | 10-1 |
| | make | 11:3 | 11 14 | 5 | 41,11 | l _G | () | 10 11 | 0.12 | 8-25 |
| | Meleo | 11.13 | <u></u> | G 8 | 16,13 | 16.18 | ـ آ نحر | 0 5 | 10 12 | 7-35 |
| | made | 1112 | 7 | 61 | = 7 | 14,5 | 763 | C.S. | io | 35-ما |
| | make | | 13 | 10 | - | 14,17 | 68 | -7 | 0 6 | 5-35 |
| | make | 1113 | | jo 1 | £1 | 1318 | 7 | 00 | 1012 | 4-35 |
| | make | 1218 | 11)2 | ¥13 | 12,13 | 77 | 67 | \$ 3 | 71.17 | 3-35 |
| | make | F | 1 | 513 | | 14/6 | 29.3 | Man pany | | 2-5v |
| | Mete | 13 | 4/11 | 8 12 | 1, () | 14.16 | 793 | | 11'a | Racos24857#2-3V |
| | | | | | | | | | NR | 7 |
| | male | 11 | 8,9 | 8, 10 | 12 | 17 | 8, 9.3 | 8, 11 | 10, 12 | - expected |
| | -make | - 1 | 20 | 215 | X. | -3 | 8.0.3 | S | £1,01 | MJB - Ext. Control -observed |
| | female | 11,12 | 8 | 9, 11 | 11, 12 | 16 | 9.3 | 8,9 | 9, 10 | - expected |
| Ků. | · Fernake | 11,12 | 00 | 911 | # TY | Île | 7,5 | 50.00 | 3.70 | + control (K562) -observed |
| == | | | | , | 1 | | | | NA | - (negative amp. control) |
| nin | Amelogenin | D5 | D13 | D7 | D16 | νWA | THO1 | TPOX | CSF | Item #/Description |

NR=1 eaction INC=Inconclusive

* DEAL DE STATES



| PAGE NUMBER | |
|---------------------|------------|
| SBI LAB FILE NUMBER | R200024857 |
| ANALYST | MTB WID |
| DATE | 2/27/6, |
| | |

SAMPLE AMPLIFICATION WORKSHEET: PowerPlex 2.1 All amount in μl (DNA + water = 18.5)

| Sample | DNA amt | H2O | Sample | DNA amt | H2O |
|--------------|----------------|-------|--------|---------|-----|
| K562 | .25 | 18.25 | | | |
| Neg, Control | -0- | 18.5 | | | |
| МЈВ | 1.0 | 17.5 | | | |
| - Q | 18.5 | _ | | | |
| 10-1 | 8.0 | 10.5 | | | |
| 13 -1 | 8.0 2.0 4.0 | 14.5 | | | |
| -K | 18.5 | | | | |
| 2-3 v | 1.0 | 17.5 | | | |
| 2-5v | 0.5 | 19.0 | | | |
| 3-35 | 1.0 | 17.5 | | | |
| 4-35 | 0.5 | 18.0 | | | |
| 5-35 | 0.5 | 18.0 | | | |
| 6-35 | 1.0 | 17.5 | | | |
| 7-35 | 1.0 | 17.5 | | | |
| 8-25 | 0.5 | 0.81 | | | |

Master Mix Components:

| Component | <u>Lot#</u> | Amount used |
|------------------|-------------|---------------|
| 10 X Buffer | 1972 83 201 | 2.5 ul/sample |
| 10X PPlex Primer | 10381303 | 2.5 ul/sample |
| BSA | 116 41375 | 1.0 ul/sample |
| Taq* | B02355 | 0.5 ul/sample |

Add 6.5 μ l master mix to 18.5 μ l sample + dH2O. Total reaction volume is 25 μ l.

| Thermocycler# 9703 #3 | K562 Lot # | 12 | 30 6401 | |
|--------------------------|--------------------|-----|---------|--|
| Area and Equipment Decon | taminated Before U | Jse | / | |



| PAGE NUMBER | 7 |
|---------------------|------------|
| SBI LAB FILE NUMBER | R200024857 |
| ANALYST | MTB WAT |
| DATE | 2 28/01 |
| | |

ELECTROPHORESIS WORKSHEET

Conditions:

Approximately 45 minutes @ 40W for Short Plates Approximately 1hour 30 minutes @ 45W for Long Plates 2./

| Lane | Sample # | Description | Lane | Sample# | Description |
|------|----------|-------------|------|---------|--------------|
| 1 | XXXXX | XXXXXXXXXX | 16 | 2-33 | |
| 2 | XXXXX | XXXXXXXXXX | 17 | 6-35 | |
| 3 | L | | 18 | | |
| 4 | _ | | 19 | 7-3: | |
| 5 | ~K | | 20 | 8-72 | |
| 6 | L | | 21 | L | |
| 7 | + | KSloL | 22 | 10-1 | |
| 8 | W28 | | 23 | 13-1 | |
| 9 | L | | 24 | L | |
| 10 | 2-34 | | 25 | -Q | |
| 11 | 2-5V | | 26 | L | |
| 12 | L | | 27 | | |
| 13 | 3-35 | | 28 | | |
| 14 | U-3< | | 29 | xxxxx | XXXXXXXXXXXX |
| 15 | L | | 30 | XXXXX | XXXXXXXXXXXX |

| Allelic Ladder lot # | 10386803 | | |
|--------------------------|-----------|--|--|
| Amelogenin ladder lot #_ | <u> </u> | | |
| Load dye lot # | 109 57104 | | |
| Tracking dye lot # | 9963610 | | |



PAGE NUMBER R200024857
SBI LAB FILE NUMBER MTB-\M-TB-\M-TB
ANALYST \\ \lambda \| \lambda

| Item #/Description | FGA | TPOX | D8 | vWA | Penta E | D18 | D21 | T HO1 | D3 |
|------------------------------|--------|--|-------------|--------------|----------|---------|------------|-------------|-----------------|
| - (negative amp. control) | NR | | | | | | | | Q |
| + control (K562) -observed | 21.14 | \$ | Ċ | g! | ار ال | 51 0 | 29 20,31 | ٦,3 | <u>.a</u> |
| perced - | 21,24 | 6,8 | 12 | 16 | 5,14 | 15,16 | 29,30,31 | 9.3 | 16 |
| MJB - Ext. Control -observed | \$507° | 8,11 | 11.13 | רו | 10,19 | 13.16 | 29 30 | 89.3 | r, S, |
| - expected | 20,23 | 8,11 | 11,13 | 17 | 10,19 | 13,16 | 29,30 | 8,9.3 | 15,17 |
| | NR | | | | | | | | 4 |
| Racoot 857#2-34 | 21,24 | 11 | 크 | 14.16 | 7,14 | 15 | 29 31 | 79.3 | 15 |
| 2-54 | 21,24 | ((| h) | 91,16 | 7,14 | 15 19 | 33 3 | 79,3 | 151 |
| 3-35 | 21,23 | 8 | (4.15 | - [| . 5 | ر | 28,30 | 6 | 14, 1819 |
| 4-35 | 22,56 | S 10 | (3 | 13,18 | 12,13 | 08 (1) | 3134 | <u></u> | \(\frac{1}{2}\) |
| 5-33 | 21,33 | 7, 11 | 13 14 | 16,17 | 10 11 | 16,18 | 31 33.2 | 00 عــ | 15,17 |
| 9-38 | 22.24 | 8,11 |) (S | 14 15 | 9.8 | 13.17 | 51.2, 33.2 | 793 | 8) |
| 7-35 | 20,29 | 9,10 | 13,15 | 81 91 | 5.7 | 13,15 | 31,35 | 00 | 91.51 |
| 8-15 | 14,71 | - 0 | <u> </u> | او. ر | 7,7 | 15,18 | 3.2,33.2 | ٢- | 12 |
| 1-01 | | 9, 4 | 13.16 | 16,17 | 5,8 | 15,17 | 36 | ھ و | با |
| 13-1 | _ | 1 8 9 KM | 11, 13 (10) | [1.3](SI) PI | JN | 17,18 | 27 (3C) 7C | 7(9,9.3 | ا(م)ا |
| 7 | NR | The state of the s | | - | | - | | - - - | 4 |
| | | | | | | | | | |

= No Reaction INC= Inconclusive +: posible Athr



R200024857 MTB/WYD ∞ PAGE NUMBER SBI LAB FILE NUMBER ANALYST DATE

| | [| | _ | | | _ | | | | _ | _ | | _ | == | | | | == | <u> </u> |
|-------|--------------------|---------------------------|----------------------------|------------|------------------------------|------------|-----|------------------|----------------|-------|--------|----------|-------------|-------|----------|-------|---------------------------|----|---|
| | D3 | <u> </u> | 16 | 16 | 15,17 | 15,17 | 7 | 15 | is | H B F | 15,17 | 15,17 | 74.183 | 15 14 | 15 | ie | 16.17 | 11 | |
| | T HO1 | : | 6,3 | 9.3 | 893 | 8,9.3 | | 793 | 75.3 | F. 7 | L | 6,3 | 7.9.3 | 7.8 | 10.7 | 613 | 169 | | |
| | D21 | | 29.31 | 29,30,31 | 29 30 | 29,30 | | 2931 | 26.31 | 33.30 | 31.34 | 31, 33.2 | 31.53.32.22 | 31,35 | 31,233.2 | \$ 3° | 37 (23)39 | | |
| | D18 | | 15 16 | 15,16 | 13,16 | 13,16 | | 15 19 | 1519 | 12,17 | 17 (Je | 16,18 | 13.17 | 13.15 | 15.18 | 15,17 | | - | |
| 10 | Penta E | - | グル | 5,14 | 10,19 | 10,19 | | 714 | りっぱ | 5,7 | 12.13 | io; II | 9, 13 | 5 7 | 717 | 5,8 |) (2) | | |
| 3/10/ | vWA | | 16 | 16 | רו | 17 | | 14,16 | 14.(6 | | 13 18 | 16,17 | 14.15 | 16,18 | ار - | 16,17 | 14 ((S)) HI | - | |
| | D8 | | 1 2000 | 12 | 1113 | 11,13 | | 14 | 14 | 1415 | 3. | 13.14 | 1314 | 13,13 | ; !H | 13,16 | 11.13 (4) 15 14 (5) 14.19 | | pensiste ofathe |
| | TPOX | | 8,5 | 6,8 | 8.11 | 8,11 | | 1 | alley. Says | 3,9 | 8,00 | 1 2 2 1 | S, 13 | 9,10 | 10.11 | 11 6 | - U- *AX: | | icmst # |
| DATE | FGA | NR | 21 24 | 21,24 | 20,23 | 20,23 | NR- | 21 24 | 21,24 | 2123 | 2223 | 21,23 | 33 34 | 20 39 | 1931 | 2536 | (20) '23, 34, | NP | ve |
| SEI | Item #/Description | - (negative amp. control) | + control (K562) -observed | - expected | MJB - Ext. Control -observed | - expected | X- | Raco24857 # 2-3v | 7-51 | 3-35 | 4-35 | 5-35 | 6-35 | 7-35 | 5k-8 | જ | 13-1 | \$ | \(\) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |

State Match Result Report

Target ID: R200024857#10-1 Laboratory: NCBCI0094 Specimen Type: KEYBOARD

Index: None

p.19 MTB

Target Profile: CSF1PO: 12 9, TPOX: 11 TH01: 6, - 8 1.7 VWA: 16, D16S539: 12, 13 7, D7S820: 8 D13S317: 12, 13 11, D5S818: 13 FGA: 25, 26 13, D8S1179: 16 5, Penta E: D18S51: 15, 17 D21S11: 28 D3S1358: 16

Match Summary:

Total Candidates:

no matches deserved.

Match Details:

Specimen ID: Not a Match

Laboratory: Specimen Type:

Index:

Match Date: 03/07/2001 08:32 Match Stringency: Not a Match

Match Window in Effect: Above 10,000 BP: ±6.5%

Between 10,000 BP and 2,000 BP: ±2.5%

Below 2,000 BP: ±2.5%

Minimum number of loci required to report a match: 4 Include Candidate specimens that match on all but 1 loci. Maximum number of candidates to return from search: 0

State Match Result Report



Match Details Continued:

Specimen ID: Not a Match Continued

Inhoratory:

otals:

| | Searched | Incomplete profiles | Too few loci | Max exceeded | Total |
|---------------------------|----------|---------------------|--------------|--------------|--------|
| All RFLP and STR | 23,589 | 0 | 55 | 0 | 23,589 |
| Any RFLP | 23,589 | 0 | 55 | 0 | 23,589 |
| Any STR | 23,589 | 0 | 55 | 0 | 23,589 |
| Employee | 16 | 0 | 0 | 0 ! | 16 |
| Forensic | 1,399 | 0 | 23 | 0 | 1,399 |
| Forensic Mixture | 0 | 0 | 0 | 0 | 0 |
| Forensic Mixture STR | 0 | 0 | 0 | 0 | 0 |
| Forensic STR | 1,399 | 0 | 23 | 0 | 1,399 |
| Offender | 20,289 | 0 | 0 | 0 | 20,289 |
| Offender STR | 20,289 | 0 | 0 | 0 | 20,289 |
| Population | 607 | 0 | 0 | 0 | 607 |
| Population STR | 607 | 0 | 0 | 0 | 607 |
| PowerPlex I | 23,605 | 0 | 55 | 0 | 23,605 |
| PowerPlex II | 23,605 | 0 | 55 | 0 | 23,605 |
| Suspect | 1,294 | 0 | 32 | 0 | 1,294 |
| Unid. Person Reference | 0 | 0 | 0 | 0 | 0 |
| Unidentified Person | 0 | 0 | 0 | 0 | 0 |
| Totals | 23,605 | 0 | 55 | 0 | 23,605 |



| PAGE NUMBER | 21 |
|---------------------|------------|
| SBI LAB FILE NUMBER | R200024857 |
| ANALYST | TRM-BIM |
| DATE | 3/7/01 |
| | |

| Storage Location_ | DNA | Mezir |
|-------------------|-----|-------|
| _ | | δ |

INVENTORY LOG OF DNA SAMPLES RETAINED

| ITEM NUMBER DESCRIPTION OF SAMPLE | DNA EXTRACT ESTIMATE OF VOLUME | STAINED MATERIAL ESTIMATE OF QUANTITY |
|-----------------------------------|--------------------------------|---|
| 2-31 | ~ 40 >357l | demaining Stain |
| 2-5V | 190 200 | 1em. Stain |
| _ 3-35 | ~190,2 | Iomaining Stain |
| 4-35 | 190 pl | ren, Stain |
| 5-35 | ~ 190 m | Jem Stair |
| 6-35 | السر١٩٥٨ | len. Hair |
| 7-35 | الرهوا ٨ | ren, Auic |
| % -23 | ~ 190 ml | Non. Stair |
| 10-1 | ~25ml | M. Aair |
| (3 -) | ~ 35 pl | ren. Aai |



| PAGE NUMBER | 27 |
|---------------------|------------|
| SBI LAB FILE NUMBER | R200024857 |
| ANALYST | MTBAMB |
| DATE | 3 701 |
| | |

MOLECULAR GENETICS SECTION STR UNIT REVIEW SHEET AND CHECKLIST

| 1. | Cover Sheet Present | |
|-----|--|---------------|
| 2. | Case Report Present | 1/ |
| 3. | SBI-5 Evidence Submission Forms Present | 1// |
| 4. | Report Matches Dates, Numbers, and Names on | |
| | the SBI-5 Form | |
| 5. | Extraction Forms Completed and Reviewed | 1// |
| 6. | Quantitation Forms Present and Reviewed | 1/2 |
| 7. | Lumigraphs Present and Reviewed | |
| 8. | Amplification Forms Completed and Reviewed | 77. |
| 9. | Analytical Gel Electrophoresis Forms Completed | |
| | and Reviewed | |
| 10. | Analytical Gel Scan Present and Properly Labeled | <u> </u> |
| 11. | K562 QC Allelic Values Correct | |
| 7 | PopStats Completed and Reviewed | NA_ |
| 15. | Population Database Present | NA |
| 14. | All pages numbered and initialed | |
| 15. | Evidence retention log present | _1/_ |
| RE | VIEW OF RESULTS / CONCLUSIONS: | |
| 1. | Careful Visual Inspection of the Gel Scans | |
| | 1.1 Negative Controls | <u>Lorina</u> |
| | 1.2 Positive Controls | 1 |
| | 1.3 Ladders Next to Every Sample | |
| 2. | Verify Alleles for Each Locus | |
| 3. | Verification of Population Statistics | _nA_ |
| 4. | Report is Accurate and Complete | |
| 5. | Report is on Proper Format | <u> </u> |
| 6. | Chain of Custody checked in LAP | <u> </u> |

COMMENTS:

| I HAVE REVIEWED THIS REPORT AND CONCUR WITH THESE RESULT |
|--|
|--|

| Chris Parker | 3 901 |
|-----------------------------|------------------------------------|
| Signature of Reviewer | Date of Review |
| Chairs out gother late du I | strong st. toleral runner for home |

SBI Lab Report & Bench Notes

October 1, 2007

North Carolina

State Bureau of Investigation

Department of Justice Raleigh

Laboratory Report

"O:

Detective Eddie Davis

Buncombe County Sheriff's Dept.

202 Haywood Street

Buncombe County

Homicide

Asheville, NC 28801

DATE:

October 01, 2007

SBI LAB NO.: R200024857

SBI FILE NO.:

AGENCY FILE NO.: 00339072 EXAMINED BY: Timothy Baize

SUBMITTED BY:

N/A

DATE OF OFFENSE: September 18, 2000

DATE SUBMITTED: N/A

TRACKING NO.: 43549

SUBJECT(S):

TYPE OF CASE:

LOCATION:

Walter Rodney Bowman (victim)

NOTIFICATION OF CODIS HIT

Upon a routine search of the North Carolina CODIS state database, the DNA profile obtained from the cutting from the gray bandana (Item 10-1, previously submitted and analyzed) matched to a convicted offender with DNA database number 2006-00021. The identity of this donor was conveyed to Lieutenant John Elkins of the Buncombe County Sheriff's Department on June 26, 2007 by S/A Timothy Baize. Analysis in this case is not considered complete until a DNA standard has been obtained from this individual and submitted for comparison purposes.

I, Roy Cooper, Allianney General of the State of North Carolina, hereby certify that the form identified as: North Carolina State Bureau of Investigation, Department of Justice, Laboratory Report is a form approved by me for the purpose stated in G.S. 90-95(g) and approved by me in compliance with the said statute

THIS REPORT IS TO BE USED ONLY IN CONNECTION WITH AN OFFICIAL CRIMINAL INVESTIGATION.

COPIES TO:

This report represents a true and accurate result of my analysis on the item(s) described.

Mr. Ronald L. Moore, DA

Reden P. Park graff

Robin Pendergraft, Director

Timelly Bases

Timothy Baize Forensic Biologist I

Confidential: This is an official file of the North Carolina State Bureau of Investigation. To make public or reveal the contents thereof to any unauthorized person is a violation of the General Statutes of North Carolina.

Match Date: 03/28/2007 10:55 Match ID: NA0000062798 7.654 P3. 2

| Locus | Target NCBC10094 2006-00021 Convicted Offender | Candidate NCBCI0094 R200024857#10-1 Forensic, Unknown | Locus Match Stringency |
|------------|---|--|---------------------------|
| D8\$1179 | 13, 16 | 13, 16 | High |
| D21S11 | 28 | 28 | High |
| D7S820 | 7, 8 | 7, 8 | High |
| CSF1PO | 12 | 12 | High |
| D3S1358 | 16 | 16 | High |
| TH01 | 6, 8 | 6, 8 | High |
| D13S317 | 12,13 | 12, 13 | High |
| D16S539 | 12,13 | 12, 13 | High |
| D2S1338 | 19,21 | | |
| D19S433 | 14,15 | | |
| vWA | 16, 17 | 16, 17 | High |
| ГРОХ | 9, 11 | 9, 11 | High |
| D18\$51 | 15, 17 | 15, 17 | High |
| Amelogenin | X, Y | | |
| 055818 | 11, 13 | 11, 13 | High |
| FGA | 25, 26 | 25, 26 | High |
| Penta E | | 5, 8 | |

| Source ID: | Yes | No - |
|------------------|-----------------|-----------------|
| Partial Profile: | No | No |
| osition: | Candidate Match | Candidate Match |
| Invest. Aided: | 0 | 0 |

| Мa | tch | Sn | nı m | 13 | rv | |
|------|-----|----|---------|-----|----|---|
| 1712 | ICH | OЦ | THE SEC | 176 | ľ¥ | : |

| 13 Locus Candidates: | Į. | |
|----------------------|----|--|
| Total Candidates: | 1 | |

Match Details:

13 Loci Match

Match Stringency: High Search Program: AutoSearcher

Minimum number of loci required to report a match: 7 Include Candidate specimens that match on all but 0 loci. Maximum number of candidates to return from search: 0

| Index | Total Searched | |
|------------------|----------------|--|
| Forensic | 3,112 | |
| Forensic Mixture | 237 | |
| Offender | 103,475 | |
| Suspect | 3,864 | |
| Totals | 110,688 | |

Buncombe Co. Sh. Dept. Homicide DOD-9/18/2000 AwT



| PAGE NUMBER | 3 |
|---------------------|-------------|
| SBI LAB FILE NUMBER | R2000-24857 |
| ANALYST | TAB 743 |
| DATE | 7-26-07 |
| | |

FORENSIC BIOLOGY SECTION/STR UNIT REVIEW SHEET AND CHECKLIST

| 1. | Cover Sheet Present | |
|-----|--|-------------|
| 2. | Case Report Present | |
| 3. | SBI-5 Evidence Submission Forms Present | N/A |
| 4. | Report Matches Dates, Numbers, and Names on | 1871. |
| '' | the SBI-5 Form | |
| 5. | Extraction Forms Completed and Reviewed | <u> </u> |
| 6. | Quantitation Forms Present and Reviewed | |
| 7. | Slope and R2 within acceptable Ranges | |
| | (-2.9 to -3.3 and ≥ .98, respectively) | 1 |
| 8. | Amplification Forms Completed and Reviewed | |
| 9. | Sample Run Form Correct and Present | |
| 10. | Analytical Electopherograms Present and Properly Labeled | |
| | 9947A QC Allelic Values Correct | |
| | Population Statistics Completed and Reviewed | |
| | Population Database Present | |
| 14. | Data marked for CODIS entry checked prior to upload | <u> </u> |
| | All pages numbered and initialed | |
| | | |
| RE | VIEW OF RESULTS / CONCLUSIONS: | |
| 1. | Careful Visual Inspection of the Electopherograms | |
| | 1.1 Negative Controls | NA |
| | 1.2 Positive Controls | |
| | 1.3 Ladders | |
| 2. | Alleles Call Sheets Concur with Electropherogram Results | |
| 3. | Verification of Population Statistics | |
| 4. | Report is Accurate and Complete | / |
| 5. | Report is on Proper Format | V_ |
| 6. | Chain of Custody checked in LIMS | NA |
| | | |
| | | |

| COMMENTS; Yeceived | for | admin | review | 9/26/07 and |
|-----------------------|-----|-------|--------|----------------|
| | | | | · · · · (/UV/) |

I HAVE REVIEWED THIS REPORT AND CONCUR WITH THESE RESULTS.

Signature of Reviewer Date of Review

Summey Bradford 12/15/74 2006-00021 A-1 KN 4/2/07 2006-00021 A A AMA 4/2/07 AMA 2006-08021 A BUB S 04/09/09 0: 04/09/09 5: 04/09/09

aren my

4/2/07 AM

SUMMEY, BRADFORD

SSN: 241-17-5509

Date Collected: 1/4/2006

NCSBI



DNA DATABASE EXTRACTION WORKSHEET

| | SPECIMEN NUMBER | | SPECIMEN NUMBER |
|----|---------------------|----|-----------------|
| [| Negative Extraction | 13 | |
| 2 | 2006-00021 | 14 | |
| 3 | 2006-01119 | 15 | |
| 4 | 2006-01455 | 16 | |
| 5 | 2006-03629 | 17 | |
| 6 | 2006-04435 | 18 | |
| 7 | 2006-05659 | 19 | |
| 8 | 2006-05782 | 20 | |
| 9 | 2006-20965 | 21 | |
| 10 | 2007-00550 | 22 | |
| 11 | | 23 | |
| 12 | | 24 | |

Phenol Chloroform Lot# ____016K0676

Area and equipment Decontaminated JAP AP



PAGE NUMBER SBI LAB FILE NUMBER JAP4-2-07hits

ANALYST

JAPJAP

DATE

SAMPLE AMPLIFICATION WORKSHEET: IdentifilerTM

| Sample | DNA amt | TE | Sample | DNA amt | TE |
|------------|---------|------|--------|---------|----|
| 9947A | J0.0 | 0 | | | |
| NegExt | 10.0 | 0 | | | |
| NegAmp | 0 | 10.0 | | | |
| 2006-00021 | 0.5 | 9.5 | | | |
| 2006-01119 | 0.5 | 9.5 | | | |
| 2006-01455 | 0.5 | 9.5 | | | |
| 2006-03629 | 0.5 | 9.5 | | | |
| 2006-04435 | 0.5 | 9.5 | | | |
| 2006-05659 | 0.5 | 9.5 | | | |
| 2006-05782 | 0.5 | 9.5 | | | |
| 2006-20965 | 0.5 | 9.5 | | | |
| 2007-00550 | 0.5 | 9.5 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Component | <u>Master Mix Compo</u> Lot# | nents: Amount used |
|---------------------------|---------------------------------|------------------------------|
| PCR Rxn Mix | 070111 | 10.5 sample * 6 = 126 ul |
| Identifiler Primer | 0701040 | 5.5 ul/sample * 6 = 66 ul |
| Taq | H08012 | 0.5 ul/sample * 6 = 6 ul |
| Add 150 //I master mix to | o 10.0 μl sample + TE. Total | reaction volume is 25 //l |

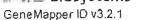
| Aud 13.0 m master | BHA 10 | Too has sample , A | E. I Otal Tent | cion voidine is 25 | μ |
|----------------------|---------|--------------------|----------------|--------------------|-------|
| Thermocycler# | 5 | - | 9947A Lot # | 0612048 | _ |
| Area and Equipmen | t Deco: | ntaminated Before | Use | JAP JAP | |
| Amplified with follo | wing C | Cases: | N/A | | |
| | | | | | |

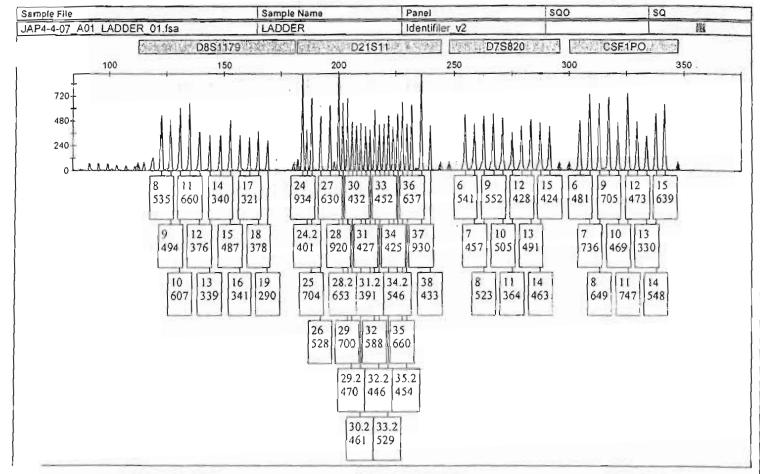
| (<u>.</u> (| 5 | 7 | | | | | | | | | , |
|--|---------------------------|------------|------------|------------|-------------|--------------|---------------|--------------|--------------|--|---|
| | Plate Name: JAP4-2-07hits | | | | | | | | | | |
| , | Plate Na | | | | | | | | 6 1 | Liz size standard lot #: <u>0606057</u> | |
| · · · · · · · · · · · · · · · · · · · | Kun Number(s): 2 | tr. | | | | | | | | Liz size standar | |
| | 7 | | | | | . we | | | | | |
| O A L | S S SAT CHA | | ST & | | | | | | | Ladder lot#: 061 1009 | |
| | 4 | | | | | | | | | | |
| 1y Setup 19 Setup 19 Setup 19 Setup 19 Setup 19 Setup 19 Setup | 2 3 | 2004-0443S | 65950-9002 | 2000-05782 | \$50,62.000 | 2007-005-60 | | | | Run with the following cases: N/A Formamide lot #: <u>0610521</u> | |
| 510 ty. | | A Lagaer | 8 A P A A | | D NegAma | E 2005-80021 | P 2006,01119. | c 2006-b1455 | и 2006_03629 | Run with the foll Fc | |

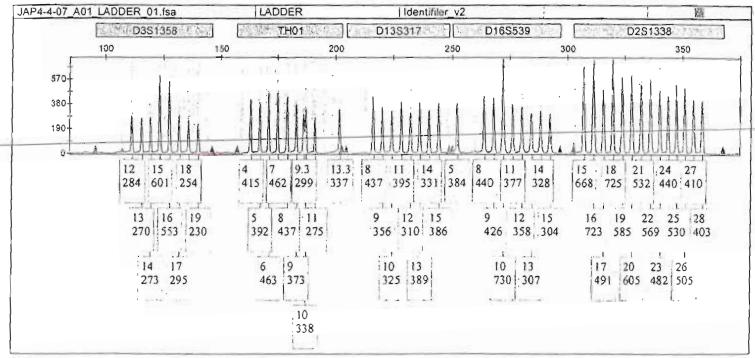
310 1y Setup

| * 1 SIC |
|----------|
| Sen Cad |
| Analysis |
| J |

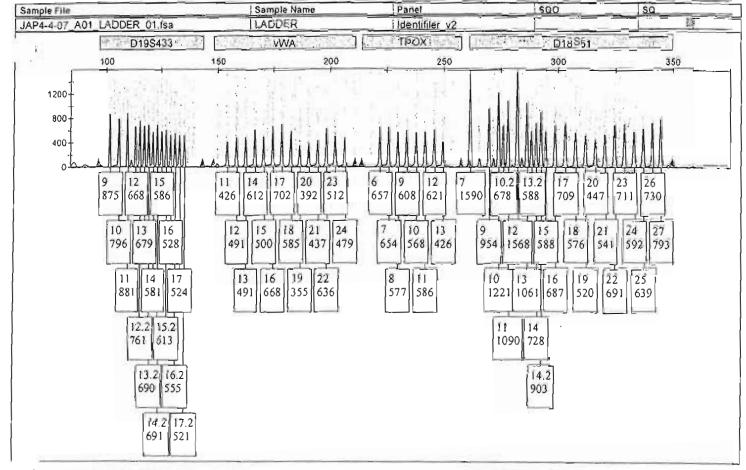
| Sample File | Sample Name Sample Type | | Analysis Method Panel | Size Standard | Instrument ID |
|--|-------------------------|-------------------------------|-------------------------|---|---------------|
| JAP4-4-07 A01 LADDER 01.fsa | LADDER | Allelic Ladder | G5_Advanced | Identifiler v2 GS500LIZ Advanced Costello | ostello |
| JAP4-4-07_A02_2006-04435_02.fsa 2006-04435 | 2006-04435 | Sample | G5_Advanced | Identifiler_v2 GS500LIZ_Advanced Costello | ostello |
| JAP4-4-07_B01_9947A_03.fsa | 9947A | Positive Control | G5_Advanced | Identifiler_v2 GS500LIZ_Advanced Costello | ostello |
| JAP4-4-07 B02 2006-05659 04.fsa 2006-05659 | 2006-05\$59 | Sample | G5_Advanced | Identifiler_v2 GS500LIZ_Advanced Costello | ostello |
| JAP4-4-07 C01 NEGEXT 05.fsa | NEGEXT | Sample | G5_Advanced | Identifiler_v2 GS500LIZ_Advanced Costello | ostello |
| JAP4-4-07 C02 2006-05782 06.fsa 2006-05782 | 2006-05782 | Sample | G5_Advanced | Identifiler_v2 GS500LIZ_Advanced Costello | ostello |
| JAP4-4-07 D01 NEGAMP 07.fsa | NEGAMP | Negative Control G5_Advanced | G5_Advanced | Identifiler_v2 GS500LIZ_Advanced Costello | ostello |
| JAP4-4-07 D02 2006-20965 08.fsa 2006-20965 | 2006-20965 | Sample | G5_Advanced | Identifiler_v2 GS500LIZ_Advanced Costello | ostello |
| JAP4-4-07 E01 2006-00021 09.fsa 2006-00021 | 2006-00021 | Sample | G5_Advanced | Identifiler_v2 GS500LIZ_Advanced Costello | ostello |
| JAP4-4-07 E02 2007-00550 10.fsa 2007-00550 | 2007-00\$50 | Sample | G5_Advanced | Identifiler_v2 GS500LIZ_Advanced Costello | ostello |
| JAP4-4-07 F01 2006-01119 11.fsa 2006-01119 | 2006-01119 | Sample | G5_Advanced | Identifiler_v2 GS500LIZ_Advanced Costello | ostello |
| JAP4-4-07 G01 2006-01455 13.fsa 2006-01455 | 2006-01455 | Sample | G5_Advanced | Identifiler_v2 GS500LIZ_Advanced Costello | ostello |
| JAP4-4-07 H01 2006-03629 15.fsa 2006-03629 | 2006-03629 | Sample | G5_Advanced | Identifiler_v2 GS500LIZ_Advanced Costello | ostello |
| 2000-0007 101 10-64 100 | 2000 0003 | 200 | 500 | | |

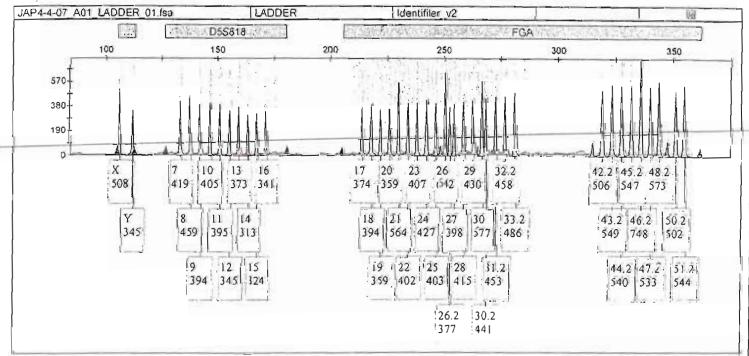




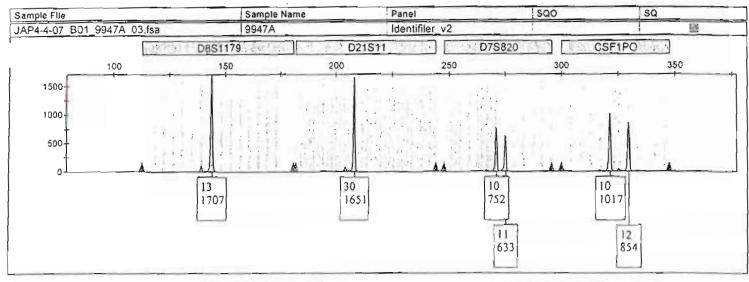


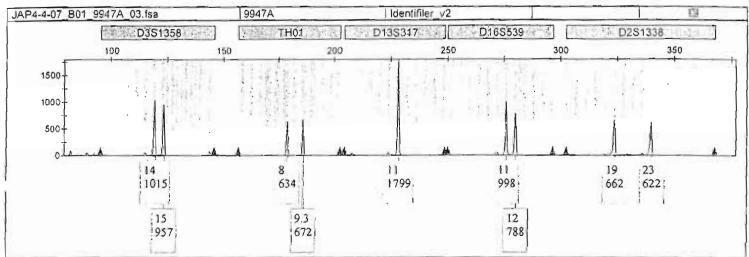
GeneMapper ID v3.2.1

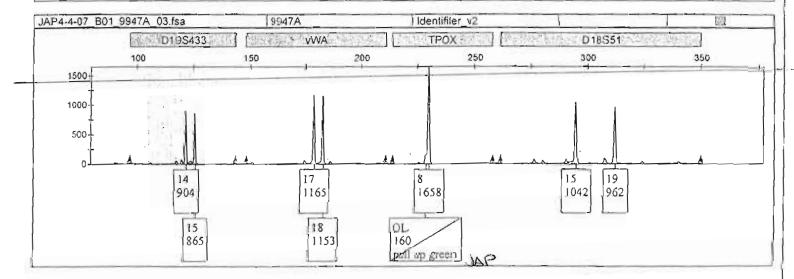


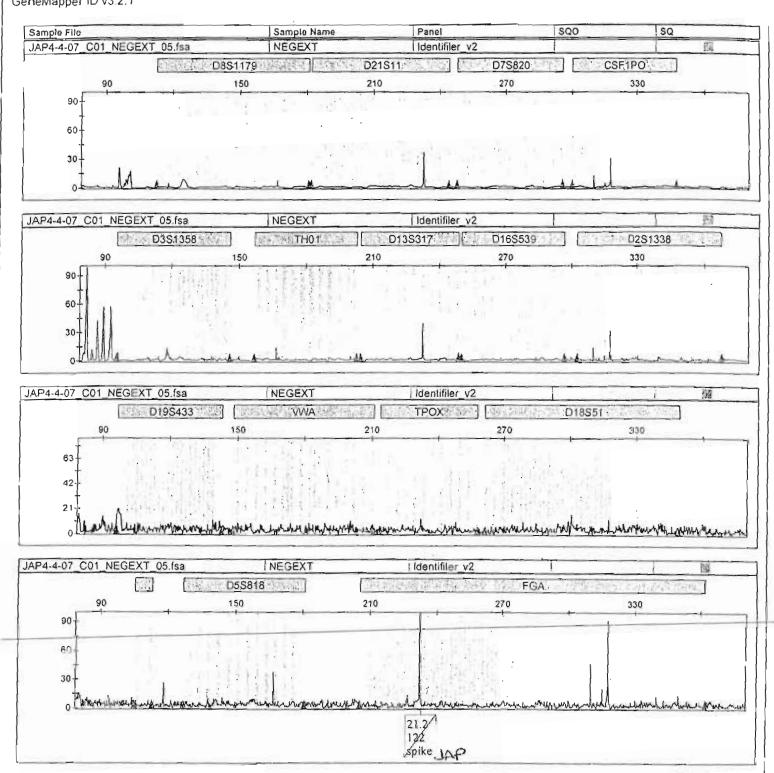


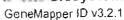


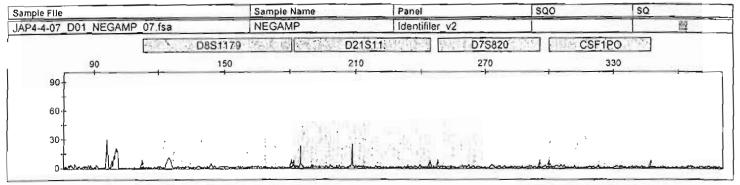


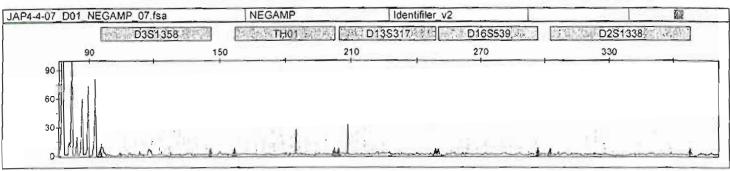


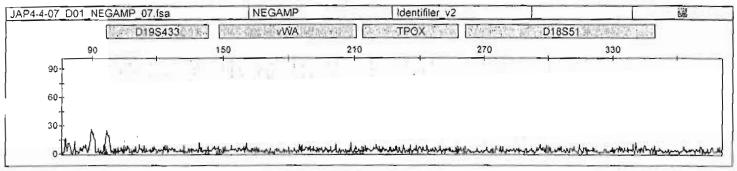


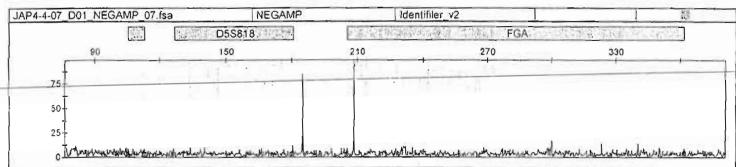


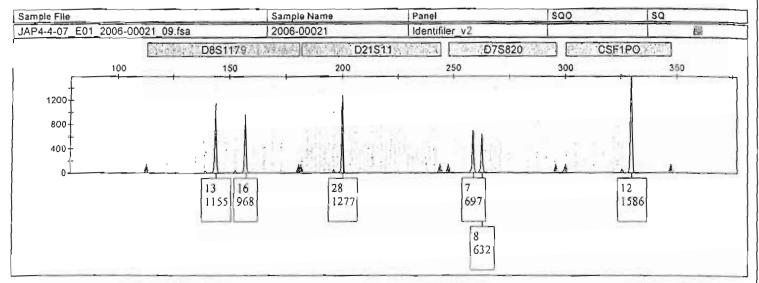


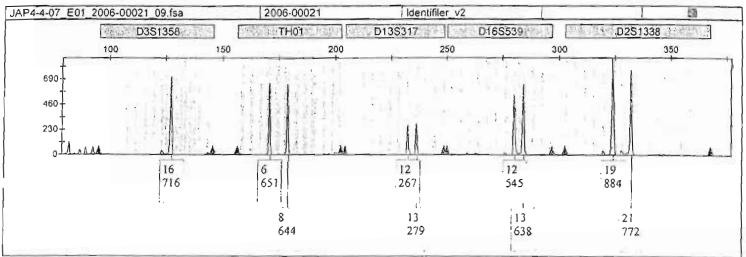


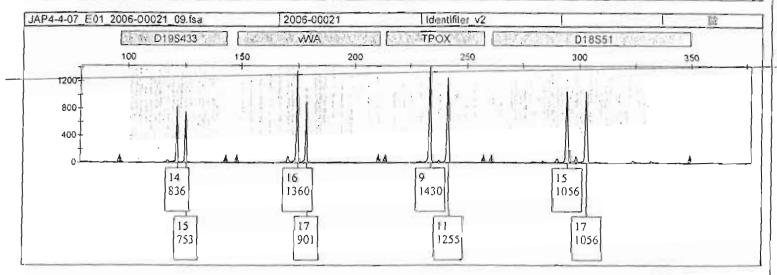






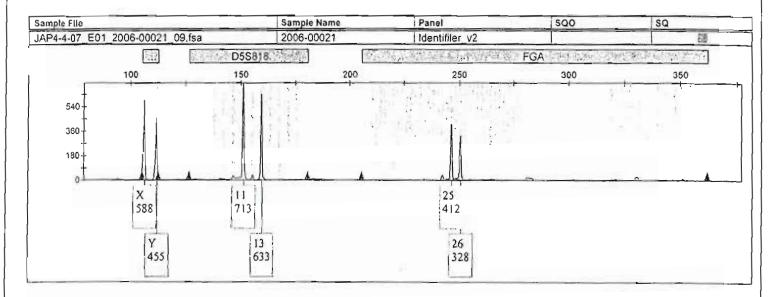


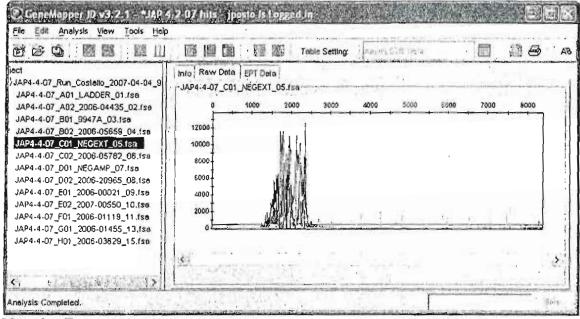




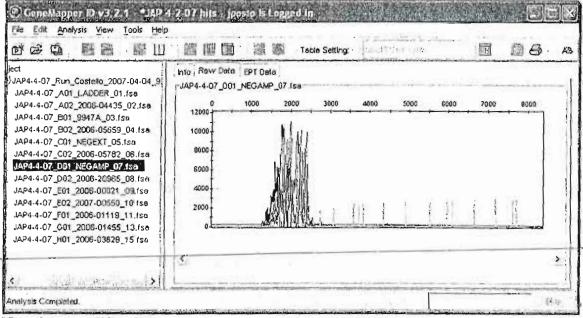


GeneMapper ID v3.2.1





Negative Extract



Negative Amplification

JAP 4-2-07 hits

NCSBI Costello - 7

23

FGA

24

JAPJYO 4/4/07

4/4/2007 Case Number: Date: NEGEXT NEGAMP 2006-00021 Item Number 9947A Item Description Markers Allele 2 Allele 1 Allele 2 Allele 1 Allele 2 Allele 1 Allele 2 Allele 1 16 D8\$1179 13 13 30 28 D21S11 D7S820 10 11 7 8 CSF1PO 12 10 12 D3S1358 14 15 16 6 8 8 9.3 TH01 -_ 12 13 D13S317 11 _ D16S539 11 12 12 13 23 19 21 D2S1338 19 15 14 15 14 D19S433 17 16 17 18 vWA 9 TPOX 8 11 D18S51 15 19 15 17 Χ Υ Χ AMEL -11 11 13 D5S818

~

-

25

26

| tem Number | 2006-01119 | | 2006-01455 | | | 03629 | 2006- | 04435 | |
|---------------------|------------|----------|--|--------------|----------|----------|----------|----------|--|
| Item Description | | | The state of the s | | | | | | |
| | | | | 10.0 | | | | | |
| Markers | Allele 1 | Allele-2 | Alleie 1 | Allele 2 | Allele 1 | Allele 2 | Allele 1 | Allele 2 | |
| D8S1179 | 14 . | 15 | 14 | 17 | 13 | 15 | 14 | 16 | |
| D21S11 | 32.2 | 35 | 28 | 31 | - | - | 28 | 30 | |
| D7S820 | 8 | 10 | 10 | - | - | _ | 11 | - | |
| CSF1PO | 10 | 12 | 11 | 12 | - | - | 9 | 12 | |
| D3S1358 | 15 | 16 | 16 | | - | - | 15 | 18 | |
| TH01 | 7 | 9 | 8 | 9 | - | | 6 | 8 | |
| D13S317 | 11 | 12 | 12 | - | - | - | 9 | 12 | |
| D16S539 | 11 | - | 10 | 11 | | E., | 12 | 13 | |
| D2S1338 | 17 | 23 | 21 | . 26 | | | 17 - | -18- | |
| D19S433 | 10 | 13 | 13 | | 15 | | 14 | 15 | |
| vWA | 13 | 17 | 16 | 19 | 14 | 17 | 15 | 18 | |
| TPOX | 9 | 11 | 9 | 11 | 9 | 11 | 10 | 11 | |
| D18S51 | 13.2 | 17 | 17 | 19 | - | - | 13 | 16 | |
| AMEL | X | Υ | X | Y | - | - | X | Y | |
| D5\$818 | 11 | 13 | 13 | - | - | - | 11 | 13 | |
| FGA | 23 | 26 | 18.2 | lele calls u | - | - | 19 | 25 | |

JAPJAP 4/4/07

| Date: | 4/4/2007 | | ase Number: | 0 | | | | | |
|---------------------|------------|----------|-------------|----------|----------|------------|----------|------------|--|
| Item Number | 2006-05659 | | 2006-05782 | | 2006- | 2006-20965 | | 2007-00550 | |
| Item Description | | | | | | | | | |
| Markers | Allele 1 | Allele 2 | Allele 1 | Allele 2 | Allele 1 | Allele 2 | Allele 1 | Allele 2 | |
| D8S1179 | 13 | 15 | 12 | 13 | 15 | - | 12 | - | |
| D21S11 | 29 | 32.2 | 28 | 30.2 | 29 | - | 28 | 29 | |
| D7S820 | 11 | - | 11 | | - 8 | - | 8 | 9 | |
| CSF1PO | 7 | 11 | 10 | 11 | 8 | 11 | 10 | 11 | |
| D3S1358 | 15 | - | 15 | | 15 | - | 16 | - | |
| TH01 | 7 | 8 | 7 | 8 | 6 | 7 | 7 | 9 | |
| D13S317 | 9 | 13 | 8 | 12 | 11 | 12 | 8 | 13 | |
| D16S539 | 12 | - | 9 | 12 | 10 | 11 | 11 | 13 | |
| D2\$1338 | 22 | - | 22 | - | 22 | 24 | 16 | 24 | |
| D19S433 | 15 | 15.2 | 14.2 | 15.2 | 14 | 75 | 12 | 14 | |
| vWA | 15 | 17 | 17 | 19 | 15 | 17 | 16 | 19 | |
| TPOX | 9 | 11 | 9 | 11 | 8 | 11 | 10 | 11 | |
| D18S51 | 11 | 17 | 15 | 18 | 12 | 16 | 15 | 17 | |
| AMEL | X | Υ | X | Y | X | Y | X | ~ | |
| D5S818 | 11 | 12 | 11 | | 11 | 12 | 11 | 13 | |
| FGA | 24 | - | 24 | 25 | 19 | 24 | 19.2 | 24 | |



| PAGE NUMBER | 16 | | |
|---------------------|------------|--|--|
| SBI LAB FILE NUMBER | 2006-00021 | | |
| ANALYST | JAP JAP | | |
| DATE | 4/5/07 | | |

| Expected Results | | | | | |
|------------------|-----|----------|----|-----|--|
| Markers - | 994 | 7A | M | JB | |
| D8S1179 | 13 | - | 11 | 13 | |
| D21S11 | 30 | - | 29 | 30 | |
| D7S820 | 10 | 11 | 8 | 10 | |
| CSF1PO | 10 | 12 | 10 | 12 | |
| D3S1358 | 14 | 15 | 15 | 17 | |
| THO1 | 8 | 9.3 | 8 | 9.3 | |
| D13S317 | 11 | - | 8 | 9 | |
| D16S539 | 11 | 12 | 12 | - | |
| D2S1338 | 19 | 23 | 17 | 24 | |
| D19S433 | 14 | 15 | 13 | 14 | |
| vWA | 17 | 18 | 17 | - | |
| TPOX | 8 | <u>-</u> | 8 | 11. | |
| D18S51 | 15 | 19 | 13 | 16 | |
| AMEL | Х | - | Х | Y | |
| D5S818 | 11 | - | 11 | - | |
| FGA | 23 | 24 | 20 | 23 | |

State Match Detail Report Match Date: 04/09/2007 14:26

| CUS | Target NCBCI0094 2006-00021 confirm KEYBOARD | Candidate NCBC10094 2006-00021 Convicted Offender | Locus Match Stringency |
|------------------|---|---|---------------------------|
| D8S1179 | 13, 16 | 13, 16 | High |
| D21S11 | 28 | 28 | High |
| D7S820 | 7, 8 | 7, 8 | High |
| CSFIPO | 12 | 12 | High |
| D3S1358 | 16 | 16 | High |
| THOI | 6, 8 | 6, 8 | High |
| D13S317 | 12, 13 | 12, 13 | High |
| D16S539 | 12, 13 | 12, 13 | High |
| D2S1338 | 19, 21 | 19, 21 | High |
| D19S433 | 14, 15 | 14, 15 | High |
| vWA | 16, 17 | 16, 17 | High |
| TPOX | 9, 11 | 9, 11 | High |
| D18S51 | 15, 17 | 15, 17 | High |
| Amelogenin | X, Y | X, Y | High |
| D5S818 | 11, 13 | 11, 13 | High |
| FGA | 25, 26 | 25, 26 | High |
| Source ID: | N/A | Yes | |
| Partial Profile: | No | No | |

| Source ID: | N/A | Yes | |
|------------------|-----------------|-----------------|--|
| Partial Profile: | No | No | |
| Disposition: | Candidate Match | Candidate Match | |
| /est. Aided: | 0 | 0 | |

Match Summary:

| 16 Locus Candidates: | 1 |
|----------------------|----|
| 13 Locus Candidates: | l. |
| Total Candidates: | 2 |

Match Details:

16 Loci Match

Match Stringency: High Search Program: Searcher

Minimum number of loci required to report a match: 7 Include Candidate specimens that match on all but 1 loci.

Maximum number of candidates to return from search (0 means all candidates): 0

| Index | Total Searched |
|----------------------|----------------|
| Employee | 186 |
| Forensic | 3,300 |
| Forensic Mixture | 245 |
| Missing Person | 3 |
| Offender | 103,476 |
| Suspect | 4,088 |
| Unidentified Person. | 4 |
| Totals | 111,302 |

State Match Detail Report Match Date: 03/28/2007 10:55

Match ID: NA0000062798

| Locus | Target NCBC10094 2006-00021 Convicted Offender | Candidate NCBCI0094 R200024857#10-1 Forensic, Unknown | Locus Match Stringency |
|------------|---|--|---------------------------|
| D8S1179 | 13, 16 | 13, 16 | High |
| D21S11 | 28 | 28 | High |
| D7S820 | 7, 8 | 7, 8 | High |
| CSFIPO | 12 | 12 | High |
| D3S1358 | 16 | 16 | High |
| TH01 | 6, 8 | 6, 8 | High |
| D13S317 | 12, 13 | 12, 13 | High |
| D16S539 | 12, 13 | 12, 13 | High |
| D2S1338 | 19, 21 | | |
| D19S433 | 14, 15 | | |
| vWA | 16, 17 | 16, 17 | High |
| TPOX | 9, 11 | 9, 11 | High |
| D18S51 | 15, 17 | 15, 17 | High |
| Amelogenin | X, Y | | |
| D5S818 | 11, 13 | 11, 13 | High |
| FGA | 25, 26 | 25, 26 | High |
| Penta E | | 5, 8 | |

| Source ID: | Yes | No - |
|------------------|-----------------|-----------------|
| Partial Profile: | No | No |
| sposition: | Candidate Match | Candidate Match |
| Invest. Aided: | 0 | 0 |

Match Summary:

13 Locus Candidates: 1
Total Candidates: 1

Match Details:

13 Loci Match

Match Stringency: High Search Program: AutoSearcher

Minimum number of loci required to report a match: 7 Include Candidate specimens that match on all but 0 loci. Maximum number of candidates to return from search: 0

| Index | Total Searched |
|------------------|----------------|
| Forensic | 3,112 |
| Forensic Mixture | 237 |
| Offender | 103,475 |
| Suspect | 3,864 |
| Totals | 110,688 |

Buncombe Co. Sh. Dept. Homicide DOD - 9/18/2000 AwT



NORTH CAROLINA

STATE BUREAU OF INVESTIGATION

DEPARTMENT OF JUSTICE

3320 GARNER ROAD PO BOX 29500 RALEIGH, NC 27626-0500 (919) 662-4500 FAX: (919) 662-4523



ROBIN P. PENDERGRAFT
DIRECTOR

April 9, 2007

MEMORANDUM

To:

SAC Mike Budzynski

From:

S/A Brian Joy &

Subject:

Fingerprint Verification: CODIS 2006-00021

On April 5, 2007, a CODIS Database card in reference to the above listed file number bearing the name Bradford Summey was received from ASAC Amanda Thompson of the SBI Forensic Biology Section.

The fingerprint impressions on the above database card were compared to the known inked fingerprint impressions on file bearing the name Bradford F. Summey (SID NC0656724A) and were identified as having originated from the same individual.

Please direct any questions concerning this examination to my attention.





SBI-5 (1/2000)

North Carolina State Bureau of Investigation

Page of
Use SBI-5A Continuation Sheet to
list additional items of evidence

PART A

REQUEST FOR EXAMINATION OF PHYSICAL EVIDENCE

| Reques | ling Officer: _ | Amanda Thompson | Cou | unty of Offense: | SBI La | ь# <u>20</u> 06-0002 | <u>1</u> |
|---------------|---------------------|--|---------------------------------------|---|--|---|---|
| ;ues | ting Agency: _ | | OR | 1#: | SBI Fil | e# | |
| ρ | LEASE PLA | CE A CHECK MARK (🗸) | BESIDE THE | PREFERRED ADDR | ESS | | |
| ☐ Ager | ncy P. O. Box | Cily and Zip : | | <u> </u> | Agenc | y File # | |
| ☐ Age | ncy Sireet Add | dress, City and Zip : | | | Туре о | f Case: | |
| CAA (SB) | Case Agent Assigned | : | DIC (SBI Distinct in C | Charge): | Oate o | f Offense: | |
| Investig | ating Officer N | ame and Best Contact Number | - Name: | | Contact | Number: | |
| VICTIM | (S) | Race/Sex | DOB SU | SPECT(S) | Race/Se | x DOB | SID# |
| | no en | | | nmey, Bradford | 1 | 12-15-1974 | |
| Has any | ovidonce in the | nis case been submitted to the l | aboraton, previ | ously? If a | i j | 12 | |
| | | Type Container/Description | | | mine For | Exact Locati | on Found |
| Lab Item # | Agency Item # | Type Container/Description | | | | (Use names for body | |
| | A | DNA Oatabase card for Bradi | ford Summey, 2 | 006-00021 Fing | erprint Verification | | |
| | A-1 | Cutting taken from database | card, 2006-000 | 21 DNA | Confirmation . | . ļ. | |
| (22) | | | | | - | . : | |
| Addition | al Analysis Re | quested / Instructions; | E WILL BE RE | : TURNED TO THE REQU | JESTING OFFICER | · | |
| | | SBI LABO | RATORY (| CHAIN OF CUST | TODY USE ON | LY | |
| CONTAI | NER! DESCR | n Carolina State Bureau of Inve RIPTION OF EVIDENCE was de andition as received. | estigation emplo elivered to the p | yees appearing below in erson (or approved carri | idicate that the materia ler) indicated, on or ab | al described abov out the date state | e under <i>TYPE</i> ad, and was delivered in |
| iTEM(| S) Recel | ved By: (Print) | (Init | ial) Received From: | (Print) | (Initial) | DATE |
| Α | Ar | randa Thompso | n H | DNA Repository | | | 4/2/07 |
| Α | : B | riAn Jor. | 124 | - Amanda | Thompson | ANT | 4/5/07 |
| A -1 | jJes | sica A Posto | 96 | Amanda | Thompson | | 4/2/07 |
| Α | An | randa Thompson | _ A | BriAn. | Joy | 166 | 04/20/07 |

| | Dono | r Information | |
|-----------------------------|----------------|-------------------------|----------------|
| | | March 29, 2007 | |
| Donor ID: | 2006-00021 | FP Card Received: | \checkmark |
| Last Name: | SUMMEY | Acceptable Sample: | \square |
| First Name: | BRADFORD | Destroyed Sample: | |
| Middle Initial: | | Duplicate Sample: | |
| Sex: | M | Prep. Stored Date: | |
| Race: | Black | Prep. Analyst Name: | BODE TECHNOLOG |
| SSN: | 241-17-5509 | Storage Bin: | |
| DOB: | 12/15/1974 | Analytical Gel Nbr.: | NCF060474 |
| SID Nbr.: | NC0656724A | Sample Analyzed By: | BODE TECHNOLOG |
| FBI Nbr.: | 215857AB8 | Date Uploaded To CODIS: | 3/28/2007 |
| Submitting Agency: | | Expunged: | |
| Sub. Agency Phone: | 7046397540 | Expunged Date: | |
| Card Prepared Date: | 9/29/2005 | Authorized Initials: | |
| Card Prepared By: | B. BLACKWELL | Tested: | |
| Sample Drawn By: | R. LONG | | |
| Sample Received By: | Staley, Elaine | | |
| Accessioned Date: | 1/4/2006 | | |
| Offenses G.S.90-95(d)(2) | | Comments | |

SBI FORENSIC BIOLOGY SECTION

TELEPHONE LOG

SBI Laboratory File Number R2000-24857

| (o-25.07 Date | Det. G. Sprinkle Person called or calling For a missage to | Buncombe County 5 | 7.0. (828) 250-4443 Phone Number |
|------------------|---|--------------------|-------------------------------------|
| | | | |
| Det. | Rome Holyard called Sprinkle no longe Lt. John Elkins | ir worked . | Mere. He gave |
| <u> </u> | alled H. Elkins + | left him o | |
| | Person called or calling | | |
| in her on a | Elkins called me than on the hi to the D.A. an | 4. He said | he would |
| | | | |
| Date | Person called or calling | Agency | Phone Number |
| | | | |
| | | | |
| | | | |
| Stapl | e this form to the inside | e front side of th | e case file folder. |

SBI Lab Report

July 26, 2010

North Carolina

State Bureau of Investigation

Department of Justice Raleigh

Amended Report Second Report

Laboratory Report

TO:

Jamie Lau

DATE:

July 26, 2010

Administrative Court Counselor

SBI LAB NO.:

R200024857

PO Box 2448

SBI FILE NO .:

00 CRS 65086

Raleigh, NC 27602

AGENCY FILE NO .: EXAMINED BY:

Timothy A. Baize

LOCATION:

Buncombe County

TYPE OF CASE:

DATE OF OFFENSE:

September 18, 2000

SUBJECT(S):

Homicide

Bradford Fitzpatrick Summey

Walter Rodney Bowman (Victim)

ITEM(S) PREVIOUSLY SUBMITTED BY EDDIE DAVIS ON NOVEMBER 2, 2000 AND RETURNED:

Item # 10-1:

Cutting from Item 10: gray bandana. (From Your item 10)

Item # 13-1:

Cutting from Item 13: red scarf. (From Your item 13)

ITEM(S) SUBMITTED BY JAMIE LAU ON JUNE 10, 2010:

Item # 15:

Buccal swabs - Bradford F. Summey (Your item 24)

Item # 16:

DNA extracts generated in-house from Item 15 and controls

TYPE OF EXAMINATION REQUESTED:

STR / DNA Analysis

RESULTS OF EXAMINATION AND CONCLUSIONS:

A DNA extraction was performed on the buccal swab from Bradford Summey (Item 15). This extract was then quantitated, amplified, and tested with DNA genetic markers Amelogenin, CSF1PO, D13S317, D16S539, D18S51, D19S433, D21S11, D2S1338, D3S1358, D5S818, D7S820, D8S1179, FGA, TH01, TPOX, and vWA.

Item 10-1

The DNA profile obtained from the cutting from the gray bandana (Item 10-1, previously submitted and analyzed in this case) MATCHED the DNA profile obtained from Bradford Summey (Item 15).

The probability of randomly selecting an unrelated individual with a DNA profile that matches the DNA profile obtained from the cutting from the gray bandana (Item 10-1) is 1 in greater than 1 trillion (which is more than the world's population) in the N. C. Caucasian, Black, Lumbee Indian, and Hispanic populations.

I, Roy Cooper, Attorney General of the State of North Carolina, hereby certify that the form identified as: North Carolina State Bureau of Investigation, Department of Justice, Laboratory Report is a form appreved by me for the purpose stated in G.S. 90-95(g) and approved by me in compliance with the said statute.

THIS REPORT IS TO BE USED ONLY IN CONNECTION WITH AN OFFICIAL CRIMINAL INVESTIGATION.

COPIES TO: Ronald L. Moore, DA This report contains the opinions/ interpretations of the examiner(s) who issued the report.

Robin P. Perden 81259 Robin Pendergraft, Director

Forensie Scientist

Confidential:

This is an official file of the North Carolina State Bureau of Investigation. To make public or reveal the contents thereof to any unauthorized person is a violation of the General Statutes of North Carolina.

Fage 2 R200024857

Item 13-1

The DNA profile obtained from the cutting from the red scarf (Item 13-1, previously submitted and analyzed in this case) is CONSISTENT WITH A MIXTURE. The DNA profile obtained from Bradford Summey (Item 15) was excluded as a contributor to the mixture.

This laboratory maintains population databases for the N. C. Caucasian, Black, Lumbee Indian and Hispanic populations and also has access to other population databases which can be used as appropriate,

Item 10-1 will continue to be routinely queried against the CODIS (Combined DNA Index System) Database.

DISPOSITION OF EVIDENCE:

Items 15 and 16 are being retained for pick-up.

Items 10-1 and 13-1 have previously been returned to the investigating agency.

Disposition changed for Items 15 and 16.

Shawn Weiss LabCorp

Curriculum Vitae

CURRICULUM VITAE

Shawn M. Weiss

Laboratory Corporation of America 1912 Alexander Drive Research Triangle Park, NC 27709

EDUCATION:

1990 Bachelor of Science, Biochemistry

North Carolina State University, Raleigh, North Carolina Minor – Business Management

PROFESSIONAL EXPERIENCE:

ASSOCIATE TECHNICAL DIRECTOR, FORENSIC IDENTITY

August 1999- Present

Laboratory Corporation of America

Research Triangle Park, North Carolina

Responsibilities: Conduct forensic DNA analysis on biological samples using STR's (13 core loci), Y-chromosome, RFLP and mtDNA sequencing technologies, supervise laboratory technologists in the production of casework to ensure timely handling of cases and QA/QC measures, prepare reports of results and provide expert testimony, assist in the marketing and sales aspects of the Forensic Identity department.

SENIOR FORENSIC TECHNOLOGIST, FORENSIC IDENTITY Nov. 1994- Aug. 1999

Laboratory Corporation of America (formerly Roche Biomedical Laboratories) Research Triangle Park, North Carolina

Research Triangle Park, North Carolina

Responsibilities: Examination of evidence and preparation for PCR, RFLP and mtDNA sequencing technologies, mtDNA sequencing with ABI377, SYBR[™] GREEN staining of gels, detection Amplitype[®] PM and DQA1 strips, p32 hybridization, safety officer, QA/QC measures.

GROUP LEADER, DNA PATERNITY Aug. 1991 - Nov. 1994

Roche Biomedical Laboratories

Burlington, North Carolina

Responsibilities: Training personnel, developing employee knowledge, skill and professionalism, employee reviews and scheduling, RFLP and PCR (multiplexes), research and development, and quality control.

PROFESSIONAL EXPERIENCE (cont.):

DNA TECHNOLOGIST, DNA PATERNITY July1990-Aug. 1991

Roche Biomedical Laboratories Burlington, North Carolina

Responsibilities: Perform DNA paternity testing with RFLP technology.

TRAINING:

ASCLD/LAB INTERNATIONAL PREPARATION COURSE WORKSHOP Miami, FL December 2007

ACCREDITATION OF FORENSIC SCIENCE LABORATORIES
UNDER ISO/IEC 17025: ADDRESSING SPECIFIC REQUIREMENTS IN THE
ACCREDITATION PROCESS
WORKSHOP
Seattle, Washington
February 2006

Y-STRs: PRACTICAL CONSIDERATIONS AND INTERPRETATION ISSUES
WORKSHOP
Phoenix, Arizona
October 2004

LOW COPY NUMBER DNA ANALYSIS: A COMMUNITY FORUM WORKSHOP Chicago, Illinois February 2003

FORENSIC MITOCHONDRIAL DNA ANALYSIS: A COMMUNITY FORUM WORKSHOP Atlanta, Georgia February 2002

SHORT TANDEM REPEAT ANALYSIS DATA: PROCESSING, INTERPRETATION, AND STORAGE WORKSHOP Seattle, Washington February 2001

TRAINING (cont.):

MITOCHONDRIAL DNA SEQUENCE ANALYSIS IN FORENSIC CASEWORK, METHODS AND ISSUES WORKSHOP Orlando, Florida September 1999

SUMMER INSTITUTE IN STATISTICAL FORENSIC AND PATERNITY DATA ANALYSIS

North Carolina State University, Raleigh, North Carolina

North Carolina State University, Raleigh, North Carolina May 1999

FLORIDA DNA TRAINING SESSION IV STR'S – NEXT GENERATION Orlando, Florida May 1998

BUILDING TOP PERFORMERS
Roche Biomedical Laboratories, Burlington, North Carolina
June 1993

INTERACTION MANAGEMENT Roche Biomedical Laboratories, Burlington, North Carolina February 1992

PRESENTATIONS:

General topics of the Forensic Identity Department at LabCorp Winston-Salem Police Department, Speaker, December 2009

Interesting Casework in the Forensic Identity Department at LabCorp LabCorp Continuing Education Talks, Speaker, November 2007

General topics of the Forensic Identity Department at LabCorp NC State University Forensic Club, Speaker, April 2006

Y-chromosome Casework Experience at LabCorp 15th International Symposium on Human Identification, Speaker, October 2004

General topics of the Forensic Identity Department at LabCorp LabCorp Cytogenetics Department, Speaker, July 2002

Mitochondrial DNA Casework Experience at LabCorp American Academy of Forensic Sciences, Speaker, February 2002 General topics of the Forensic Identity Department at LabCorp LabCorp Paternity Department, Speaker, March 2001

General topics of the Forensic Identity Department at LabCorp LabCorp Paternity Department, Speaker, April 2000

Validation of Multiplex STR Profiling Systems for Forensic Casework Specimen American Academy of Forensic Sciences, Poster, February 1998

PROFESSIONAL AFFILIATIONS:

American Academy of Forensic Sciences, Full Member Southern Association of Forensic Scientists, Full Member

HONORS:

RBL's Laboratorian of the Year, 1991 RBL's Tops Award, 1993

LabCorp Certificate of Analysis

November 2, 2010



Laboratory Corporation of America Holdings P.O. Box 13973 1912 Alexander Drive Research Triangle Park, North Carolina 27709

Telephone: 800-533-0567 Fax: 919-361-7737

CERTIFICATE OF ANALYSIS

November 2, 2010

North Carolina Innocence Inquiry Commission Administrative Office of the Courts P.O. Box 2448 Raleigh, NC 27602

Attn.: Ms. Kendra Montgomery-Blinn

Agency:

00CRS 065086

FS Lab #: F10-10392

Date Received: 7/26/10

Victim(s):

Bowman, Walter Rodney

Subject(s):

Kagonyera, Kenneth

Isbell, Teddy

Wilcoxson, Robert Brewton, Aaron Williams, Larry Jr. Mills, Damian

Pickens, Lacy III

Summey, Bradford

Evidence Submitted: via Hand delivered by

Mr. Jamie Lau

| Item 4 | One sealed bag containing a pair of black gloves, Item 9. |
|---------|---|
| Item 5 | One sealed bag containing a brown glove, Item 11. |
| ltem 6 | One sealed bag containing a red bandana, Item 12. |
| Item 7 | One sealed bag containing a red bandana, Item 13. |
| Item 8 | One sealed bag containing a brown glove, Item 14. |
| Item 9 | One sealed bag containing a blood sample listed as from Walter Bowman, Item 2. |
| Item 10 | One sealed bag containing a blood sample listed as from Robert Wilcoxson, Item 3. |
| Item 11 | One sealed bag containing a blood sample listed as from Larry Williams Jr., Item 4. |
| Item 12 | One sealed bag containing a blood sample listed as from Teddy Isbell, Item 5. |
| Item 13 | One sealed bag containing a blood sample listed as from Kenneth Kagonyera, Item 6. |
| Item 14 | One sealed bag containing a blood sample listed as from Aaron Brewton, Item 7. |
| Item 15 | One sealed envelope containing a sample listed as from Damian Mills, Item 8. |
| Item 16 | One sealed envelope containing a sample listed as from Bradford Summey, Item 15. |
| Item 17 | One sealed bag containing a blood sample listed as from Lacy Pickens III, Item 18. |

Note: Additional items were submitted, however, they were not tested at this time.

Results and Opinions:

Deoxyribonucleic acid (DNA) isolated from the Items listed above was characterized through the polymerase chain reaction (PCR) at the following genetic systems using the AmpF/STR® IdentifilerTM and/or MinifilerTM kits:

Alleles Detected

| <u>Item</u> | Sample | D8 S1179 | D21 S11 | <u>D7</u> <u>S820</u> | CSF | <u>D3</u> S1358 | THOI | <u>D13</u> S317 | <u>D16</u> S539 | <u>D2</u> S1338 | <u>D19</u> S433 | <u>vWA</u> | TPOX | D18 S51 | <u>D5</u> S818 | FGA |
|-------------|-------------------------------|-------------|------------------------------|--------------------------|-------------------------------------|--------------------|--------|---------------------------|---------------------------|---|--------------------|------------|--------|--|-------------------|---------------------|
| 4 | Gloves XY* | NR | 29, 30*, 31* | NR | 10*, 11*, 12 | NR | NR | 8*, 11*, 12, 13*· a | 94 | 18*, 19*, 20*, 23*, 24, 25, | NR | NR | NR | 15, 16*, 18* | NR | 20, 2: |
| 5 | Gove XY* | NR | 30* | 9, 10*, | 9*, 10*, 11*, 12, 13*** | NR | NR | 9*, 11*, 12° | 9*, 10*, 11, 12* | 26*. ^a 16, 17*, 19*, 20*, 23*, 24*. ^a | NR | NR | NR | 13, 14*, 15*, 19, 20*-* | NR | <17 20° |
| 6 | Bandana ^{NR} | NR | NR | NR | 10, 11 | NR | NR | 11* | NR | 17, 24 | NR | NR | NR | NR | NR | NR |
| 7 | Bandana ^{XY*} | 13ª | 27, 28*, 29*, 30.2* | 9*, 10*, 11 | 9, 10*, 11* | NR | NR | 9, 11*, 12, 13* | 9, 11, | 17, 21*, 23*, 25*, | NR | NR | NR | 12*, 14*, 15*, 16*, 17, 18*** | NR | 20, 2 23*, 24 |
| 8 | Glove ^{XY*} 14 | NR | 32.2ª | 8, 9, 10" | 9*, 11*, 12* | NR | NR | 11, 12, 13*·* | 11, [2" | 16, 21*, 23*** | NR | NR | NR | 164 | NR | <17, 20* |
| 9 | W.B. NR 2 | NR | 29, 31 | NR | 10, 11 | NR | NR | 8*, 11, 12 | NR | 22, 23*, 25 | NR | NR | NR | 15, 19 | NR | NR |
| 10 | R.W. XY | 14, 15 | 28, 30 | 8, 13 | 11, 12 | 14, 18*, 19* | 6, 7 | 11, 12 | 12, 13 | | 14, 16 | 17 | 8, 9 | 12, 17 | 8, 14 | 21, 2 |
| 11 | L.W. XY | 13 | 31, 34 | 10, 11 | 10, 12 | 15, 17 | 7 | 11 | 11, 12 | 23 | 13, 13.2 | 13, 18 | 8, 10 | 17, 20 | 11, 13 | 22, 2 |
| 12 | T.I. XY 5 | 13, 14 | 31, 33.2 | 10 | 9ª | 15, 17 | 6, 8 | NR | 11 | 21 | 11, 13 | 16, 17 | 7, 11 | NR | 11 | NR |
| 13 | K.K. ^{XY} | 13, 14 | | 9ª | 10 | 14, 18 | 7, 9.3 | 12 | 11, 12 | 24 ^a | 13, 14 | 14, 15 | 8, 11 | 13, 17 | 11, 12 | 22, 2 |
| 14 | A.B. XY | 13, 15 | | 8, 10 | 10, 12 | 15, 16 | 7, 8 | 12 | 10, 13 | NR | 13, 14 | 16, 18 | 9, 10 | 13, 15 | 11, 13 | 20ª |
| 15 | D.M. XY | 14 | 31.2, 33.2 | 8, 12 | 10, 12 | 15 | 6, 7 | 11, 14 | 11, 12 | 17 | 12, 14 | 16 | 10, 11 | 15, 18 | 11, 13 | 19, 2 |
| 16 | 8 B.S. ^{XY} 15 | 13, 16 | 28 | 7, 8 | 12 | 16 | 6, 8 | 12, 13 | 12, 13 | 19, 21 | 14, 15 | 16, 17 | 9, 11 | 15, 17 | 11, 13 | 25, 20 |
| 17 | L.P. XY 18 | 15 | 32.2 | 9, 10 | 12 | 15, 16 | 6, 9 | 11, 12 | 11, 12 | 16, 24 | 12, 13 | 15, 18 | 9, 10 | 19, 20 | 8, 13 | <17, 20 |

*= Alleles designated with an asterisk are less intense than non-designated alleles. a= Additional peak(s) detected, however it fails to meet reporting standards. NR= No reportable peaks detected.

XY= Male.

Based on the results listed above, the partial DNA profile obtained from the gloves, 9 (Item 4) and the bandana, 13 (Item 7) are mixtures from three or more individuals, at least one of which is a male. The sources of all the reference samples submitted (Items 9 through 17) are excluded as contributors to the DNA in this sample.

The partial DNA profile obtained from the glove, 11 (Item 5) is a mixture from three or more individuals, at least one of which is a male. Lacy Pickens III, 18 (Item 17) cannot be excluded as a contributor to the DNA in this sample. Due to the additional peaks that fail to meet reporting standards, no statistical estimates will be calculated for this sample. The sources of all other reference samples (Items 9 through 16) are excluded as contributors to the DNA in this sample.

The partial DNA profile obtained from the bandana, 12 (Item 6) is insufficient for inclusionary purposes. The sources of the reference samples submitted (Items 9 through 17) are excluded as contributors to the DNA in this sample.

The partial DNA profile obtained from the glove, 14 (Item 8) is a mixture from more than one individual, at least one of which is a male. Lacy Pickens III, 18 (Item 17) cannot be excluded as a contributor to the DNA in this sample. Due to the additional peaks that fail to meet reporting standards, no statistical estimates will be calculated for this sample. The sources of all other reference samples (Items 9 through 16) are excluded as contributors to the DNA in this sample.

All of the mixed profiles listed above can be compared to any additional reference samples submitted.

Disposition of Evidence:

Unless previous arrangements have been made, unused evidence will be returned to the submitting agency.

The results have been reviewed independently by the undersigned and are correct as reported.

Sworn to and subscribed

before me this 3-1 day

of Navember, 20 10

at Research Triangle Park, NC.

Notary Public

Glanda K Poulter Notary Public Durham County, NC My commission expires 2/24/2013

Associate Technical Director, Forensic Identity Testing

A. Dwayne Winston, BS

Associate Technical Director, Forensic Identity Testing

Technical Reviewer



Laboratory Corporation of America Holdings P.O. Box 13973 1912 Alexander Drive Research Triangle Park, North Carolina 27709

Telephone: 800-533-0567 919-361-7737 Fax:

SUPPLEMENTAL CERTIFICATE OF ANALYSIS¹

February 2, 2011

North Carolina Innocence Inquiry Commission Administrative Office of the Courts P.O. Box 2448 Raleigh, NC 27602 Attn.: Ms. Kendra Montgomery-Blinn

Agency:

00CRS 065086

FS Lab #: F10-10392

Date Received: 1/20/11

Victim(s):

Bowman, Walter Rodney

Subject(s):

Rutherford, Robert

Evidence Submitted¹: via Hand delivered by

Mr. Jamie Lau

One sealed envelope containing two swabs listed as from Robert Rutherford, Item 26. Item 020-4

Results and Opinions':

Deoxyribonucleic acid (DNA) isolated from the Items listed above was characterized through the polymerase chain reaction (PCR) at the following genetic systems using the AmpFlSTR® Identifiler Kit:

Alleles Detected

| Item | Sample | <u>D8</u> S1179 | D21 S11 | <u>D7</u> S820 | CSF | <u>D3</u> <u>S1358</u> | THO1 | <u>D13</u> <u>S317</u> | <u>D16</u> S539 | <u>D2</u> S1338 | <u>D19</u> S433 | <u>vWA</u> | TPOX | D18 S51 | <u>D5</u> S818 | FG. |
|-------|--------------------------|--------------------|------------------------------|------------------------------|-------------------------------------|---------------------------|------|-------------------------------|---------------------------|--|--------------------|------------|------|--|-------------------|------------------------|
| 4 | Gloves XY** | NR | 29, 30*, 31* | NR | 10*, 11*, 12 | NR | NR | 8*, 11*, 12, 13*. a | 9 ^a | 18*, 19*, 20*, 23*, 24, 25, 26*.* | NR | NR | NR | 15, 16*, 18° | NR | 20, 2 |
| 5 | Gove XY* | NR | 30ª | 9, 10*, 12*. ^a | 9*, 10*, 11*, 12, 13*.* | NR | NR | 9*, 11*, 12ª | 9*, 10*, 11, 12* | 16, 17*, 19*, 20*, 23*, 24** | NR | NR | NR | 13, 14*, 15*, 19, 20*** | NR | <17 20 ⁸ |
| 6 | Bandana ^{NR} | | NR | NR | 10, 11 ^a | NR | NR |] [⁸ | NR | 17, 24" | NR | NR | NR | NR | NŘ | NR |
| 7 | Bandana ^{XY*} | 13ª | 27, 28*, 29*, 30.2* | 9*, 10*, 11 | 9, 10*, 11* | NR | NR | 9, 11*, 12, 13* | 9, 11, | 17, 21*, 23*, 25*** | NR | NR | NR | 12*, 14*, 15*, 16*, 17, 18*.* | NR | 20, 2 23* 24 |
| 8 | Glove ^{XY*} | NR | 32.2ª | 8, 9, 10° | 9*, 11*, 12° | NR | NR | 11, 12, 13* ^{, a} | 11, 12ª | 16, 21*, 23*.a | NR | NR | NR | 16ª | NR | <17 20* |
| 020-4 | R.R. ^{XY} 26 | 13 | 27, 30.2 | 10, 11 | 9 | 14, 16 | 7, 9 | 9, 11 | 11, 12 | 21, 25 | 12.2, 15 | 14, 15 | 8, 9 | 16, 17 | 11, 13 | 21, 2 |

^{*=} Alleles designated with an asterisk are less intense than non-designated alleles.

1=See Certificate of Analysis dated November 2, 2010 for previously submitted evidence and previously reported results.

Based on the results listed above, the partial DNA profiles obtained from the gloves, 9 and 11 (Items 4 and 5) are mixtures from three or more individuals, at least one of which is a male. Robert Rutherford, 26 (Item 020-4) is excluded as a contributor to the DNA in these samples.

The partial DNA profile obtained from the bandana, 12 (Item 6) is insufficient for inclusionary purposes. Robert Rutherford, 26 (Item 020-4) is excluded as a contributor to the DNA in this sample.

The partial DNA profile obtained from the glove, 14 (Item 8) is a mixture from more than one individual, at least one of which is a male. Robert Rutherford, 26 (Item 020-4) is excluded as a contributor to the DNA in this sample.

All of the mixed profiles listed above can be compared to any additional reference samples submitted.

a= Additional peak(s) detected, however it fails to meet reporting standards.

NR= No reportable peaks detected.

XY= Male.

The partial DNA profile obtained from the bandana, 13 (Item 7) is a mixture from three or more individuals, at least one of which is a male. Robert Rutherford, 26 (Item 020-4) cannot be excluded as a contributor to the DNA in this sample.

Conclusion:

Robert Rutherford, 26 (Item 020-4) cannot be excluded as a contributor to the DNA from the bandana, 13 (Item 7). The probability of randomly selecting an unrelated individual with a DNA profile that would be included in the mixture of DNA obtained from Item 7 at the D21S11, D7S820, CSF, D13S317, D16S539 and FGA genetic systems is approximately:

1 in 370 for the African American population.

1 in 311 for the Caucasian population.

1 in 1,390 for the Hispanic population.

Disposition of Evidence:

Unless previous arrangements have been made, unused evidence will be returned to the submitting agency.

The results have been reviewed independently by the undersigned and are correct as reported.

Sworn to and subscribed

before me this 3-1

of <u>February</u>, 20 11 at Research Triangle Park, NC.

Glenda K Poulter Notary Public Durnam County, NC My commission expires 2/24/2013

Associate Technical Director, Forensic Identity Testing

A. Dwayne Winston, BS

Associate Technical Director, Forensic Identity Testing

Technical Reviewer



Laboratory Corporation of America Holdings P.O. Box 13973 1912 Alexander Drive Research Triangle Park, North Carolina 27709

Telephone: 800-533-0567 Fax: 919-361-7737

February 4, 2011

North Carolina Innocence Inquiry Commission Administrative Office of the Courts P.O. Box 2448 Raleigh, NC 27602 Attn.: Mr. Jamie Lau

Agency #: 00CRS 065086 **FS Lab** #: F10-10392

Victim(s): Bowman, Walter Rodney
Subject(s): Rutherford, Robert

Dear Mr. Lau:

We are writing pursuant to your request to provide statistical estimates for the combined LabCorp¹ and NCSBI² results for the partial DNA profile obtained from the bandana, 13.

Robert Rutherford, 26 (Item 020-4) cannot be excluded as a contributor to the DNA from the bandana, 13. The probability of randomly selecting an unrelated individual with a DNA profile that would be included in the mixture of DNA obtained from bandana, 13 at the D21S11¹, D7S820¹, CSF¹, D13S317¹, D16S539¹, FGA¹, THO1², vWA², TPOX² and D5S818² genetic systems is approximately:

1 in 6,060 for the African American population.

1 in 4,440 for the Caucasian population.

1 in 25,600 for the Hispanic population.

I= See LabCorp Supplemental Certificate of Analysis report dated February 4, 2011 for results.

2= NCSBI results for the bandana at the genetic markers THOI, vWA, TPOX and D5S818 were emailed to LabCorp by Mr. Jamie Lau, February 3, 2011

If you have any additional questions, feel free to call us at the number listed above, ext. 3393.

Sincerely,

Shaw M. Weiss, BS

Associate Technical Director, Forensic Identity Testing

Meghan E. Clement, MS

Technical Director, Forensic Identity Testing

Meghon E. Clement

LabCorp Supplemental Certificate of Analysis

April 20, 2011



Laboratory Corporation of America Holdings P.O. Box 13973 1912 Alexander Drive Research Triangle Park, North Carolina 27709

Telephone: 800-533-0567 Fax: 919-361-7737

SUPPLEMENTAL CERTIFICATE OF ANALYSIS¹

April 20, 2011

North Carolina Innocence Inquiry Commission Administrative Office of the Courts P.O. Box 2448 Raleigh, NC 27602

Attn.: Ms. Kendra Montgomery-Blinn

Agency: 00CRS 065086 FS Lab #: F10-10392

Victim(s): Bowman, Walter Rodney

Subject(s): Kagonyera, Kenneth Wilcoxson, Robert Williams, Larry Jr. Isbell, Teddy Brewton, Aaron Mills, Damian

Pickens, Lacy III Summey, Bradford Rutherford, Robert

Evidence Submitted¹: via Hand delivered by

Date Received: 3/31/11

Mr. Jamie Lau

Item 090-7 One sealed bag containing a door panel, Item 29. Six areas A- F were tested.

Areas A, B and C located in carpeted area bottom of door panel.

Areas D, E and F located at previously tested areas near door handle.

Results and Opinions1:

Presumptive chemical testing was performed on Item 090-7 at areas A, B and C for the presence of blood and revealed negative results. No further testing was performed on these areas.

Deoxyribonucleic acid (DNA) was isolated from Item 090-7 at areas D, E and F and was characterized through the polymerase chain reaction (PCR) at the following genetic systems using the AmpF/STR® MinifilerTM kit:

Alleles Detected

| Item | Sample | D8 S1179 | D21 S11 | D7 S820 | CSF | D3 S1358 | ТНО1 | D13 S317 | D16 S539 | D2 \$1338 | D19 \$433 | vWA | трох | D18 S51 | D5 S818 | FGA |
|-------|--------------|-------------|------------|------------|--------|-------------|------|---------------|-------------|-------------------|--------------|-----|------|------------|------------|-----|
| 090-7 | Door NR | | NR | NR | 12ª | | | NR | NR | 20 | | | | NR | | NR |
| 090-7 | Door NR | | NR | NR | NR | | | NR | NR | 24 | | | | NR | | NR |
| 090-7 | Door NR | | NR | NR | NR | 77.5 | | 8, 11 | NR | 25 | - | | | NR | | NR |
| 9 | W.B. NR 2 | NR | 29, 31 | NR | 10, 11 | NR | NR | 8*, 11, 12 | NR | 22, 23*, 25 | NR | NR | NR | 15, 19 | ŊR | NR |

^{*=} Alleles designated with an asterisk are less intense than non-designated alleles.

NR= No reportable peaks detected.

1=See Certificate of Analysis dated November 2, 2010 and February 2, 2011 for previously submitted evidence and previously reported results.

Based on the results listed above, the partial DNA profiles obtained from the door panel areas D and E (Item 090-7) are insufficient for inclusionary purposes. Walter Bowman (Item 9) is excluded as the source of the DNA in these samples.

The partial DNA profile obtained from the door panel area F (Item 090-7) is insufficient for inclusionary purposes. No conclusion can be made regarding Walter Bowman as the source of the DNA in this sample.

Disposition of Evidence:

Unless previous arrangements have been made, unused evidence will be returned to the submitting agency.

The results have been reviewed independently by the undersigned and are correct as reported.

Sworn to and subscribed

before me this 26+4 day

of April 20 11 at Research Triangle Park, NC.

Shawn M. Weiss, BS

Associate Technical Director, Forensic Identity Testing

Notary Public

A. Dwayne Winston, BS

Associate Technical Director, Forensic Identity Testing Technical Reviewer

Glenda K Poulter
Notary Public
Durham County, NC
My commission expires 2/24/2013

Page 2 of 2

a= Additional peak(s) detected, however it fails to meet reporting standards.

LabCorp Supplemental Certificate of Analysis

April 22, 2011



Laboratory Corporation of America Holdings P.O. Box 13973 1912 Alexander Drive Research Triangle Park, North Carolina 27709

Telephone: 800-533-0567 Fax: 919-361-7737

SUPPLEMENTAL CERTIFICATE OF ANALYSIS¹

April 22, 2011

North Carolina Innocence Inquiry Commission Administrative Office of the Courts P.O. Box 2448 Raleigh, NC 27602

Attn.: Ms. Kendra Montgomery-Blinn

Agency: 00CRS 065086 FS Lab #: F10-10392

Victim(s): Bowman, Walter Rodney

Subject(s): Kagonyera, Kenneth Wilcoxson, Robert Williams, Larry Jr. Isbell, Teddy Brewton, Aaron Mills, Damian

Pickens, Lacy III Summey, Bradford Rutherford, Robert

Evidence Submitted¹: via Hand delivered by

Date Received: 4/18/11

Mr. Jamie Lau

Item 108-1 One sealed bag containing a blue T-shirt, Item 30.

Two samples from collar area were tested (swab / cut).

Results and Opinions1:

Deoxyribonucleic acid (DNA) isolated from the Item 108-1 was characterized through the polymerase chain reaction (PCR) at the following genetic systems using the AmpF/STR® Minifiler (swab sample) and /or Identifiler® Plus (cut sample) kits:

Alleles Detected

| Item | Sample | D8 S1179 | D21 S11 | D7 S820 | CSF | D3 S1358 | THOI | D13 S317 | D16 S539 | D2 S1338 | D19 S433 | vWA | трох | D18 S51 | D5 S818 | FGA |
|-------|-----------------------------|-------------|---------------|------------|---------|-----------------|--------|---------------|-------------|-------------------|-------------|--------|--------|------------|------------|------------|
| 108-1 | Shirt ^{Xa} Swab | | NR | NR | 10, 13* | | - | 11*, 12* | NR | 21ª | | | | 12° | | NR |
| 9 | W.B. NR 2 | NR | 29, 31 | NR | 10, 11 | NR | NR | 8*, 11, 12 | NR | 22, 23*, 25 | NR | NR | NR | 15, 19 | NR | NR |
| 10 | R.W. XY | 14, 15 | 28, 30 | 8, 13 | 11, 12 | 14, 18*, 19* | 6, 7 | 11, 12 | 12, 13 | _ | 14, 16 | 17 | 8, 9 | 12, 17 | 8, 14 | 21, 23 |
| П | L.W. XY | 13 | 31, 34 | 10, 11 | 10, 12 | 15, 17 | 7 | 11 | 11, 12 | 23 | 13, 13.2 | 13, 18 | 8, 10 | 17, 20 | 11, 13 | 22, 23 |
| 12 | T.I. XY 5 | 13, 14 | 31, 33.2 | 10 | 9ª | 15, 17 | 6, 8 | NR | ΪΙ | 21 | 11, 13 | 16, 17 | 7, 11 | NR | 11 | NR |
| 13 | K.K. XY 6 | 13, 14 | 31.2, 33.2 | 9ª | 10 | 14, 18 | 7, 9.3 | 12 | 11, 12 | 24ª | 13, 14 | 14, 15 | 8, 11 | 13, 17 | 11, 12 | 22, 24 |
| 14 | A.B. XY 7 | 13, 15 | 31, 35 | 8, 10 | 10, 12 | 15, 16 | 7, 8 | 12 | 10, 13 | NR | 13, 14 | 16, 18 | 9, 10 | 13, 15 | 11, 13 | 20ª |
| 15 | D.M. ^{XY} 8 | 14 | 31.2, 33.2 | 8, 12 | 10, 12 | 15 | 6, 7 | 11, 14 | 11, 12 | 17 | 12, 14 | 16 | 10, 11 | 15, 18 | 11, 13 | 19, 21 |
| 16 | B.S. XY 15 | 13, 16 | 28 | 7, 8 | 12 | 16 | 6, 8 | 12, 13 | 12, 13 | 19, 21 | 14, 15 | 16, 17 | 9, 11 | 15, 17 | 11, 13 | 25, 26 |
| 17 | L.P. XY 18 | 15 | 32.2 | 9, 10 | 12 | 15, 16 | 6, 9 | 11, 12 | 11, 12 | 16, 24 | 12, 13 | 15, 18 | 9, 10 | 19, 20 | 8, 13 | <17, 20 |
| 020-4 | R.R. XY 26 | 13 | 27, 30.2 | 10, 11 | 9 | 14, 16 | 7, 9 | 9, 11 | 11, 12 | 21, 25 | 12.2, 15 | 14, 15 | 8, 9 | 16, 17 | 11, 13 | 21,24 |

^{*=} Alleles designated with an asterisk are less intense than non-designated alleles.

Based on the results listed above, the partial DNA profile obtained from the shirt collar, swab (Item 108-1) is insufficient for inclusionary purposes. The sources of the reference samples submitted (Items 9 through 17 and 202-4) are all excluded as the source of the DNA in this sample. This sample can be compared to any additional reference sample.

An attempt to isolate DNA from the shirt, cutting (Item 108-1) failed to yield a sufficient quantity and/or quality of DNA to develop a profile for comparison purposes through PCR analysis.

a= Additional peak(s) detected, however it fails to meet reporting standards.

NR= No reportable peaks detected.

i=See Certificate of Analysis dated November 2, 2010, February 2, 2011 and April 20, 2011 for previously submitted evidence and previously reported results.

Disposition of Evidence:

Unless previous arrangements have been made, unused evidence will be returned to the submitting agency.

The results have been reviewed independently by the undersigned and are correct as reported.

Sworn to and subscribed before me this 25th day

of April , 20 " at Research Triangle Park, NC.

Glenda K Poulter Notary Public Durham County, NC My commission expires 2/24/2013

Associate Technical Director, Forensic Identity Testing

Meghan E. Clement, MS

Technical Director, Forensic Identity Testing

Technical Reviewer

Affidavit of Al Messer

| STATE OF NORTH CAROLINA COUNTY OF BUNCOMBE | IN THE GENERAL COURT OF JUSTICE SUPERIOR COURT DIVISION 00 CRS 65086; 00 CRS 65088 | | | | | |
|--|--|--|--|--|--|--|
| STATE OF NORTH CAROLINA |) | | | | | |
| v. | AFFIDAVIT OF AL MESSER | | | | | |
| KENNETH MANZI KAGONYERA; ROBERT WILCOXSON III |)) _) | | | | | |

Al Messer, having appeared before the undersigned notary and first been duly sworn, deposes and says:

- 1. I am an attorney duly admitted to the practice of law in North Carolina.
- 2. I practice criminal law in Asheville, North Carolina.
- On October 25, 2000, I was appointed to represent Kenneth Kagonyera on charges in the above-captioned case. Sean Devereux was appointed as co-counsel for this case.
- 4. In March 2010, I was contacted by Jamie Lau, Staff Attorney for the North Carolina Innocence Inquiry Commission regarding my representation of Mr. Kagonyera. Mr. Lau provided me with a copy of Mr. Kagonyera's rights waiver and a court Order for my file. In April 2010, I mailed a copy of my file to the Commission.
- 5. In December 2010, Mr. Lau contacted me to schedule an interview regarding my representation of Mr. Kagonyera. I met with Mr. Lau and Lindsey Guice Smith, Staff Attorney for the North Carolina Innocence Commission, on January 6, 2011 at approximately 4:30 P.M. at my office in Asheville, North Carolina.
- 6. This interview was recorded with my consent. I have reviewed the transcript of the interview and believe it to be accurate.
- 7. I recall my involvement in this case. Specifically I recall several conversations that I had with Mr. Kagonyera. I also recall receiving discovery from the District Attorney's office. I recall noting several statements in the discovery that implicated Mr. Kagonyera. I specifically recall a statement by Mr. Kagonyera's cousin, Damian Mills, implicating Mr. Kagonyera. I also recall statements made to me and Mr. Devereux by Mr. Kagonyera in which he implicated himself in this crime. All of this information led to Mr. Kagonyera accepting a plea. The plea agreement included another pending charge for a serious felony.

8. I recall that Mr. Kagonyera initially denied his involvement in the Bowman homicide. I believe that the admissions of guilt by Mr. Kagonyera came sometime after a polygraph exam was administered to Mr. Kagonyera.

- 9. It would have been my practice to discuss these admissions with Mr. Kagonyera prior to the meeting we had with the District Attorney, Ron Moore on November 29, 2001. I never got a sense that Mr. Kagonyera's statement was manufactured.
- 10. I recall the general advice that I provided to Mr. Kagonyera. The advice that I gave was based on the number of statements against Mr. Kagonyera, particularly Mr. Mills' statement. The result of the polygraph examination was also a factor, but it was not a significant factor.
- 11. Mr. Kagonyera entered a plea in December 2001. His sentencing was continued. Sometime between the plea and the sentencing Mr. Devereux withdrew as counsel for Mr. Kagonyera. I cannot recall why Mr. Devereux withdrew.
- 12. I do not recall if or when Mr. Kagonyera stated to me that he wanted to withdraw his plea. At the sentencing hearing, I recall that Mr. Kagonyera made an attempt to withdraw his plea and that the motion to withdraw was denied.
- 13. I believe that Mr. Devereux took the lead on everything in this case. I believe that I was present with Mr. Devereux at all meetings that occurred.
- 14. I do not recall the surveillance video from a convenience store. I did not view a surveillance video in this case.
- 15. In our January 6, 2011 interview, Mr. Lau informed me that the DNA results came back prior to Mr. Kagonyera's plea. I had not previously been aware of DNA results. If the bandanas that were collected were connected to the crime scene and all six suspects were excluded from the DNA on those bandanas that would have been information that me and Mr. Devereux would have wanted to review prior to Mr. Kagonyera entering a plea.
- 16. It is not unusual for defendants to mistrust their attorneys, particularly their court-appointed attorneys. I do not remember any distrust by Mr. Kagonyera of me and Mr. Devereux.
- 17. It is my understanding that Mr. Kagonyera claims that he received his discovery piecemeal and saw all of the statements of the other co-defendants prior to admitting his guilt. It is also my understanding that he has stated that he decided over time that it was in his best interest to admit guilt to a crime that he did not commit because a trial date had not been set, he had been in prison for over a year, and he felt as if me and Mr. Devereux were pushing him to take a plea.

18. It is possible that Mr. Kagonyera sat in jail and decided that taking the plea was his only way out based on his perception of how the case was being handled; however, it was not my impression that this was the case.

| This the 1844 day of Am | ,2 | 011. |
|--|-----------|--|
| $\overline{\mathrm{Al}}^{c}$ | Messer | Men |
| Swom to and subscribed before me, this | 18 day of | APRIL ,2011. |
| Hay f. f. | [Seal] | Taylor J. Harris Notary Public Buncombe County, NC My Commission Expires: 11-18-15 |
| My Commission Expires: 11.18.15 | | |

Affidavit of Jack Stewart

| STATE OF NORTH CAROLINA | IN THE GENERAL COURT OF JUSTICE SUPERIOR COURT DIVISION |
|--|---|
| COUNTY OF BUNCOMBE | 00 CRS 65086; 00 CRS 65088 |
| STATE OF NORTH CAROLINA |) |
| v. | AFFIDAVIT OF JACK STEWART |
| KENNETH MANZI KAGONYERA; ROBERT WILCOXSON III |) |
| | / |

Jack Stewart, having appeared before the undersigned notary and first been duly sworn, deposes and says:

- 1. I am an attorney admitted to the practice of law in North Carolina.
- 2. I practice criminal law in Asheville, North Carolina.
- 3. On October 26, 2000, I was appointed to represent Robert Wilcoxson on charges in the above-captioned case.
- 4. In February 2011, my office was contacted by Jamie Lau, Staff Attorney for the North Carolina Innocence Commission regarding my representation of Mr. Wilcoxson. I, along with other members of my staff, searched for any file that I might have retained pertaining to my representation of Mr. Wilcoxson. We were unable to locate a file. It is my practice to destroy files after ten years. This file was likely destroyed recently.
- 5. In March 2011, Mr. Lau contacted me to schedule an interview regarding my representation of Mr. Wilcoxson. I met with Mr. Lau and Lindsey Guice Smith, Staff Attorney for the North Carolina Innocence Commission, on March 31, 2011 at approximately 8:00 A.M. at my office in Asheville, North Carolina.
- 6. Portions of this interview were recorded with my consent. I have reviewed the transcript of the interview and believe it to be accurate.
- 7. Without reviewing my file, I do not recall much about my representation of Mr. Wilcoxson.
- 8. I recall that Mr. Wilcoxson denied any knowledge and/or involvement in the Bowman home invasion and homicide for some period of time. At some point, he accepted liability and entered into a plea agreement. I do not recall whether there was a specific admission of guilt provided by Mr. Wilcoxson. I do not recall Mr. Wilcoxson ever providing a statement to the District Attorney or the Court pertaining to his

involvement in Bowman home invasion and homicide. I do not recall the District Attorney asking for any statement of involvement from Mr. Wilcoxson.

- 9. I originally thought that this case was handled expeditiously. After reviewing a copy of my time sheet for this case, as provided to me by Mr. Lau, I see that there was approximately two years between the date that Mr. Wilcoxson was charged and the date of final disposition. During the early 2000s, this would not have been an unusual amount of time, but I would not consider this expeditious.
- 10. Looking at my time sheet, I see that I met with Matt Bacoate in June of 2002. I do not have any independent recollection of that meeting. I do not recall Mr. Bacoate playing an instrumental role in the disposition of Mr. Wilcoxson's case. It would have been unusual for me to have met with Mr. Bacoate that late in the process. During the early 2000s, I would have called upon Mr. Bacoate earlier in the process to get background information on a client's past relationship with Mr. Bacoate or his program, Life on Life's Terms, or if I felt that my client would be suitable for his program.
- 11. Over my 30 years of practice, I have probably used Mr. Bacoate's program for two or three clients. Mr. Bacoate's program was a diversionary program. Typically it was used for clients who were facing non-capital charges and had no prior record. I would use participation in Mr. Bacoate's program as a sentencing option or as a mitigating factor to avoid an active sentence.
- 12. There were never any records showing my clients' completion in Life on Life's Terms and I have never seen any completion records for Life on Life's Terms in court files.
- 13. Mr. Bacoate did not approach me in this case with plea offers from the District Attorney's office. Mr. Bacoate has come to me in other cases, not with plea offers, but with information about how Mr. Bacoate believed the District Attorney, Ron Moore would dispose of a case. On those occasions, Mr. Bacoate informed me that he had a conversation with District Attorney Moore about the case. I do not know anything about the relationship between Mr. Bacoate and District Attorney Moore.
- 14. Without reviewing my file, I have no independent recollection of any specific items of evidence being collected in this case. I believe there may have been a shotgun and bandanas. I do not, however, recall receiving the results of any DNA testing. My time sheet indicates that I received laboratory reports. Given the time period, I believe these would have been serology reports and not DNA testing results, but I cannot recall specifically what, if anything, I received and reviewed. If I had received the results of any DNA testing, it would have been my practice to duplicate those and provide them to Mr. Wilcoxson. If I received them and Mr. Wilcoxson did not receive a copy, it would have been an oversight.

- 15. I have no independent recollection of a security video from a convenience store or of reviewing any videos related to this case.
- 16. As a matter of practice, I would have kept an open line of communication with the co-defendant's attorneys. Based on a review of my time sheet, it appears that I kept that open line of communication in this case. I do not, however, have any independent recollection of the specific conversations I had with any of the co-defendant's attorneys.
- 17. One of the reasons that I keep this open line of communication with codefendant's attorneys is because in cases where there are multiple co-defendants, sometimes the District Attorney's office only provides certain items to one of the attorneys and not the others.

| This the lothday of April , 2011. | |
|---|---------|
| Jack Stewart | |
| Sworn to and subscribed before me, this 194 day of upul | , 2011. |
| | |

My Commission Expires: 7/13/2013

My Commission Expires: 7/13/2013

My Commission Expires: 7/13/2013

My Commission Expires: 7/13/2013

PUBLIC PUBLIC

Dismissal – Aaron Brewton

| STATE OF NO | RTH CAROLINA | P | File No. 00-CRS-65089 | | | | | |
|-----------------------------------|--|-----------------------|---|--|--|--|--|--|
| Buncom | be Cou | unty | In The General Court Of Justice District Superior Court Division | | | | | |
| | TATE VERSUS | | DISMISSAL | | | | | |
| Defendant AARON JONWA | N BREWTON | | NOTICE OF REINSTATEMENT | | | | | |
| | | | | | | | | |
| SWINNESS N | 1 | | G.S. 15A-302(e), -931, -932, -1009 | | | | | |
| File Number 00CRS065089 | Count No.(s) | FIRST DEGREE | Offense(s) | | | | | |
| 000,000,009 | 1 | PIRSI DEGREE | IKST DEGKEE MOKDEK | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| NOTE: Recall all outst | anding Orders For Arro | est in a dismissed | case. | | | | | |
| ☐ ☑ DISMISSAL The undersigned of | prosecutor enters a d | dismissal to the a | above charge(s) and assigns the following reasons: | | | | | |
| 1. No crime is cl | | | are the graph, and are graph who have thing reasons. | | | | | |
| | | rrant prosecution | for the following reasons: | | | | | |
| | | | · | | | | | |
| ☐ 3. Defendant ha | s agreed to plead guilt | ty to the following | charges: | | | | | |
| | | | | | | | | |
| in exchange f | or a dismissal of the f | ollowing charges: | : | | | | | |
| | | | | | | | | |
| 🛚 4. Other: (specif | y) | | | | | | | |
| | | | | | | | | |
| · · | | ridence been introd | duced. (If a jury has been impaneled, or if evidence has been introduced, | | | | | |
| modify this sentence a | - | | | | | | | |
| The undersioned r | | dismissal with le | ave to the above charge(s) and assigns the following | | | | | |
| reasons: | ordsecutor enters a | DISTRIBUTE WITH 16 | ave to the above charge(s) and assigns the following | | | | | |
| | | | ding at which the defendant's attendance was required and the | | | | | |
| | elieves that the defen | | y be found. be found to be served with an Order For Arrest. | | | | | |
| | | | on agreement with the prosecutor in accordance with the | | | | | |
| | Article 82 of G.S. Ch | | | | | | | |
| 4. The defenda | nt has been found by | a court to be inca | pable of proceeding pursuant to Article 56 of G.S. Chapter | | | | | |
| ☐ 5. Other: <i>Ispecit</i> | (y) | | | | | | | |
| | | | | | | | | |
| | | | en the dismissal occurs out of court. The better practice is for the e orally dismissed in open court. | | | | | |
| | | | ant or the defendant's attorney has been otherwise notified by the | | | | | |
| G.S. 15A-951. II | | he defendant is in cu | ndant must be served in the same manner prescribed for motions under istody, the written dismissal shall also be served by the prosecutor on sin custody. | | | | | |
| Date 12 13 | Name Of Prosecutor (Type O | | Significant OI Programos | | | | | |
| | RONALD L. MOORE | | Kunach | | | | | |
| REINSTATEMENT | | | | | | | | |
| | ving previously been d tated for trial. | tismissed with lear | ve because the defendant failed to appear in court as required, | | | | | |
|) | | y with the deferre | d prosecution agreement. | | | | | |
| Date / | Name Of Prosecutor (Type O | r Printi | Signature Of Prosecutor | | | | | |
| | | | | | | | | |

| STATE OF MODELL CAROLINA | 8/30/02 | 3am 30 | to Teddy Sobill |
|--|--|--|---|
| STATE OF NORTH CAROLINA | File No. | bocks (| 03352 (05085 |
| Buncombe County Com | cted | | eral Court Of Justice Superior Court Division |
| STATE VERSUS Name And Address Of Defendant | | RELEASE O | RDFR 65089 |
| 0 | | | G.S. Chapter 15A, Art. 25, 26 |
| Aaron Joa Wan Meux | Ollensels) | Done | Mercles |
| Amount Of Bond \$ 10,000 | | | |
| Asheville | District Supe | rior Date 2/2/82 | - TO W DAM DPM |
| To The Defendant Named Above, you are ORDERED to appear be continued dates. If you fail to appear, you will be arrested and you the defendant has been advised of charge(s) against him/her and your release is authorized upon execution of your: WRITTEN PROMISE to appear CUSTODY RELEASE You will be arrested if you violate the following restrictions: Your release is not authorized. The defendant was surrendered after failing to appear as required. | UNSECURED BO | ed with the crime of ommunicate with consumptions of the amount should be seen to the seen that the | willful failure to appear. Junsel, family and friends. Long at the shown above |
| second or subsequent failure to appear in this case. | Signature Of Judicial | Circle! | Lita |
| Magistrate Deputy CSC Assistant CSC Clerk Or ORDER OF C | Superior Court | District Court Judge | Superior Court Judge |
| above who may be released if authorized above. If the defendar in Court as provided above. hold him/her for the following p Check in all domestic violence cases covered by G.S. 15A-534.1(b)) produce county after the entry of this Order or, if no session is held be produce him/her before a magistrate of this county at that time Name Of Detention Facility Date Date | urpose; him/her at the fire fore leater date and t | st session of district line 48 hours after time of inditions of pretrial re | or superior court held in this |
| APPEARA | NCE BOND | | |
| UNSECURED BOND - I, the undersigned, acknowledge that I and my amount listed below. CASH BOND - I, the undersigned defendant, acknowledge that I am hereby deposit that amount as security with the understanding that conditions of the release have been performed. The conditions of this bond are that the undersigned defendant shall apporders and processes of the Court. It is agreed and understood that this the proceedings in the trial divisions of the General Court of Justice until or until the entry of judgment in the Superior Court. If the defendant appond, then the bond is to be void, but if the defendant fails to obey any Article 26 of Chapter 15A of the General Statutes. | bound to the State of the deposit will be re- man as required and bond is effective and the entry of judgments | of North Carolina in the aturned upon the Court at all times render hims of binding upon the obligant in the District Court to otherwise performs the other the | amount listed below and is determination that the self/herself amenable to the gors throughout all stages of from which no appeal is taken to foregoing conditions of the |
| Amount 01 Bood 000 00 Dote 8-30-02 | Signature Of Person F | | |
| Signature of Oxfordant HONGE WRITTEN PROMISE TO APP | Address Of Person Pu | | |
| I, the under signed, promise to appear at all hearings, trials or otherwise a lunderstand and agree that this promise is effective until the entry of judgment in Superior Court. If I am released to the custody of a person agrees by his/her signature to supervise me. | s the Court may rec | juing and to abide by an | appeal is taken or until the |
| Dute | Signaturo Of Person A | greeing To Supervise Dule | ndant |
| Signature Of Defendant | Address Of Person Ag | taeing to Superise Defen | dust |
| ACCOMPRISED AND ACCOMPANIES. | | | |

AOC-CR-200, flew, 2/01 © 2001 Administrative Office of the Courts

| STATE OF NORTH CAROLINA | File No. | | | | | | |
|--|---|--|--|--|--|--|--|
| Buncombe County | In The General Court Of Justice | | | | | | |
| | ☐ District Superior Court Division | | | | | | |
| STATE VERSUS Name And Address Of Defendant | RELEASE ORDER | | | | | | |
| Brewton, AARON, J | G.S. Chapter 15A, Art. 25, 26 | | | | | | |
| 2.00 (3.0) | | | | | | | |
| Amount Of Bond | " SEE Attached" | | | | | | |
| \$ 10,000 unsec | | | | | | | |
| Asheville | District Superior 12-02-02 FOOD MAM PM | | | | | | |
| To The Defendant Named Above, you are ORDERED to appe | ear before the Court as provided above and at all subsequent and you may be charged with the crime of willful failure to appear. | | | | | | |
| The defendant has been advised of charge(s) against him/he | er and his/her right to communicate with counsel, family and friends. | | | | | | |
| Your release is authorized upon execution of your: WRITTEN PROMISE to appear | UNSECURED BOND in the amount shown above 10,000 | | | | | | |
| CUSTODY RELEASE | SECURED BOND in the amount shown above | | | | | | |
| You will be arrested if you violate the following restriction | 100 12/2002 010. | | | | | | |
| Your release is not authorized. | Altron Alondant Participate or | | | | | | |
| ☐ The defendant was surrendered after failing to appear as | | | | | | | |
| second or subsequent failure to appear in this case. Date | Signature Of Judicial Official Later Larma | | | | | | |
| 08-30-02 | Fruda Wed | | | | | | |
| - The second sec | PER COMMITMENT District Court Judge Superior Court Judge | | | | | | |
| above who may be released if authorized above. If the defe in Court as provided above. hold him/her for the following ICheck in all domestic violence cases covered by G.S. 15A-534.1(b)/ procounty after the entry of this Order or, if no session is he produce him/her before a magistrate of this county at that | duce him/her at the first session of district or superior court held in this ld before tenth date and time 48 hours after time of arrest!, at time to determine conditions of pretrial release. | | | | | | |
| Name Of Detention Facility Date | Signature Of Judicial Official | | | | | | |
| | ARANCE BOND | | | | | | |
| UNSECURED BOND - I, the undersigned, acknowledge that I and my personal representative are bound to the State of North Carolina in the amount listed below. CASH BOND - I, the undersigned defendant, acknowledge that I am bound to the State of North Carolina in the amount listed below and hereby deposit that amount as security with the understanding that the deposit will be returned upon the Court's determination that the conditions of the release have been performed. The conditions of this bond are that the undersigned defendant shall appear as required and at all times render himself/herself amenable to the orders and processes of the Court. It is agreed and understood that this bond is effective and binding upon the obligors throughout all stages of the proceedings in the trial divisions of the General Court of Justice until the entry of judgment in the District Court from which no appeal is tak or until the entry of judgment in the Superior Court. If the defendant appears as ordered and otherwise performs the foregoing conditions of the bond, then the bond is to be void, but if the defendant fails to obey any of these conditions, the Court will forfeit the bond pursuant to Part 2 of Article 26 of Chapter 15A of the General Statutes. | | | | | | | |
| Amount Of Bond Date 08-30-02 | Signature Of Person Posting Cash Bond | | | | | | |
| Signature Of Selendant | Address Of Person Posting Cosh Bond | | | | | | |
| WRITTEN PROMISE TO | APPEAR OR CUSTODY RELEASE | | | | | | |
| I understand and agree that this promise is effective until the entry | wise as the Court may require and to abide by any restrictions set out above. of judgment in the District Court from which no appeal is taken or until the y of another person, I agree to be placed in that person's custody, and that | | | | | | |
| Date | Signature Of Person Agreeing To Supervise Defendant | | | | | | |
| Signature Of Delendant | Address Of Person Agreeing to Supervise Defondant | | | | | | |

Handwritten notes from District Attorney's File

Motion - to recuse Th. 2:00

- to suppress

Call Matt + Th. -plea 216-1177

Monday P.m. & Falk to Isbell

W Matt.

Struct admissible at trial if made voluntarily + w understanding totality of circum. to determine if unacceptable coercion factors: O officers conduct before + during struct,

- (2) Dis physical + mental condit.
- 3 Dis prior history of involvement w LE
- 4 environment of questiming

Miranda only applies in Custodial Interrogation

- custody formally arrested on functional equivalent (restrained)

-officers intention is irrelevant + how a reasonable man

in as position would view his situation - OBJECTIVE TEST

22NC 176 - if tell a he is free to leave

- if start VOLUNTARY - even if in custody

6th A Rt to Counsel - at critical stage of pros. on who judicial proceedings begin

- not intor - nothing in note - demons - some as othe Acurius - s newous -Matt · D chairs making + 5:30 - 7:30 + (over 2 hours) - got sick - s ad he didn't remember being read his its - sagitated - lock of sleep, nervous, drugs? - known & since 95 + through matti program - Matt 5 as 2 daughter god father & landacquing business - a doing work - x vold jobs - speech not slurred, not incoherent, " only thing ont of place was cigo - contremeler if smelled alcohol There a was back doing days - stole Kido present & delit have a place to stay - loaved \$ + - gave a go to Interestate - San jicked him up - looked for dope found wome - a savuy - streetwise - no yelling at D - cordial - Rommie to D - no request for atty - had never gone watty to Ron -- own 200 x o called on phone to Matt (\$ tdope); - people laughing, chuckling night ogether - Lean Bourman - info - told Kagonyum - got stategar -p - hung around w Kenny Kag. -

Affidavit of Major Glen Matayabas – Buncombe County Sheriff's Office

Lacy Pickens, III
Inmate Logs

| STATE OF NORTH CAROLINA | IN THE GENERAL COURT OF JUSTICE SUPERIOR COURT DIVISION |
|-------------------------|---|
| COUNTY OF BUNCOMBE | 00 CRS 065086; 00 CRS 065088 |
| STATE OF NORTH CAROLINA |) |
| v. | AFFIDAVIT OF MAJOR GLEN MATAYABAS, |
| KENNETH M. KAGONYERA; |) BUNCOMBE COUNTY SHERIFF'S |
| ROBERT WILCOXSON III |) OFFICE |

The undersigned, having first been duly sworn, deposes and says the following:

- I am over the age of eighteen, suffer no legal disahilities, have personal knowledge of the facts set forth below, and am competent to testify.
- 2. On February 14, 2011, North Carolina Innocence Commission Staff Attorneys Jamie Lau and Lindsey Guice Smith met with me and Lieutenant Tony Gould at the Buncombe County Detention Facility.
- 3. At that meeting, Lau asked several questions about the detention facility and its records, including many questions regarding the custody status of Lacy Pickens, III, between September 1, 2000, and November 12, 2000. I retrieved and provided to Lau a copy of the booking report for booking # 50933, which is the booking number corresponding to Pickens' incarceration beginning on September 1, 2000.
- 4. Additionally, I reviewed the inmate log for Pickens' incarceration between September 1, 2000, and November 12, 2000. A copy of Pickens' inmate log is attached to this affidavit. I explained to Lau that the log shows Pickens was a weekend inmate

between September 1, 2000, and November 12, 2000. Pickens would check into the detention facility at approximately 8:00 p.m. on Friday evenings and check out at approximately 8:00 p.m. on Sundays. This log did not show Pickens in custody on September 18, 2000.

5. I provided a copy of Pickens' inmate log to Lau and Smith. I explained that weekend inmates are booked in when they first begin their sentence and at the end of their sentence, even though they are not in continuous custody. Thus, a review of bookin and book-out dates would not reflect an inmate's weekend status.

FURTHER THE AFFIANT SAYETH NOT

This the 18 day of April, 2011.

Llo K. Matayabas

Major Glen Matayabas

Sworn to and subscribed before me this 18 day of April, 2011

Jorany Public IVI TXUULY

[Seal]

My Commission Expires: 12-26-12

User: MATAYABG,

BUNCOMBE COUNTY SHERIFF'S OFFICE BOOKING REPORT

02/14/2011 12:14

| 0 | | · · | | | | | | | | | |
|----------------------|-------------------|-----------|----------|---------------|---------------|--------------|-------------|----------|--------------------|---|----------|
| Booking # | 933 | | | * 11/15/ | 0933* | Status | nactive | | | | |
| Date/Time |) 9 33 | | | Cell Location | 0900 | 111 | lactive | \dashv | | | |
| 09/01/20 | 00 21:03 | | | Jen Location | | | | | | | |
| Booking Officer | 00 11.03 | | | lame ID | | | | — | | | |
| DAVIS, C. (E | 30479) | | | 5109 | | | | | EXPLANATE ! | 性可能够高速 | 8 |
| Fingerprint Office | | | | Ilor Bookings | | | | \dashv | Die English | | 1 |
| (0) | | | - 1 | _ | 40 404000 7 | 54 750 70 | 7 0004 | | 郑本所被国 各 | 2/在1981年 | Ī |
| Search Officer | | | | | 48, 104028, 7 | | | | | No. of the last | l |
| (0) | | - | 7 | 765, 9570, | 13006, 17393 | 3, 22379, 23 | 3154, | | | - NV - 13 | |
| Fingerprint | | | s | Security | | | | \dashv | | 5 | ł |
| 3.1 | | | | • | | | | | 密题图 1 | | i i |
| Property Bins | | 1 | | | | | | \neg | CONTRACTOR OF A CO | MAN AND AND AND AND AND AND AND AND AND A | |
| | | | | | | | | | | 1 25 50 | l |
| | | -11 | MATI | E INFORMA | ATION | | | | | 550 | |
| Name | | | | | | Local ID | | \dashv | | 200 | l |
| PICKENS, L. | ACY NMN | Ш | | | | | | | Sec. 1 | N. Committee | |
| Address | | | | | | Race | Sex | \dashv | | | • |
| 41 TAFT AV | - | | | | | В | М | | | | |
| | | _ | | | | Hair | Eye | \neg | | | |
| ASHEVILLE | , NC 2880: | 3 | | | | BLK | BRO |) | *IM | 185109* | |
| D08 | | | Age | | Height | Weigh | t | | | | |
| 08/20/ | 1978 | | | 32 | 5'09 | | 156 | | | | |
| SSN | | Marital S | Status | | | Time L | ived In Are | а | | | |
| 242-29-5743 | | Singl | e, 0 [| Dependent | | 0 Yr | | | | | |
| Local ID | | ŞID | | - | FBI# | • | | | | | |
| | | | | | | | | | | | |
| Juvenile | | Country | | | | | Citizenshi | р | | | |
| Adul | t | Unite | d State | s Of Amer | ica | | | | | | |
| Employer | | | | | | | | Religio | n | | |
| Jan Pro Ja <u>ni</u> | | | | _ | | | | | | | |
| Employer Addres | s | | | | | | | | yer Phone # | | |
| Asheville,nc | | | | | | | | n/a | | | |
| Attorney | | | | | | | | | y Phone # | | |
| | | | | | | | | n/a | | | |
| AKA | | | 4. | | | | | | | | |
| PICKENS, J. | J; PICKEN | IS, LA | Υ | | | | | | | | |
| Alerts | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | <u> </u> | | | CHAR | GES | | | | | |
| ~I+-H | Date | 0.65 | | | Chara | | | Ch | harge: | Amount Ct | Bond: |
| Docket # | Arrested | Officer | | | Charge | | UCF | | e Status | Amount Sta | atus Typ |
| | 09/01/2000 | Pardaer | 1, D. J. | BCSD | REMAND TO C | USTODY OF | 9999 | F | SENT | | |
| | | | | | SHERIFF | | | | | | |
| | | | | _ | NOTE | | | | | | |
| | | | | | | | | | | | |

Inmate Log: PICKENS, LACY NMN III

(Booking #: 50933)

| # Event | Date Time | Log Notes | Booking # User ID Wkst |
|---------|---------------------|--|------------------------|
| 1 RELS | 11/12/2000 19:43:00 | Inmate Released To Undetermined For Time Served 11/12/2000 07:43:00pm | 50933 convert |
| 2 INMT | 11/10/2000 20:00:00 | Moved From Old Cell Location: Annex, Anxa, Wknd To New Cell Location: Annex, Anxa, 27 Reason For Cell Assignment Change (required): Wknd | 50933 convert |
| 3 INMT | 11/05/2000 20:00:00 | Moved From Old Cell Location: Annex, Anxa, 27 To New Cell Location: Annex, Anxa, Wknd Reason For Cell Assignment Change (required): 27 | 50933 convert |
| 4 INMT | 11/03/2000 20:00:00 | Moved From Old Cell Location: Annex, Anxa, Wknd To New Cell Location: Annex, Anxa, 27 Reason For Cell Assignment Change (required): Wknd | 50933 convert |
| 5 INMT | 10/29/2000 20:00:00 | Moved From Old Cell Location: Annex, Anxa, 27 To New Cell Location: Annex, Anxa, Wknd Reason For Cell Assignment Change (required): 27 | 50933 convert |
| 6 INMT | 10/27/2000 20:00:00 | Moved From Old Cell Location: Annex, Anxa, Wknd To New Cell Location: Annex, Anxa, 27 Reason For Cell Assignment Change (required): Wknd | 50933 convert |
| 7 INMT | 10/22/2000 20:00:00 | Moved From Old Cell Location: Annex, Anxa, 27 To New Cell Location: Annex, Anxa, Wknd Reason For Cell Assignment Change (required): 27 | 50933 convert |
| 8 INMT | 10/20/2000 20:00:00 | Moved From Old Cell Location: Annex, Anxa, Wknd To New Cell Location: Annex, Anxa, 27 Reason For Cell Assignment Change (required): Wknd | 50933 convert |
| 9 IMMT | 10/15/2000 20:00:00 | Moved From Old Cell Location: Annex, Anxa, 27 To New Cell Location: Annex, Anxa, Wknd Reason For Cell Assignment Change (required): 27 | 50933 convert |
| 10 INMT | 10/13/2000 20:10:00 | Moved From Old Cell Location: Annex, Anxa, Wknd To New Cell Location: Annex, Anxa, 27 Reason For Cell Assignment Change (required): Wknd | 50933 convert |
| ll INMT | 10/08/2000 20:00:00 | Moved From Old Cell Location: Annex, Anxa, 27 To New Cell Location: Annex, Anxa, Wknd Reason For Cell Assignment Change (required): 27 | 50933 convert |
| 12 INMT | 10/06/2000 20:00:00 | Moved From Old Cell Location: Annex, Anxa, Wknd To New | 50933 convert |

jlumtlog

| · 6 | Event | Date Time | Log Notes | Booking # User ID Wkst |
|-----|-------|---------------------|---|------------------------|
| | | | Cell Location: Annex, Anxa, 27 Reason For Cell Assignment Change (required): Wknd | |
| 13 | INMT | 10/01/2000 20:00:00 | Moved From Old Cell Location: Main, Book, B5 To New Cell Location: Annex, Anxa, Wknd Reason For Cell Assignment Change (required): W/e | 50933 convert |
| 14 | INMT | 09/29/2000 02:00:00 | Moved From Old Cell Location: Annex, Anxa, Wknd To New Cell Location: Main, Book, B5 Reason For Cell Assignment Change (required): W/e | 50933 convert |
| 15 | INMT | 09/24/2000 20:00:00 | Moved From Old Cell Location: Main, Book, B5 To New Cell Location: Annex, Anxa, Wknd Reason For Cell Assignment Change (required): W/e | 50933 convert |
| 16 | INMT | 09/22/2000 20:00:00 | Moved From Old Cell Location: Annex, Anxa, Wknd To New Cell Location: Main, Book, B5 Reason For Cell Assignment Change (required): W/e | 50933 convert |
| 17 | INMT | 09/17/2000 20:00:00 | Moved From Old Cell Location: Main, Book, B5 To New Cell Location: Annex, Anxa, Wknd Reason For Cell Assignment Change (required): Per 612 | 50933 convert |
| 1,8 | MARC | 09/16/2000 10:00:00 | Inmate Medical Assessment Completed | 50933 convert |
| 19 | TMNI | 09/15/2000 20:00:00 | Moved From Old Cell Location: Annex, Anxa, Wknd To New Cell Location: Main, Book, B5 Reason For Cell Assignment Change (required): Per 612 | 50933 convert |
| 20 | INMT | 09/10/2000 19:50:00 | Moved From Old Cell Location: Main, Book, B4 To New Cell Location: Annex, Anxa, 34 Reason For Cell Assignment Change (required): W/e | 50933 convert |
| 21 | INMT | 09/10/2000 19:50:00 | Moved Froin Old Cell Location: Annex, Anxa, 34 To New Cell Location: Annex, Anxa, Wknd Reason For Cell Assignment Change (required): W/e | 50933 convert |
| 22 | INMT | 09/10/2000 13:18:00 | Moved From Old Cell Location: Annex, Anxa, 34 To New Cell Location: Main, Book, B4 Reason For Cell Assignment Change (required): Hold Per 6io2 | 50933 eonvert |
| 23 | INMT | 09/08/2000 20:00:00 | Moved From Old Cell Location: Annex, Anxa, Wknd To New Cell Location: Annex, Anxa, 34 Reason For Cell Assignment Change (required): Wknd | 50933 convert |
| 24 | INMT | 09/03/2000 20:00:00 | Moved From Old Cell Location: Annex, Anxa, 34 To New Cell Location: Annex, Anxa, Wknd Reason For Cell Assignment Change (required): 34 | 50933 convert |
| 25 | TMMI | 09/01/2000 21:30:00 | Moved From Old Cell Location: Main, Book, B9 To New Cell | 50933 convert |

| 1 | Event | Date Time | Log Notes | Booking # User ID Wkst |
|----|-------|---------------------|--|------------------------|
| | - | | Location: Annex, Anxa, 34 Reason For Cell Assignment Change (required): Wknd | |
| 26 | воок | 09/01/2000 21:03:00 | Started Booking Process | 50933 convert |
| 27 | INMT | 09/01/2000 21:03:00 | Assigned To Cell Location: Main, Book, B9 | 50933 convert |

Judgment – Lacy Pickens, III

ACIS Reports – Lacy Pickens, III

| | | | | | :- | | - | | | |
|---|---|------------------------|-----------------------------------|--|------------------|----------|---------------------------|--|---------------------------|---------------------|
| STATE OF | NORT | H CARU | LINA | | | | <i>lo.</i> | 00CI | RS52007 | |
| BUNCOM | BE | _ County | | | Seat of Court | | In Ti | ne General Cou | | ice |
| NOTE: [This form is to be consolidated for ju | e used for (1) Udgm e nt with | | nd (2) misdamaa s). Usa AOC-CR | nor aflanse(s), which i-310 for DWI offer | h are | | | Superior Court | | .108 |
| Name Of Defendant | ST | ATE VERSU | S | | JUD | GMEN | T SUSPEND | ING SENTENC | E - FELON | Y. |
| PICKENS, LACY | TTT | | | | _ | | | MEDIATE PUN | | ٠. |
| Race | ш | Sex | | 008 | — ⊔ ımı | | | UNITY PUNISH SENTENCING | | |
| Black | • | Ma | le | 08-20-197 | 8 | ,,, | | 1341, -1342, -134 | | -1346 |
| Attorney For State | GAST,DO | NC | Oct. Fou. | | Attorney For L | | , REED | □ Ap | polnted X | Retained |
| The defendant | ⅓ bjeq gr | uilty to: 🔲 w | as found g | uilty by a Jur | of: pled | no con | test to: | • | | |
| File No.(s) | Off. | | Offens | e Description | | | Offense Date | G.S. No. | . F/N | 1 CL. |
| 00CRS52007 00CRS7018 | 51 51 | Possess W Maintain | ith Inte | ent to Sel | l Sch. II | ıbsta | 2/10/20 nces | 00 90-95(a) 000 90-108(e | (1) F | H |
| The Court: | | 277. | | | | | | _ | | <u> </u> |
| 1. has determine 2. mekes no pric | or record le | evel finding bec | ause none is | required. | | | | PRIOR [RECORD LEVEL: [| | □vī |
| The Court (NOTE: 8/d XX 1. mekes no wr G.S. 15A-13 | itten find | Ings because | ked.): the prison | term impose | is within the | presun | nptive range | of sentences aut | horized un | der |
| 2. makes the Fi | ndings of | Aggravating | and Mitigal | ting Factors | set forth on the | e attac | hed AOC-CR | 605. | | / / |
| 3. makes the Fig. 4. finds the defe | | | | | | | | 144 | | |
| 5. finds enhance | ed punist | ment from a | Class A1 o | r Class 1 mis | demeanor to a | | | | | |
| ☐ 6. Imposes the | | | | -3(c) (hate cr | | nder A | । eticle 58 of G | S Chanter 15/ | | |
| 7. finds the abo | ve desigr | nated offenses | s(s) is a rep | ortable conv | iction involving | a min | or. G.S. 14- | 208.6. | ٠. | |
| 8. finds the defe | endant (s | classified as | a sexually v | violent predat | or. G.S. 14-2 | 08-20. | | , | | |
| The Court, having col and understandingly o | | | | | | | | | eely, volum | arily, |
| for a minimum term | of <u>8</u> | m | onths for a | maximum t | erm of <u>1</u> | 0 | months | in the custody o | f the N.C. | DOC. |
| This sentence sha | all run át ti | ne expiration of | sentence im | nposed in file n | umber | | | | | <u> </u> |
| The defendant shall b | e given cr | edit for | daya sp | ent in the conf | inament prior to | the da | te of this Judge | ment as a result of | this charge | r(s) |
| to be applied toward | the Lis | prediction impose | 20 | | OF SENTEN | | Souther set for | NON ADE-CK-BOS | Paga 1Wo | SEVERATOR S |
| ☐ With 🙀 Withou | t" the co | nsent of the de | fendant and | subject to the | conditions set o | out belo | w, the execution | on of this sentence | ia euspand | ed |
| and the defendant | t is pieced | an 🖾 superv | rised L | unsupervise | d probation for | | 36 | _ months. | | |
| (*NOTE: For offen | | | | | | | | <i>ded.)</i> Ified in G.S. 16A-1 | 343.2(d). | |
| 2. The Court find | s that it is | NOT approprie | te to delegat | te to the Divisi | on of Adult Prot | oation a | nd Parole in the | Depertment of C | orrection th | e |
| | | | | | | is sent | enced to a con | munity punishmer | nt, or | |
| G.S. 15A-1343 ☐ 3. The above peri | | | | | | arcerati | ion in the case | referred to below. | | |
| 4. The above peri | | | | | | | | | | |
| The state of the second second second second | e number, | | | | tence imposed.) | <i>.</i> | | | D | |
| File Number | | Offense | [2 | ounty | | | Court | | Date | |
| 5. The defendent | shall com | | L ditions set f | forth in file our | nber | | | | | |
| | | TOTAL CONTRACTOR STATE | | | ONDITIONS | | onotekszanyun izalen esia | r na standard a contrata de la contrata del contrata de la contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata del | e follower men a complete | ASIN'URANE DI LANCO |
| The defendant shall | l pay to | the Clerk of S | - El | | | ' show | n below, plus | the probation s | upervision | fee, |
| pursuant to a sched | dule 🔀 | determined b | | | | | he court as fo | | | |
| osts pay 1 | Fine | CONTRACTOR OF THE | Restitution* | | tomey's Fee | | ommunity Service | | | |
| 210.00 | \$ | | \$ \ Ocdoo ()a | \$ | | 1 | | \$210.0 | <u> </u> | |
| See attached "Restitu | | | | | | | | | mone all | |
| All payments rece G.S. 7A-304(d) pr Upon payment of | rioritles | and batora ; | payment of o | community eer | vice and probati | ion supe | ervislon fees. | | anong an | |
| ACC-CB-603 Rev 2/3 | | | , producti | and the state of t | | | | - F | | |

| REGULAR CONDITIONS OF PR | OBATION - G.S. 15A-1343(b) |
|--|--|
| | (2) Possess no firearm, explosive device or other deadiy weapon listed in |
| G.S. 14-269. (3) Remain gainfully and suitably amployed or falthfully p for suitable employment, and abide by all rules of the institution. (4) Sa | pursue a course of study or vocational training, that will equip the defendant |
| If the defendant is on supervised probation, the defendant shall also: (5 | |
| | directed by the Court or the probation officer to the officer at reasonable |
| times and places and in a reasonable manner, permit the officer to visit | at reasonable times, answer all reasonable inquiries by the officer and obtain |
| | in address or employment. (7) Notify the probation officer if the defendant |
| · · · · · · · · · · · · · · · · · · · | asignated by the probation officer, visit with the probation officer a facility |
| maintained by the Division of Prisons. If the defendant is to serve an active sentence as a condition of special | probation, the defendant shall also: (9) Obey the rules and regulations of the |
| Department of Correction governing the conduct of Inmates while impris | |
| within seventy-two (72) hours of the defandant's discharge from the ac | |
| SPECIAL CONDITIONS OF PROBATIO | N - G.S. 15A-1343(b1), 143B-262(c) |
| | which the Court finds are reasonably related to the defendant's rehabilitation: |
| | or Court for transmittal/notification to the Division of Motor Vehicles and not |
| operate a motor vehicle for a period of | or until relicensed by the Division of Motor Vehicles, whichever is later. |
| | ion officer of the defendant's person, and of the defendant's vehicle and |
| | ses which are reasonably releted to the defendant's probation supervision: |
| x stolen goods x controlled substances x contraband | |
| 💹 13. Not use, possess or control any illegal drug or controlled substan | nce unless it has been prescribed for the defendent by a licensed physician |
| | xed on it; not knowingly associate with any known or previously convicted |
| | stances; and not knowingly be present at or frequent any place where illegal |
| drugs or controlled substances are sold, kept or used. | |
| defendant's probation officer. | possible presence of a prohibited drug or alcohol, when instructed by the |
| | .D.) during the first months of the period of probation. |
| 16. Complete hours of community or reparation service do | uring the first days of the period of probation, as directed by |
| 1 == ' | y G.S. 143B-475.1(b). ursuant to the schedule set out under |
| monetary conditions above within days of | of this Judgment and before beginning service. |
| 17. Report for Initial evaluation by | <u> </u> |
| | cation programs recommended as a result of thet evaluation, and comply |
| with all other therapeutic requirements of those programs until d | · · |
| 18. Not assault, communicate with, be in the presence of, or be found 19. Other: | |
| | Africa de esta esta de la Asia. Calendaria |
| | omplete outpatient substance abuse treatment at |
| TASC. Attend three AA/NA meetings per week | |
| 20. Comply with the Special Conditions Of Probetion - Intermediate | Punishments - Contempt which are set forth on AOC-CR-603, Page Two. |
| A hearing was held in open court in the presence of the defendant at | t which time a fee, including expenses, was awarded the defendant's |
| appointed counsel or assigned public defender. | entropies and the control of the con |
| ORDER OF COMMITM | ENT/APPEAL ENTRIES |
| | ludgment and Commitment to the sheriff or other qualified officer and that |
| | to the custody of the agency named on the reverse to serve the sentence. |
| Imposed or until the defendant shall have complied with the cond | litions of release pending appeal. uperior Court to the Appellets Division. Appeal entries and any conditions |
| of post conviction release are set forth in form AOC-CR-350. | Special Court to the Appellate Division. Appeal entries and any contactions |
| A CONTRACTOR OF THE CONTRACTOR | E OF JUDGE |
| Date Name Of Presiding Judge (Type Or Print) | \$ignature Of Presiding Yudge |
| | emm daly ha |
| CERTIFIC | CATION |
| I certify that this Judgment and the attachment(s) marked below is a true | |
| 1. Appellate Entries (AOC-CR-350) | the second of th |
| 2. Judgment Suspending Sentence, Page Two (Spacial Conditions Of | f Probotion - Intermediate Punishments - Contempt (AOC-CR-603, |
| | · |
| Pege Two) | and the second s |
| 3. Felony Judgment Findings Of Aggrevating And Mitigating Factors | (AOC-CR-605) |
| 3. Felony Judgment Findings Of Aggrevating And Mitigating Factors 4. Extraordinary Mitigation Findings (AOC-CR-605) | |
| 3. Felony Judgment Findings Of Aggrevating And Mitigating Factors 4. Extraordinary Mitigation Findings (AOC-CR-605) 5. Restitution Worksheet, Notice And Order [Initial Sentancing] (AOC | -CR-611} |
| 3. Felony Judgment Findings Of Aggrevating And Mitigating Factors 4. Extraordinary Mitigation Findings (AOC-CR-605) | the second secon |
| 3. Felony Judgment Findings Of Aggrevating And Mitigating Factors 4. Extraordinary Mitigation Findings (AOC-CR-605) 5. Restitution Worksheet, Notice And Order [Initial Sentencing] (AOC Date Of Certification | C-CR-611) [Signature [] |

| <u> </u> | | STATE VERSUS | | File No | 00ĊRS5 | 2007 | | | |
|---------------------------|--|--|--|---|---|--|---|--|--|
| Nama Of Defen | | | | | | | ~ | | |
| 77 | PICKENS, | | | | · | | | | CHINESE COMP. |
| NOTE: Use | e this page in oc | AL CONDITIONS OF onjunction with ADC-CR-6 neanor(s)"; or AOC-CR-60 | 303, "Judgmen | t Suspending Se | ntence - Fe | elony"; or | AOC-CR-604, ". | | uspending |
| In addition entered in | to complying the above cas | with the regular and a e(s), the defendant shi are defined as interme | ny special cor all elso compl | nditions of prob y with the follo | bation set owing spe | forth in | the "Judgment | Suspendir | ng Sentence" onditions of |
| kxl | a. Serve an a | n - G,S, 15A-1351 active term of 16 [75] endant shall report in a | days 🗌 month | ns hours in | the custo | dy of 📃 | N.C. DOCX | | this County. |
| | Fri. | 9/22/2000 8:00 | MA∏ M¶ ∑ jk | and shall rem custody until: | 8111 1118 | Sun. | 9/24/2000 | 8:00 | ☐ AM X PM |
| f | | endant shall again repo or the next7 | | | | | s term on the s dy during the s | | |
| | (3) The def and sha those ru | endant shall aerve the Il follow the rules of th iles. | active term a lat facility unt | bove as an inp il discharged a | atient in _ and not lea | ave its p | remises except | as authori | zed under |
| | (4) This ser | tence shall be served fees. | at the direction | of the probation | officer w | ithin | □days □ | months of t | hls Judgment. |
| |] (7) Substan | lease is recommended ce Abuse Treatment U | | ended. G.S. ' | 1 5A-13 51 | (h). | | | |
| Fr | _ | at 8:00 p.m. ur ed as set out ab | | y 8:00 PM | constit | cutes 2 | 2 days8 | total | weekends |
| | b. IMPACT - and, if cer Treatment imprisonm date, and within program p | Submit as directed by tiffed to be medically for (IMPACT), further subsent in a facility for you abide by all rules and recommended. | the probation it for participation it, as order or ithful offende egulations as a date of this other reason in the Court a | ation in the Int ad by the office rs for a minimal provided in co Judgment, the s not ordered s directed by t | ensive Mo er, on the um of 90 enjunction defendant to submit | otivation a date an days or with the nt is not | Program of Alt id at the place a maximum of a IMPACT prog certified to be sonment as pro | ernative Co specified, to 120 days for ram; provided medically for vided abou | orrectional to file in from that ded, if, fit for ve then, the |
| 6 | a. Be essigne | Electronic Monitoring of to the Electronic Hou monitoring and abide b litions: | use Arrest Pro y all rules, req | gram for a per gulations and c | iod of directions | of the p | [] days [rogram until dis | months, scharged. | submit to |

| · · · · · · · · · · · · · · · · · · · | |
|---|--|
| XX 3. Intensive | Supervision Program |
| Be assig | ned to the Intensive Supervision Program for a period of6 months (not less than six months), obey all gulations and directions of the program until discharged, and |
| a. Subm | nit at reasonable times to warrantless searches by a probetion officer of the defendant, and of the defendant's le and premises while the defendant is present, for the following purposes which are reasonably related to the |
| defen | dent's probetion supervision: |
| | olen goods controlled substances controlled use, possess or control any illegal drug or controlled substance unless it has been prescribed for the defendant by a |
| licens any k know c. Suppl | use, possess or control any illegal drug or controlled substance unless it has been prescribed for the defendant by a sed physician and is in the original container with the prescription number affixed on it; not knowingly associate with mown or previously convicted users, possessors or sellers of any illegal drugs or controlled substances; and not ringly be present at or frequent any place where illegal drugs or controlled substances are sold, kept or used. Yes a breath, urine and/or blood specimen for analysis of the possible presence of a prohibited drug or alcohol, when coted by the probation officer. |
| d. Compas de presce e. Partic keap f. not bunles. | hours of community or reparation service, termined by the probation officer, and under the direction of the community service coordinator and pay the fee ribed by G.S. 143B-475.1(b) within days of this Judgment and before beginning service. Expete in any evaluation, counseling, treatment or education program as directed by the probation officer, feithfully all scheduled appointments, and abide by ell rules, regulations and directions of each program. The away from the defendant's place of residence between the hours of p.m. and p.m. a.m. a.m. a.m. as authorized in writing by the probation officer. |
| 1 | t waives community service |
| : | |
| M 4 Booldook | int Decourse. |
| 4. Resident | r reside in |
| of | days, months, and abide by all rules and regulations of that program. |
| 5. Day-Repo | orting Center |
| | for a period |
| this condi | tion is reasonably related to the defendant's rehabilitation. |
| 6. Commun | Ity Penalties Plan |
| | ndent is placed on supervised probation as set forth on the attached AOC-CR-803 or CR-604 pursuant to a |
| | ty panelties plan. point conditions of probation which the Court finds are reasonably related to the defendent's rehabilitation. |
| | |
| | Control of the Contro |
| | Appelante de la companya (121). Na farancia |
| 144 41 | |
| | |
| | AND THE RESERVE OF THE PARTY OF |
| ** *** | The property of the state of th |
| • | |
| r transvis | Mar file vice there exists for the color of the color of the colors of t |
| | |
| | |
| • | |
| | tions are incorporated in the "Judgment Suspending Sentence" in the above case(s) and made a part thereof. |
| The shows condi | trons are incorporated in the Subgriding Sentences in the above caseing and indeed a part triored. |
| | |
| Date 1 | Name Of Presiding Judge (Type Or Print) |
| Date 9/2/2 | 000 Charles Lamm Class Co |
| Pere Olz 1 2 | copy of this Page Two of this Judgment which contains additional conditions of my probation and I agree to |
| 1 heve received a them. I understa | 000 Charles Lamm Class Co |
| heve received a them. I understa liable to me for a wrongdoing. | copy of this Page Two of this Judgment which contains additional conditions of my probation and I agree to and that no person who supervises me or for whom I work while performing community or reparetion service is any loss or damage which I may sustain unless my injury is caused by that person's gross negligence or intentional |
| heve received a them. I understa liable to me for a wrongdoing. | copy of this Page Two of this Judgment which contains additional conditions of my probation and I agree to and that no person who supervises me or for whom I work while performing community or reparetion service is |
| I have received a them. I understate liable to me for a wrongdoing. | copy of this Page Two of this Judgment which contains additional conditions of my probation and I agree to and that no person who supervises me or for whom I work while performing community or reparetion service is any loss or damage which I may sustain unless my injury is caused by that person's gross negligence or intentional |

STATE VERSUS

File No.

00CRS 52007

Name Of Delandant

PICKENS, LACY III

| | PICK | ENS, L | ACY III | Tona Grant | THE PARTY OF THE P | D. Control of Co. | Trans. |
|---|---------------------------|--------|--|--------------|--|-------------------|--------|
| | | 70.00 | ADDITIONAL FILE NO.(S) AND OFFEN | SE(S) | | | |
| | File No.(s) | Off, | Offense Description | Offense Date | g.s. No. | F/M CL M 2 | |
| | 00CRS52008 | 51 | No operators license | 2/10/2000 | 20-140(b) | M 1 | |
| | | 52 | Reckless Driving | 2/10/2000 | 20 140(0) | | |
| | | | · | | | | |
| | | | · | | | | |
| | |] | • | | [| | |
| | | | | | ĺ |] | |
| | | } | | | | | |
| | | | | 1 | | | |
| | | ļ | | | | | |
| | | | | | | | |
| | | · | • | 1 | | | |
| | middle treesed | | | |] | | |
| | officer waters | | 2 R | | | | |
| • | product of the section of | | (SAC) A SECOND S | | | . ' | • |
| | | | | ·· | | | |
| | 100000 | | | | | | |
| | | | ' | | | | |
| | | | | | | | |
| | | } | | | | | |
| | | | | | ************************************** | and a common and | |
| • | | | | | | | |
| | • | | | | | | |
| l | | | 4 | | | | |
| | • | | | | | | |
| 1 | | | • | | | | |
| l | | | | ļ | | | |
| 1 | | | | | | | |
| | | | | | | | |
| | | , | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 1 | | | | 1 | | 1 1 | |
| 1 | | | • | | | | |
| Į | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | . | |
| | | | | 1 | | | |
| | ļ | | | | | | |
| | | | | | | | |
| | | | | , | | | |
| 1 | | | | | | | |
| | | | • | | | | |
| | | | | | | | |
| 1 | | | | - | | | |

100 BUNCOMBE DISPOSED ICA INQUIRY 01 00CR 007590 FILM: R S DOB/AGE CR FILING DATE: 071200 B M 08201978 DL#: 20417064 CITATION

CITATION B M 08 PICKENS, LACY, III 44D SEVIER ST APTS CIT#: C9716620 TRIAL DATE: 082800

CSLR: CSLRC: AM
R TYP: R VRA: ASHEVILLE NC 28804 DEF ATTY: R

CHG/ARRN OFFN: T DWLR 20-28(A)

CPD ISSUED: 062500 SERVED: 062500 COMPLAINANT: MORMAN, V, L

 COMPLAINANT: MORMAN, V, L
 CPD ISSUED: 062500 SERVED: 062500

 OFFN DATE: 062500 ARRN DATE: MOTIONS DATE: DISP DATE: 082800

 CONT. D: 00 S: 00 C: 00 NR: 00 RSONCO: GANG REL: DV CV: N

PLEA VER MOD FINE COSTS REST
GU GU JU \$ \$ \$
CONV OFFN T DWLP REST JUDGE PAID TO-BE-PAID GSC

SENT TYPE: 20-28(A)

CONV OFFN: T DWLR SENT LEN: -CONS F/JGMT: 99CR 010675 01

PROB: SENT TYPE: CONS F/JGMT: 99CR 0106'
PROB: WITHDRAWN: APPEALED TO SUPERIOR:
AREA CD: ACCD: N HWY: V LIC: MZM4917 TRANS TO SUPERIOR: CDL: N CMV: N HAZ: N TRP/DIST: V ST: NC V TYP: P APPELLATE:

COST REMITTED

ARREST DATE: CHECK DIGIT: SID: LID: 085109
NEXT#: PF2 - NAME INQUIRY ADDL CHAR ADDL CHARGES: SP001-NO ACTION TAKEN

CRIMINAL SUPPLEMENTAL INQUIRY 01

PICKENS, LACY, III 00CR 007590 CITA: C9716620

CHRG OFFN: 5418 DWLR 20-28(A)

SPEED: MPH ZONE: DV CH: V
GS: 20-28(A) DV CH: VRA: ARRN OFFN: 5418 ARRN OFFN: 5418
MFTI: T TEXT: DWLR
TRIAL DATE: 082800 CONT BY:
SERV DATE: 062500 RET UNSERV:

COURTROOM: AM/PM/NC: AM

REDEL DATE:

ARREST DT: CHECK DIGIT: RS/RV:

TYPE: R ADA: DB BJORLIN, D DEF ATTY: R

WAIV CT-APPTD ATTY?: C&F: 90DF: NON MV FTC: OFA: KEEP OFA?: N SCO: OOF: CASH BF:

PROBATION VIOL DATE: REINSTATEMENT:

FTA 20DF: OFFENSE DATE: 062500 FTA 20DF COMPLIANCE: DISPOSED DATE: 082800

ADDL CHARGES:

INQUIRY ADDL CHARGES?:

NEXT #: PF11=EVNT 12=CNCL

100 BUNCOMBE ICA INQUIRY 01 00CR 007787 FILM: DISPOSED R S DOB/AGE CR FILING DATE: 070600 B M 08201978 DL#: 20417064 CITATION PICKENS, LACY, TTI CIT#: C0314163 TRIAL DATE: 082800 44D SEVIER ST APTS CSLR: CSLRC: AM ASHEVILLE NC 28804 DEF ATTY: R TYP: R VRA: CHG/ARRN OFFN: T DWLR 20-28(A) CPD ISSUED: 070100 SERVED: 070100 COMPLAINANT: BYRD, M, D OFFN DATE: 070100 ARRN DATE: MOTIONS DATE: DISP DATE: 082800 CONT. D: 00 S: 00 C: 00 NR: 00 RSONCO: GANG REL: DV CV: N COSTS PLEA VER MOD FINE REST JUDGE PAID TO-BE-PAID GU GU JU \$ GSC 20-28(A) CONV OFFN: T DWLR CONS F/JGMT: 99CR 010675 01 SENT TYPE: SENT LEN: -WITHDRAWN: WITHDRAWN: AFPEALED TO SUPERIOR:
V LIC: MZM4917 TRANS TO SUPERIOR: PROB: AREA CD: ACCD: N HWY: CDL: N CMV: N HAZ: N TRP/DIST: V ST: NC V TYP: P APPELLATE:

ARREST DATE: CHECK NEXT#:

COST REMITTED

CHECK DIGIT: SID: LID: 085109

LID: 085109 ADDL CHARGES:

PF2 - NAME INQUIRY

99 G 10675

CRIMINAL SUPPLEMENTAL INQUIRY 01

PICKENS, LACY, III 00CR 007787 CITA: C0314163 DWLR 20-28(A)

CHRG OFFN: 5418 DWLR ARRN OFFN: 5418

DV CH: VRA:

ARRN OFFN: 5418 SPEED: MPH ZONE: DV CH: V
MFTI: T TEXT: DWLR GS: 20-28(A)
TRIAL DATE: 082800 CONT BY: COURTROOM: AM/PM/N
SERV DATE: 070100 RET UNSERV: REDEL DATE:
ARREST DT: CHECK DIGIT: DO(20)

COURTROOM: AM/PM/NC: AM

DEF ATTY: R

TYPE: R ADA: DB BJORLIN, D WAIV CT-APPTD ATTY?: C&F: 90DF: NON MV FTC:
OFA: KEEP OFA?: N SCO: OOF: CASH BF:

REINSTATEMENT: PROBATION VIOL DATE:

OFFENSE DATE: 070100 DISPOSED DATE: 082800 FTA 20DF: FTA 20DF COMPLIANCE:

ADDL CHARGES:

INQUIRY ADDL CHARGES?:

NEXT #: PF11≃EVNT 12≃CNCL

100 BUNCOMBE ICA INQUIRY 01 99CR 010675 FILM:
DISPOSED R S DOB/AGE CR FILING DATE: 102799

CITATION FTAC:082800 B M 08201978 DL#: 20417064 NC
PICKENS, LACY, III CIT#: C9343731 TRIAL DATE: 082800
48 HANSEL AVE LOT 3 CSLR: CSLRC: AM

CSLR: CSLRC: AM

ASHEVILLE NC 28806 DEF ATTY: WAIVED TYP: W VRA:

CHG/ARRN OFFN: T DWLR 20-28(A)

SFF ISSUED: 102299 SERVED: 102299

 COMPLAINANT: TAYLOR, E
 SFF ISSUED: 102299
 SERVED: 102299

 OFFN DATE: 102299
 ARRN DATE: MOTIONS DATE: DISP DATE: 082800

 CONT. D: 00 S: 00 C: 00 NR: 00
 RSONCO: GANG REL: DV CV: N

 COMPLAINANT: TAYLOR, E

FINE COSTS REST JUDGE PAID TO-BE-PAID 00800.00 \$ 140.00 \$ GSC YES PLEA VER MOD

GU GU JU \$ 00800.00 \$ 140.00 \$ CONV OFFN: T DWLR 20-28(A)

SENT LEN: 120 D - SENT TYPE: C CONS F/JGMT:
PROB: 024 M UNSUPERVISED WITHDRAWN: APPEALED TO SUPERIOR:
AREA CD: ACCD: N HWY: V LIC: MTV8534 TRANS TO SUPERIOR:

CDL: N CMV: N HAZ: N TRP/DIST: V ST: NC V TYP: P APPELLATE: NOT OPR MTR VEH UNTIL LIC TO DO SO

ARREST DATE: CHECK DIGIT: SID: LID: 085109
NEXT#: PF2 - NAME INQUIRY ADDL CHAR ADDL CHARGES: Y

100 BUNCOMBE ICA INQUIRY 02 99CR 010675 FILM:
DISPOSED R S DOB/AGE CR FILING DATE: 102799
CITATION FTAC:082800 B M 08201978 DL#: 20417064
PICKENS, LACY, III CIT#: C9343731 TRIAL DATE: 0828 CIT#: C9343731 TRIAL DATE: 082800

48 HANSEL AVE LOT 3 CSLR: CSLRC: AM
ASHEVILLE NC 28806 DEF ATTY: WAIVED TYP: W V
CHG/ARRN OFFN: T FICT/CNCL/REV REG CARD/TAG 20-111(2) TYP: W VRA:

CHG/ARRN OFFN: T FICT/CNCL/REV REG CARD/TAG 20-111(2)

EA VER MOD FINE COSTS REST JUDGE PAID TO-BE-PAID

VD \$ \$ GSC PLEA VER MOD

CONV OFFN:

- SENT TYPE: SENT LEN: CONS F/JGMT:

PROB: WITHDRAWN: APPEALED TO SUPERIOR:
AREA CD: ACCD: N HWY: V LIC: MTV8534 TRANS TO SUPERIOR: CDL: N CMV: N HAZ: N TRP/DIST: V ST: NC V TYP: P APPELLATE:

ARREST DATE: CHECK DIGIT: SID: LID: 085109
NEXT#: PF2 - NAME INQUIRY ADDL CHAR ADDL CHARGES: CRIMINAL SUPPLEMENTAL INQUIRY 01

PICKENS, LACY, III 99CR 010675 CITA: C9343731 DWLR 20-28(A) CHRG OFFN: 5418 DWLR

SPEED: MPH ZONE: DV CH: V GS: 20-28(A) DV CH: VRA: ARRN OFFN: 5418

ARRN OFFN: 3410
MFTI: T TEXT: DWLR
TRIAL DATE: 082800 CONT BY:
SERV DATE: 102299 RET UNSERV: GS: COURTROOM: REDEL DATE:

AM/PM/NC: AM

CHECK DIGIT: RS/RV:

TYPE: W ADA: DB BJORLIN, DEF ATTY: WAIVED

FATTY: WAIVED TYPE: W ADA. DB BOOKEN,
WAIV CT-APPTD ATTY?: C&F: 90DF: NON MV FTC:
CASH BF: OFA: KEEP OFA?: N SCO:

REINSTATEMENT: PROBATION VIOL DATE:

FTA 20DF: 032300 FTA 20DF COMPLIANCE: 082800 OFFENSE DATE: 082800 OFFENSE DATE: 102299

ADDL CHARGES: Y

INQUIRY ADDL CHARGES?:

NEXT #: PF11=EVNT 12=CNCL

CSLR: CSLRC: AM

ASHEVILLE NC 28804 DEF ATTY: R TYP: R VRA:

CHG/ARRN OFFN: T DWLR 20-28(A)

CPD ISSUED: 051800 SERVED: 051800 COMPLAINANT: REYNOLDS, G COMPLAINANT: REYNOLDS,G CPD ISSUED: 051800 SERVED: 051800 OFFN DATE: 051800 ARRN DATE: MOTIONS DATE: DISP DATE: 082800 CONT. D: 00 S: 00 C: 00 NR: 00 RSONCO: GANG REL: DV CV: N

PLEA VER MOD FINE COSTS REST JUDGE PAID TO-BE-PAID GU GU JU \$ \$ \$ GSC

20-28(A)

CONV OFFN: T DWLR SENT LEN: -

CONV OFFN: T DWLR

SENT LEN: - SENT TYPE: CONS F/JGMT: 99CR 010675 01

PROB: WITHDRAWN: APPEALED TO SUPERIOR:

AREA CD: ACCD: N HWY: OT V LIC: MTV1762 TRANS TO SUPERIOR: CDL: N CMV: N HAZ: N TRP/DIST: V ST: NC V TYP: P APPELLATE:

COST REMITTED

LID: 0085109

ARREST DATE: CHECK DIGIT: SID:
NEXT#: PF2 - NAME INQUIRY ADDL CHARGES: Y 100 BUNCOMBE DISPOSED ICA INQUIRY 02 00CR 057269 FILM:

R S DOB/AGE CR FILING DATE: 051900 B M 08201978 DL#: 20417064

CITATION PICKENS, LACY, III
44D SEVIER ST APTS CIT#: C0033778 TRIAL DATE: 082800

44D SEVIER ST APTS CSLR: CSLRC: AM
ASHEVILLE NC 28804 DEF ATTY: R TYP: R V
CHG/ARRN OFFN: M SIMPLE POSSESS SCH VI CS (M) 90-95(D)(4)

TYP: R VRA:

COMPLAINANT: REYNOLDS,G CPD ISSUED: 051800 SERVED: 051800 OFFN DATE: 051800 ARRN DATE: MOTIONS DATE: DISP DATE: 082800 CONT. D: 00 S: 00 C: 00 NR: 00 RSONCO: GANG REL: DV CV: N CPD ISSUED: 051800 SERVED: 051800

PLEA VER MOD FINE COSTS REST JUDGE PAID TO-BE-PAID VD \$ \$ \$ GSC

CONV OFFN:

SENT LEN: - SENT TYPE: CONS F/JGMT:

SENT LEN: - SENT TYPE: CONS F/JGMT:
PROB: WITHDRAWN: APPEALED TO SUPERIOR:
AREA CD: ACCD: N HWY: OT V LIC: MTV1762 TRANS TO SUPERIOR: CDL: N CMV: N HAZ: N TRP/DIST: V ST: NC V TYP: P APPELLATE:

ARREST DATE: CHECK DIGIT: SID: LID: 0085109
NEXT#: PF2 - NAME INQUIRY ADDL CHARG ADDL CHARGES: CRIMINAL SUPPLEMENTAL INQUIRY 01

PICKENS, LACY, III 00CR 057269 CITA: C0033778 DWLR 20-28(A) CHRG OFFN: 5418 DWLR

SPEED: MPH ZONE: DV CH: V
GS: 20-28(A) DV CH: VRA: ARRN OFFN: 5418

COURTROOM: AM/PM/NC: AM

ARRN OFFN; 5416
MFTI: T TEXT: DWLR
TRIAL DATE: 082800 CONT BY:
SERV DATE: 051800 RET UNSERV: REDEL DATE:

CHECK DIGIT: RS/RV:
TYPE: R ADA: DB BJORLIN,D ARREST DT:

DEF ATTY: R

TYPE: R ADA: DB BJORLIN, D
WAIV CT-APPTD ATTY?: C&F: 90DF: NON MV FTC:
OFA: KEEP OFA?: N SCO: OOF: CASH BF:

PROBATION VIOL DATE: REINSTATEMENT:

OFFENSE DATE: 051800 FTA 20DF: FTA 20DF COMPLIANCE: DISPOSED DATE: 082800

ADDL CHARGES: Y

INQUIRY ADDL CHARGES?:

NEXT #: PF11=EVNT 12=CNCL

Letter from Attorney Carl Horn, III

Law Offices of Carl Horn, III, PLLC
2810 Wamath Drive
Charlotte, NC 28210
(704) 591-6398
ch@carlhornlaw.com

March 25, 2011

Mr. Jamie T. Lau, Staff Attorney NC Innocence Inquiry Commission P.O. Box 2448 Raleigh, NC 27602

Re: Jennifer Lee Regan Deposition

Dear Mr. Lau:

First, I want to thank you and Ms. Montgomery-Blinn for your courtesy, particularly in adjusting the time of the deposition to accommodate my teaching schedule and in taking the time to read Mr. Rutherford's statement to me over the telephone. As a public employee myself for almost 25 years I think it is very important to season any power we wield with a measure of servant-like humility and you seem to have learned that lesson well.

The second purpose of this letter is to explain why I have counseled Ms. Regan to plead the Fifth Amendment in response to any questions concerning her relatively brief relationship with Mr. Rutherford or the others implicated in Mr. Rutherford's statement. As I mentioned on the telephone, it is not because of any damaging revelation Ms. Regan has made to me. Rather, it is because I know as a former federal prosecutor (Chief Assistant U.S. Attorney, 1987-1993) and U.S. Magistrate Judge (1993-2009) that those who have been charged with or convicted of crimes not infrequently embellish and/or lie in the "assistance" provided law enforcement in exchange for a degree of leniency. I have also experienced on too many occasions how an overly aggressive prosecutor can "spin" innocent facts and/or denials of wrongdoing into an incriminatory story. Indeed, that kind of unfortunate public lawyering is one of the major motivations behind the creation of your Commission.

I want to assure you that it is these concerns rather than an attempt to hide any damaging conduct or information which is the reason I have advised Ms. Regan to plead the Fifth Amendment. In fact, based on the information I have been provided, Ms. Regan would not appear to have much if any value as a witness, even if she was granted immunity. On the other hand, I have advised Ms. Regan that should she be granted immunity in the future she would no

longer have a Fifth Amendment privilege in regard to what little relevant information she may have.

Finally, as you know, Jennifer Regan was an 18-year-old girl who had just received her high school diploma during her brief relationship with Robert Rutherford. Much of the time she knew him Mr. Rutherford was on house arrest at his Grandmother's residence or in the Buncombe County Jail. She has not seen Rutherford since he was shipped to prison following conviction and sentencing on federal drug charges. In sharp contrast, in the past ten years Ms. Regan has served as an Avionics specialist and received a Secret Security Clearance in the U.S. Air Force, been deployed twice to Afghanistan, and has been employed since 2007 by the U.S. Forest Service as a "Communications Manager." She is currently engaged to a nice young man who owns a company engaged in medical research.

I hope this information is helpful in placing my counsel to Ms. Regan to plead the Fifth Amendment in proper contrast.

Best regards to you and Ms. Montgomery-Blinn, and wishing you both continued success in your important work.

Sincerely, Carl Horn

Carl Horn, III

Attorney for Jennifer Lee Regan

cc: Kendra Montgomery-Blinn

Affidavit of DEA Agent, Barnabas Whiteis

Robert Rutherford Confession

Affidavit

- I, Barnabas G. Whiteis, having been duly swom, state the following:
 - 1. The DEA Form 6, Report of Investigation, that I prepared on or about March 28, 2003, a copy of which is attached to this affidavit, is a fair and accurate summary of information provided to me by Robert Rutherford pertaining to the drug-related murder of Walter Bowman in Buncombe County on September 18, 2000. This information was provided to me by Rutherford in the course of telephonic conversations that I had with Rutherford on March 27 and 28, 2003. These conversations occurred as a result of calls that Rutherford placed to me on those dates while incarcerated at FCI Manchester Kentucky.
 - 2. To the best of my recollection, I knew that it was Rutherford that I was speaking with at the time that I engaged in the above-described telephone conversations because he identified himself to me on two (2) separate phone conversations and I recalled his voice when I was speaking with him as I had dealt with him several times prior to his incarceration.
 - 3. To the best of my recollection, Rutherford had indicated to me that he wanted to discuss with me information that he had regarding the above-described murder in an effort on his part to obtain a reduction in the federal sentence that he was serving at the time, and/or to get consideration in the disposition of any subsequent prosecution of him by state or federal authorities, as a result of his participation in the home invasion burglary that he described to me.
 - 4. I passed all information I obtained from Rutherford to the Buncombe County Sheriff Department for further investigation, as the murder was being investigated by them.

I hereby swear and attest that the forgoing is true and correct to the best of my knowledge and belief.

CARLOS AVALOS

MY COMMISSION EXPIRES
March 28, 2012

Date

70-d 14, 2011

Barnabas G. Whiteis

Notarized:

SYNOPSIS

On March 27 and 28, 2003 Robert RUTHERFORD confessed to SA Whiteis telephonically as to a homicide that he was involved in that occurred in the Fairview Community of Asheville NC in 2000.

DETAILS

On March 27, 2003 and again on March 28, 2003 SA Whiteis received phone calls from Robert RUTHERFORD located at the FCI Manchester KY federal prison. RUTHERFORD stated he was involved in a murder in August 2000 and wanted to give 5A Whiteis the information. SA Whiteis stated that he could not promise any time off but if RUTHERFORDs information was 100% correct and he was not lying that he (RUTHERFORD) would get the best deal if prosecuted and SA Whiteis would talk with the District Attorney as well as AUSA Jill Rose on behalf of RUTHERFORD'S cooperation.

Rutherford stated the following:

-In August 2000, Dawana SOWENS was dating Shaun BOWMAN and learned that his father FNO BOWMAN (true name Walter BOWMAN hereafter referred to as the deceased) had approximately \$108,000 in currency, marijuana and cocaine located in his residence in the Fairview community of Buncombe County NC. BOWENS related this information to RUTHERFORD and her other boyfriend Bradford SUMMEY. The three decided to burglarize the residence. They were shown the residence and the surrounding neighborhood by Jennifer

| (1. Distribution: | 12. Signature (Agent) | 13. Date |
|-------------------|------------------------------|----------|
| Oivision | BERNABAS NHITELS SA | 4/15/33 |
| District | 14. Auproveo (Roma and Tida) | 15. Inle |
| Odin: SAAI | LERRY SPROAT, GS | |
| DEA Form - 6 | DEA SENSITIVE | |

I - Prosecutor

The report is the property of the Drug Enforcement Administration. Neithor in nor its contents may be desemblized outside the agency to which loaned.

Previous opition dated 8/94 may be most.

| 1 (1.5 to 1.5 to | the same of the sa | | | | | |
|--|--|--|--|--|--|--|
| REPORT OF INVESTIGATION | 1. FZa No. 2. G-OEP Identifier KE-01-0027 XNC30 | | | | | |
| (Continuation) | 3. Fiethe BRASHELL, DENNIS | | | | | |
| 4. Fago 2 of 4 | | | | | | |
| 5. Frogram Code | 6. Date Prepared 03/28/03 | | | | | |

REAGAN. They also contacted Jay PICKENS who also wanted to help on the burglary They then watched the house.

-RUTHERFORD stated that after several attempts by PICKENS, SUMMEY and himself to burglarize the house when no one was home; BOWENS stated that the money and drugs were inside the house so they decide to rob the residence even though individuals were home.

-Sometime RUTHERFORD believed in August 2000, RUTHERFORD, SUMMEY and PICKENS then drove in PICKENS vehicle, a 1970's model blue Olds Cutlass sedan, stopping at a store prior to the shooting near Reynolds High School. They parked less than a block from the house on the same side of the street in a dirt drive. The three of them all smoked Newport cigarettes, RUTHERFORD was unsure if they were smoking prior to entry into the residence. They approached the residence stopping and hiding in bushes to the right of the house and observing several individual inside. They then decided to go ahead with the robbery.

-At approximately 9:30 to 10:00pm they entered the deceased residence wearing bandanas over their faces, PICKENS and SUMMEY had gloves on. SUMMEY carried a silver 9mm semi-auto pistol, PICKENS carried a 12 gauge full size pump shotgun with pistol grip, RUTHERFORD had no weapon. RUTHERFORD opened the front screen door, the main door was already open. FICKENS and SUMMEY followed by RUTHERFORD can into the residence. There were several individuals (possibly 4) in the living room on the couch watching the ballgame on TV to the left. One of the individuals was the deceased son, Shaun BOWMAN. Upon entry into the house, PICKENS made all individuals get on the floor of the living room with RUTHERFORD standing guard. The deceased ran from either the living room or the kitchen area upon their entry, running into the first room on the left. He was followed by SUMMEY. The deceased ran into the room and closed the door. SUMMEY went up to the door trying to get it open and then shot through the door near the lock. RUTHERFORD believed SUMMEY had slugs in the shotgun. The shot scared all of the them so badly that they then left out the front door without going to the rear right bedroom where the cash was supposed to be.

DEA Form → 6a (Jul. 1920) DEA SENSITIVE
Drug Enforcement Administration

1 - Prosecutor

This report is the property of the Drug Enforcement Administration. Heither it not its confinite may be discerninated publics the agency to which leaned.

Provious edition dated 8/90 may be used.

28/00.9

8955528288 01 1982842488

APP 15 2003 15:43 FR DEA CHARLOITE DO

Dreg Enforcement Administration :

| The second secon | and applying the same of the s | | | | |
|--|--|-----------------------------|--|--|--|
| REPORT OF INVESTIGATION | 1. File No. KF-01-0027 | 2. G-OだP Idendier XIIC3D | | | |
| (Continuation) | A FM TWE BRASNELL, DENNIS | | | | |
| 4. Page 3 of 4 | | | | | |
| 5, Program Coda | 6, Date Prepared 03/28/03 | NL . | | | |

-After departing the residence they retrieved their car, stopping by a ditch along the road and putting both weapons there. They then went to the Shell gas station on Hendersonville highway where RUTHERFORD threw away his bandana the others may have thrown away their gloves. The three then went to his (RUTHERFORD) grandmothers house where his mother was. RUTHERFORD told his mother about the shooting. They then drove to SUMMEY's residence where RUTHERFORD picked up his car.

-The following day, RUTHERFORD learned from the news media that FNU BOWMAN had died. Later, either that day or the next, RUTHERFORD, PICKENS, BOWEN, SUMMEY and REGAN returned to where they had stashed the guns in the ditch. PICKENS held onto his weapon and RUTHERFORD believed he was later stopped and arrested for carrying a weapon. He is unsure if it was the same one used in the robbery. SUMMEY'S shotgun they bagged up and threw it in a dumpster near the UNCA campus.

-RUTHERFORD stated that the three people charged for the murder had proviously done a robbery on the deceased and had been ID by the deceased son, Shoun BOWMAN as the murderers.

INDEXING

RUTHERFORD, Robert Earl

NADDIS 4932030/4865696

PICKENS, Jay

NADDIS NEGATIVE

BMA, Resides in Asheville NC

SUMMEY, Bradford Fitzpatrick NADDIS NEGATIVE

BMA, 5'6" tell, 125 lbs., DOB-12-15-1974, address- 5 Concord Dr., Arden NC 28704, NC DL# 8596209, S5N-241-17-5519, FBI# 215857AB8

BOWENS, Davana

NADDIS NEGATIVE

BFA, 27 YOA, resides in Asheville NC

REGAN, Jennifer Lee NADDIS NEGATIVE WFA, 5'2" tall, DOS-5-28-1982, address- 1179 Garren Cr., Rd.,

Fairview NC 28732, NC DL# 23832825

DEA Form - 6a (Jul., 1898) DEA SENSITIVE
Drug Enforcement Administration

1 - Prosecutor

This report is the property of the Drug Enforcement Administration. Neither it not its contents may be disseminated outside the against to which leaned.

Previous edition dated \$/91 may be used.

| REPORT OF INVESTIGATION | 1. F/a flo. KF-01-0027 | 2. G-DEP lossified XNC 3U |
|--------------------------------|-------------------------------|------------------------------|
| (Continuotion) | 3.F00 THO BRASWELL, DERNIS | |
| Page 4 01 4 5. Program Code | 5. Dato Prepercul 03/28/03 | |

BOWMAN, Shaun Lee

NADDIS 4747662

Addit. Info: BMA, 5'11" tall, DOB 5-4-1975, address- 74 Church Rd., Fairview NC, NC Dt# 20540008 and 9899674, SSN-237-27-4725, F81% 426868TA2

BONMAN, Walter Rodney NADDIS NEGATIVE DECEASED as of 9-18-2000, BMA, DOB 8-17-1949, Address 74 Church Rd., Pairview NC

DEA Form (30t 30t)

- Ba

DEA SENSITIVE Drug Enforcement Administration

1 - Prosecutor

This report is the preperty of the Drug Enforcement Administration. beneat the tils por ils contanta may be dissonunated outside the agency to which leaned

Provious edition dated 8/94 may be used.

000316

Motor Vehicle Reference Guide

Motor Vehicle Reference Guide

| Make/Model | Owner | Notes |
|--|-------------------------------------|---|
| 1983 Chevrolet Impala (blue) 4-door | Kenneth Kagonyera | -Personal car of Kenneth Kagonyera. ¹ -At time of Bowman homicide, this car was located at Kagonyera's grandmother's house. This vehicle was operable. ² -According to BCSO, this car was suspected to have been used in the Bowman homicide. ³ |
| 1971 Oldsmobile Cutlass Supreme (Blue) 2-door | Lacy Pickens | -Personal car of Lacy Pickens, III.⁴ |
| 1999 Ford Econoline Van (Burgundy & Gray) | Barron Shawn Powell ⁵ | -At time of Bowman homicide, Wilcoxson was driving this vehicle. ⁶ It is unclear if he borrowed the vehicle or was trying to purchase the vehicle. |
| 1979 Chevrolet Impala (Green w/white top) | Robert Wilcoxson | -Sold a couple of weeks before the Bowman homicide. ⁷ -This vehicle may have been wrecked a couple of days or weeks prior to the Bowman homicide. ⁸ |
| 1976 Oldsmobile Cutlass (Yellow w/white vinyl top) 2-door | Kenneth Kagonyera | -Personal car of Kenneth Kagonyera. ⁹ -At time of Bowman homicide, car was located at Kagonyera's grandmother's house. This vehicle was operable. ¹⁰ -No indication that this car was suspected to have been involved in the Bowman homicide. |
| 1993 Ford Mustang (Green) | Kenneth Kagonyera | -Personal car of Kenneth Kagonyera. ¹¹ -Car was inoperable. At time of Bowman homicide, car was located at Rice's towing. ¹² -No indication that this car was suspected to have been involved in the Bowman homicide. |
| 1994 Nissan Altima (Black) | Kenneth Kagonyera | -Personal car of Kenneth Kagonyera. ¹³ -Car was inoperable. At time of Bowman homicide, car was located at Rice's towing. ¹⁴ -No indication that this car was suspected to have been involved in the Bowman homicide. |
| Chevrolet Corsica (Gray) | Kenneth Kagonyera | -Personal car of Kenneth Kagonyera. 15 -At time of Bowman homicide, car was located in Pisgah View Apartments (where Kagonyera was living). He was trying to sell the vehicle. This vehicle was operable. 16 -No indication that this car was suspected to have been involved in the Bowman homicide. |
| Nissan Altima (Black) | Richard Montgomery | -Dea Johnson's cousin. Dea was Wilcoxson's girlfriend at the time of the Bowman homicide. Dea was driving the Altima on the day of the Bowman homicide. ¹⁷ |

^{*}Endnotes located on back.

Motor Vehicle Reference Guide

¹ Kenneth Kagonyera (April 8, 2011)
² Kenneth Kagonyera (April 8, 2011)
³ BCSO File (multiple reports)
⁴ DMV Records and ACIS Records
⁵ BCSO File (NCIIC Bates Stamp 000023)
⁶ Robert Wilcoxson (April 12, 2011)
⁷ Robert Wilcoxson (April 12, 2011)
⁸ Dea Johnson (February 8, 2011)
⁹ Kenneth Kagonyera (April 8, 2011)
¹⁰ Kenneth Kagonyera (April 8, 2011)
¹¹ Kenneth Kagonyera (April 8, 2011)
¹² Kenneth Kagonyera (April 8, 2011)
¹³ Kenneth Kagonyera (April 8, 2011)
¹⁴ Kenneth Kagonyera (April 8, 2011)
¹⁵ Kenneth Kagonyera (April 8, 2011)
¹⁶ Kenneth Kagonyera (April 8, 2011)
¹⁷ Robert Wilcoxson (April 12, 2011)

Letter from Sean Devereux File

Desides all the bullshit that has went down I'm not at all mad at you because the hard says A shouldn't have hate in my heart. But it have to advint that some times it got upset at you because you know in not guilty of having anything to do with this charge we are on But you still allow the lie to go on, knowing it can cost me my life. I may be wrong but it expected more out of you as a friend and as the "real miggs" you claimed to be it know your heart is bigger than your cousins And it also want to know if the D.A. sows that he will not strike your please for telling the truth about me? There is no need to be afraid of any man including that D.H. or court system because the Lord with decide our fate in the end regardless of what they want. Please help me out by being truthful, you will be blessed. It do and will always pray for you and your

P.S. John 8:31-4M, 14:6-14 (read these) * Exadus 23:1-9* Psalsans 23 +27, 119:53-60 Peter 2:20 Sincerely, "Amon desperately secking the truth"

'Halla right back alight"

NCIIC Investigative Report w/attachments



NORTH CAROLINA INNOCENCE INQUIRY COMMISSION

Date: April 13, 2011

Activity: Research on Life on Life's Terms and New Life Options

File: Kagonyera, Kenneth

Investigator: Lau, Jamie T.

On this date, SA Lau completed his research on Matthew Bacoate's Life on Life's Terms Program and Bacoate's New Life Options Program. According to attorneys Sean Devereux and Jack Stewart, Bacoate is currently under federal investigation for his operation of these programs. Stewart said that he was representing Matt in the pending federal prosecution. However, the US Attorney's office would neither confirm nor deny that Bacoate is under investigation.

A review of publicly available documents shows that Life on Life's Terms was incorporated as a non-profit in April 1994. However, it was suspended in October 1995. The suspension was a revenue suspension. According to the Secretary of State's website, this means that Life on Life's Terms did not file any report or return or to pay any tax or fee required by the tax laws for 90 days after it is due. When this is the case, all the powers and privileges of the corporation cease until taxes are made current.

Lau was able to locate 990 forms for Life on Life's Terms for tax years 1997, 1998,1999, and 2000. These forms were submitted to the IRS in October and March of 2002. Lau could not find any publicly available 990 forms for additional years.

In January 2007, Life on Life's Terms became New Life Options, Inc. and new Articles of Incorporation were filed with the Secretary of State's office. The incorporator and registered agent listed in the Articles is Michael Wofford.

A search of Wofford indicates that he was a physician in Georgia, but that he allowed his medical license to lapse in 2005. The North Carolina Medical Board does not list Wofford as a member. Wofford has several drug related arrests on his record, including an arrest for PWIMSD Schedule II in April 2005. Records from this arrest show that Wofford received a 6-8 month inactive sentence after entering a guilty plea on January

Page 1 of 2

NOTICE: This document contains neither recommendations nor conclusions of the North Carolina Innocence Inquiry Commission. Pursuant to N.C.G.S. §§ 15A-1468(e) and 132-1.4, this document and its contents are confidential and privileged and may not be viewed or disseminated, except as authorized by the North Carolina Innocence Inquiry Commission.

26, 2006. As part of Wofford's plea agreement, he was required to complete the Life on Life's Terms Program.

JTL

Attachments

Page 2 of 2

NOTICE: This document contains neither recommendations nor conclusion of the North Carolina Innocence Inquiry Commission. Pursuant to N.C.G.S. §§ 15A-1468(e) and 132-1.4, this document and its contents are confidential and privileged and may not be viewed or disseminated, except as authorized by the North Carolina Innocence Inquiry Commission.

New Life Options, Inc. - 501 CCX3) Non-profit
Registered Agent: M. chael Wolford (M.ddle name = Wesley)



North Carolina

DEPARTMENT OF THE SECRETARY OF STATE

PO Box 29622 Raleigh, NC 27626-0622 (919)807-2000

Date: 4/13/2011

Click here to:

View Document Filings | Sign Up for E-Notifications |

PC, PLLC, LP and Non-Profit entities are not required to file annual reports.

Corporation Names

Name Type
NC LIFE ON LIFE'S
LEGAL

TERMS, INC.

Non-Profit Corporation Information

SOSID: 0342603 Status: Suspended

Effective Date:

Dissolution Date: Annual Report Due

Date:

Citizenship: DOMESTIC

State of Inc.: NC

Duration: PERPETUAL

Registered Agent

Agent Name: BACOATE III, MATTHEW V

Office Address: 1746 TUNNEL RD

APT F

4/11/1994

ASHEVILLE NC 28805

Mailing Address: 1746 TUNNEL RD

APTF

ASHEVILLE NC 28805

Principal Office

Office Address: NO ADDRESS

Mailing Address:

NO ADDRESS

Officers

This website is provided to the public as a part of the Secretary of State Knowledge Base (SOSKB) system. Version: 3226

Form 990

Return of Organization Exempt From Income Tax

Under section 601(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt chantable trust

2000

OM8 No. 1545-0047

Department of the Treatury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements

| Α | For t | he 2000 calendar year, or tax year penod beginning | , 2001 | 0, and endic | ıg | , 20 |
|---------------|-----------|--|------------------|---------------|--------------------|--|
| В | Check 6 | applicable Phrase C Name chorganization | | | D Employer | identification number |
| | Change | of Accoress Labor on Liter Terms | | | <u> 58.2</u> | 166121 |
| | Change | of name print or Number and suger (or PO box if mad is not delivered to sug | et address) | Room/suite | E Talaphone | number |
| | Initial R | eturn See 191 HillSIGO DIVOL | | | <u> </u> | <u>933-1400</u> |
| $\overline{}$ | Final re | COLU INTINC. CIÓ DI TOMI SOLLE OL COUNTÀ AND ELECTRON | | | F Check ► | a application pending |
| ш | Vussuq | ed return wons HSNPINIE, WIC NXXIII | | Note H and I | No got sonker | able to section 527 orgs |
| _ | ^ | zation type (check only one) ► 🖺 501{c (3) ◄ (insert no) 🗆 527 or 🔲 4 | | | group return lo | |
| | | | 3 | | avia variper (| |
| | • Sec | tion 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trust: n a completed Schedule A (Form 990 or 900-EZ) | s must | • | Miliates inclu | |
| _ | | ning method Cash | | (If No | attach a list | See inst) |
| _ | | here F I if the organization's gross receipts are normally not more | | , . | eparate return fil | , , , |
| | | O The organization need not file a return with the IRS but if the organ | | | | group ru£ng? ∐Yes ∐ No mpuon no (GEN) ► |
| | | ed a Form 990 Package in the mail it should file a return without financia | | | | ganization is not required |
| | Some | states require a complete return | | | | orm 990 or 990 EZ) 🕨 🔲 |
| P | art I | Revenue, Expenses, and Changes in Net Assets or Fund | Balanc | es (See S | pecific inst | ructions on page 16) |
| | 1 | Contributions gifts grants, and similar amounts received | | | | |
| | a | Direct public support | 1 | 178CO | | |
| | ь | Indirect public support | ı } | | | |
| | _ c | Government contributions (grants) | | 10000 | | 0700+ |
| | l d | Total (add lines 1a through 1c) (cash \$ _ \$7.500 noncash \$ | | } } | 1d | <u> </u> |
| | 2 | Program service revenue including government fees and contracts (fi | 2 | | | |
| | 3 | Membership dues and assessments | | | 3 | |
| | 4 | Interest on savings and temporary cash investments | 4 | - | | |
| | 5 | Dividends and interest from securities | | | 5 | |
| | 6а | Gross rents . 6a | | | | |
| | Ь | Less rental expenses Internal 66 | Revent | IP San | | |
| | C | that tellify income or (1922) (200) act time on now the oat | | LP OCIA | ice 6c | |
| 9 | ′ | (A) Securities | -┝╘╠ | Criter - | 11111 | |
| Revenuo | 8a | Gross amount from sales of assets other | 28 2 | กกว | | |
| ă | | than inventory Less cost or other basis and sales expenses. 8b | | .002 | | |
| | ı | Gain or (loss) (attach schedule) | | | | |
| | | Net gain or (loss) (combine line 8c, columns (A) and (B)) Asher | ille, NC | | 8d | |
| | 9 | | 0417 | | | |
| | 1 | Gross revenue (not including \$ | | | | |
| | | contributions reported on line 1a) . 9a | 1 | | | |
| | ь | Less direct expenses other than fundraising expenses9b | > | | | |
| | c | Net income or (loss) from special events (subtract line 9b from lin | ne 9a) | | - 9c | |
| | 10a | Gross sales of inventory less returns and allowances . 102 | | | -//// | |
| | | Less cost of goods sold | | | | |
| | C | Gross profit or (loss) from sales of inventory (attach schedule) (subtract le | ine 10b fro | om line 10a) | 10c: | |
| | 11 | Other revenue (from Part VII, line 103) | | | 11 | 118800 |
| | 12 | Total revenue (add lines 1d, 2, 3, 4, 5, 6c 7, 8d, 9c, 10c, and 11) | | | 13 | 146330 |
| X. | 13 | Program services (from line 44, column (8)) | | | 14 | |
| Expenses | 14 | Management and general (from line 44, column (C)) | | | 15 | 1250 |
| 쮼 | 15 | Fundraising (from line 44 column (D)) | | | 16 | 1000 |
| برو | 16 | Payments to affiliates (attach schedule) Total expenses (add lines 16 and 44, column (A)) | | | 17 | 47584 |
| | † | | | | 18 | 7 287827 |
| Net Assets | 18 | Excess or (deficit) for the year (subtract line 17 from line 12). Net assets or fund balances at beginning of year (from line 73, call). | oluma (A) |)) | 19 | 44035 |
| I As | 19 20 | Other changes in net assets or fund balances (attach explanation | o.o 41 (// n) | | 20 | |
| Ne | 21 | Net assets or fund balances at end of year (combine lines 18, 19, an | id 20) | | _ 21 | 15253. |

For Paperwork Reduction Act Notice, see page 1 of the separate instructions

Cat No 11282Y

Form 990 (2000)

| | Statement of All organizations in Functional Expenses and section 49476. Do not include amounts reported on line | a)(1) non | exempl charable trusts | nns (B) (C) and (O) are r but optional for others | (See Specific Instruction | is on page 20) |
|------|--|------------|------------------------|--|-------------------------------|---------------------------|
| | 6b 8b, 9b, 10b, or 16 of Part I | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
| 22 | Grants and allocations (attach schedule) . (cash \$ noncash \$ | 22 | | | | |
| 23 | Specific assistance to individuals (attach schedule) | 23 | | | | |
| 24 | Benefits paid to or for members (attach schedule) | 24 | | | | |
| 25 | Compensation of officers, directors, etc. | 25 | | _ | | |
| 26 | Other salaries and wages | 26 | | | | |
| 27 | Pension plan contributions | 27 | | f | | |
| B | Other employee benefits | 28 | | | | |
| 29 | Payroll taxes | 29 | | | | |
| 0 | Professional fundraising fees | 30 | 7250 | | | 12点) |
| 7 | Accounting fees | 31 | 100 | 100 | | |
| 2 | Legal fees | 32 | | | | |
| 3 | Supplies | 33 | 10450 | 12457) | | |
| 4 | Telophone | 34 | 12300 | 10400 | | - |
| 5 | Postage and shipping | 35 | 63 | 12-100 12-100 | | |
| 6 | Occupancy | 36 | 41150 | 91150 | | |
| 7 | Equipment rental and maintenance | 37 | 10990 | 70990 | | _ |
| 8 | Printing and publications | 38 | 075 | 075 | ļ —— | |
| 9 | Travel | 39 | 11005 | 1005 | | |
| 0 | Conferences conventions and meetings . | 40 | | | | |
| 1 | Interest | 41 | | | | |
| 2 | Depreciation, depletion, etc. (attach schedule) | 42 | | | | |
| 3 | Other expenses (itemize) a TOSUGACA | 43a | <u> 5100</u> | 5100 | | <u> </u> |
| b | Project Pand | 43b | 17(20) | 17000 | | |
| Ç | Project Rod | 43c | 10000 | 10400 | | |
| ď | and was many man | 43d | | 1.7 | | |
| e | | 43e | | | | |
| | Total functional expenses (acd lines 27 through 43). Organizations | | | † | | |
| • | completing columns (B) (D) carry these totals to lines 13—15 | 44 | 147582 | 146332 | | 1250 |
| enc | orting of Joint Costs Did you report in column | | | | om a combined | |
| | ational campaign and fundraising solicitation? | , (O) (. | .ug s.u. viduuj | any joint cooks no | | ☐ Yes 🖾 No |
| | s * enter (i) the aggregate amount of these joint cost | 5 \$ | | e amount allocated | | |
| | e amount allocated to Management and general \$ | | | e amount allocated | | |
| ari | Statement of Program Service Acce | ompl | shments (See S | Specific Instruction | ons on page 23 |) |
| hai | is the organization's primary exempt purpose? | ₽AS: | SISE SUDSIG | TO HOLLONS | with atter | Program Service |
| l ni | ganizations must describe their exempt purpose a | chieve | ments in a clear ar | nd concise manner | State the number | Expenses |
| clie | ents served publications issued etc. Discuss ach | ievem | ents that are not n | neasurable (Section | 501(c)(3) and (4) | (4) orgs and 4947(a)(1) |
| gan | izations and 4947(a)(1) nonexempt charitable trusts | mustr | also enter the amou | int of grants and allo | xcauons to others) | oway) [mak palobious,a |
| P | inided transitional house | <i>a b</i> | has Ith ma | 10-20 C0 100 | 1405-200 100 | |
| | sain of and in placement for | 7. 5 | No chont | 5 10 tha Da | (1) (1) | |
| 7 | 11 4 4 A ROOKE BOSTO (P' - 01) | ,c y | 10 500 Cd | שליני חניקה | (4 (0, 1, 7, 0) | |
| 2 | iouiched trensitional housing in in in in and ino place in the formal housing the individual in in inches in in in inches | cants | and allocations | 3 | | 146335 |
| ٦, | 22010 pocaro rapposed, 20 | 11 | 411(000)> | y out take | 15.21 | |
| • (| llients received their GE | 05 | 1, 1000 | Li fan Tarro | 0 70 04113 | برار |
| - ` | 1111100000 2 -110 1100 210 | .ب با | 07.003.00 07.003.00 | مرير ديمال د | of 61.0015 | ı |
| • • | Diverios, and history | rants | and allocations | S contact state | SO CHELLO | |
| ~ | price de la constante de la co | | | | | |
| | | | | | | |
| | | • • | · ···· · · · · | • | | |
| • | · · · · · · · io | rants | and allocations | ς | · · ; | |
| _ | | | | <u> </u> | | |
| | | | | · · · · · · | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | |
| - | | | and allocations | · · · · · · · · · · · · · · · · · · · | , | |
| _ | | | and allocations | • | | |
| | | | and allocations | Stoaram canucael | | 1111 22 |
| 10 | tal of Program Service Expenses (should equ | al line | 44, column (8),) | riogram services) | <u>-</u> | 1410332 |
| | | | | | | Form 990 (2000 |

| P | art IV | Balance Sheets (See Specific Instructions on page 23.) | | | |
|-----------------------------|--------|--|-------------------------|-----------|--------------------|
| | Note | Where required attached schedules and amounts within the description column should be for end-of year amounts only | (A) Beginning of yea | | (B) End of year |
| | 45 | Cash—non-interest-bearing | 3100 | 45 | 5253 |
| | 46 | Savings and temporary cash investments . | 0 | 46 | |
| | 1 | Accounts receivable Less allowance for doubtful accounts . 47a . 47b | | 47c | |
| | Ь | Pledges receivable Less allowance for doubtful accounts Grants receivable | 10000 | 48c | 10000 |
| | 50 | Receivables from officers, directors, trustees, and key employees (attach schedule) MC. HNOW BULLOUTS | 30935 | 50 | |
| Assets | | Other notes and loans receivable (attach schedule) Less allowance for doubtful accounts 51b | <u></u> | 51c | |
| ٩ | 52 | Inventories for sale or use | <u> </u> | 52 | |
| | 53 | Prepaid expenses and deferred charges . | <u> Ω</u> | 53 | |
| | 54 | Investments—securities (attach schedule) Cost FMV | <u> </u> | 54 | |
| | | Investments—land, buildings and equipment basis | | | |
| | 1 | Less accumulated depreciation (attach schedule) Investments—other (attach schedule) | 8 | 55c | |
| | 57a | Land, buildings and equipment basis . 57a Less accumulated depreciation (attach | | | |
| | | schedule) Other assets (describe ►) | | 57c | |
| | 59 | Total assets (add lines 45 through 58) (must equal line 74) | 44035 | 59 | 15253 |
| | 60 | Accounts payable and accrued expenses . | | 60 | |
| | | Grants payable | | 67 | |
| | l | Deferred revenue . | | 62 | |
| S | l | | | | |
| abilities | | Loans from officers directors, trustees, and key employees (attach schedule) | | 63 64a | |
| 13 | | Tax-exempt bond liabilities (attach schedule) | | 64b | |
| _ | | Mortgages and other notes payable (attach schedule) Other liabilities (describe ▶ | | 65 | |
| _ | 66 | Total liabilities (add lines 60 through 65) | 0 | 66 | |
| | Orgai | nixations that follow SFAS 117, check here > and complete lines | İ | | |
| ces | l | 67 through 69 and lines 73 and 74 Unrestricted | | 67 | |
| 87 | | Temporanly restricted . | | 68 | |
| 331 | | Permanently restricted - | | 69 | |
| Net Assets or Fund Balances | Orgai | nizations that do not follow SFAS 117, check here and complete lines 70 through 74 | | | - OF 7 |
| ~ ~ | | Capital stock, trust principal or current funds | 44030 | 70 | 12322 |
| 5 | | Paid in or capital surplus, or land, building and equipment fund | | 71 | |
| set | | Retained earnings, endowment, accumulated income, or other funds | | 72 | |
| AS | | Total net assets or fund balances ladd lines 67 through 69 OR lines | | | = |
| Net | | 70 through 72, column (A) must equal line 19 and column (B) must equal line 21) | 44035 | 73 | 15253 |
| | 74 | Total liabilities and net assets / fund balances (add lines 66 and 73) | 44035 | 74 | 15253 |

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.

| Form 990 (2000) | | D | | | Page |
|---|-------------------|--|---|---|--|
| Part IV-A Reconciliation of Revenue Financial Statements wit Return (See Specific Instru | h Řevenue per | · F | Reconciliation of Inancial States Return | of Expenses p ments with Ex | er Audiled penses per |
| Total revenue gains, and other support per audited financial statements Amounts included on line a but not on line 12. Form 990 (1) Net unreakzed gains on investments (2) Donated services and use of facilities (3) Recovenes of prior year grants (4) Other (specify) Add amounts on lines (1) through (4) c. Line a minus line b d. Amounts included on line 12, Form 990 but not on line a (1) Investment expenses not included on line 4 (2) Other (specify) (3) Cother (specify) | a NA | a Total expandited file between the Amounts on line 17 (1) Donated and use of Form 990 (3) Losses regulare 20, Form 990 (4) Other (specific amounts of Amounts of Form 990 (1) Investment not include 6b Form 9 (2) Other (specific amounts of Specific amounts of Specifi | Return penses and lo nancial statemen included on line , Form 990 services flacilities djustments in line 20, secify) secify ints on lines (1) the nus line b included on line expenses d on line go secify) secify rough (4) b | |
| Add amounts on lines (1) and (2) • e Total revenue per line 12, Form 990 (line c plus line d) • Part V List of Officers, Directors, T | e rustees, and | e Total expe | | Form 990 ▶ e | |
| Instructions on page 25) (A) Name and address | 7 (2) W | fille and averlige hours per reck devoted to position | (C) Compensation (If not paid enter | (D) Contributions to employee benefit plans if admed compensation | (E) Expense account and other allowances |
| Matthew Barcate | | JOD - | 0 | 0 | 0 |
| Billy Gardenine Cut Asha wille, NC Robert Simmona | | 00 ye ta 00+ 200 m 0100 un | | | 0 |
| Reed Williams | | 401 mrd | 2 | 0 | |
| Marker 240 | | Chaiman | | 0 | |
| Kim Blaic | | OGDITOR | 0 | | |
| 365 HOWN MORD MANS | | protory | | (<u>`</u> | |
| | | | | | |
| | | <u>, </u> | | | |
| | | | | _ | |
| 75 Did any officer director, trustee or key en organization and all related organizations of "Yes" attach schedule—see Specific | f which more than | 1 \$10 000 was provided | of more than \$100 by the related orga | ,000 from your BANIZALIOAS? ► | ☐ Yes Ø No |

| | 990 (2000) | Page 5 |
|-------------|---|--|
| Pa | rt VI Other Information (See Specific Instructions on page 26.) | N/A Yes No |
| 76 | Did the organization engage in any activity not previously reported to the IRS? If "Yes" attach a detailed description of each activity | 76 V |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS? | 77 |
| | If "Yes" attach a conformed copy of the changes | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 78a |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | 78b |
| 79 | Was there a liquidation dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | |
| 809 | is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | 80a V |
| ь | If "Yes ' enter the name of the organization > | |
| _ | and check whether it is exempt OR nonexempt | |
| 81a | Enter the amount of political expenditures, direct or indirect, as described in the | |
| | Instructions for line 81 | <i>\$1108(1118(1116</i>), |
| b | Did the organization file Form 1120-POL for this year? | 816 |
| 82a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge | 200 |
| | or at substantially less than fair rental value? | B2a / |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount | |
| | as revenue in Part (or as an expense in Part II (See instructions for reporting in Part III) | |
| R3 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a √ |
| | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | 83b |
| | Did the organization solicit any contributions or gifts that were not tax deductible? | 84a 🗸 |
| ь | If Yes " did the organization include with every solicitation an express statement that such contributions | |
| | or gifts were not tax deductible? | 84b |
| 85 | 501(c)(4), (5) or (6) organizations a Were substantially all dues nondeducable by members? | 85a |
| Ъ | Did the organization make only in house lobbying expenditures of \$2,000 or less? | 85b) |
| | If Yes was answered to either 85a or 85b do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year | |
| _ | Dues assessments, and similar amounts from membors | |
| | Section 162(e) lobbying and political expenditures 85d | W \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | |
| | Taxable amount of tobbying and political expenditures (line 85d less 85e) B5f | |
| | Does the organization elect to pay the section 6033(e) tax on the amount in 85f? | 85g |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable | |
| | esumate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | 85h |
| 86 | 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 | - (((()))(())(()) |
| | Gloss receipts included on line 12, for public use of club facilities | |
| 87 | 30 NC/(12) Grgs Effect a Gross recome from Homeless of Shareholders | |
| а | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | The state of the s |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or | 1 |
| | partnership or an entity disregarded as separate from the organization under Regulations sections | 88 |
| | 301 7701 2 and 301 7701 37 If "Yes," complete Part IX 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under | |
| 898 | 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 | 1 |
| | 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 |
| _ | Enter Amount of tax imposed on the organization managers or disqualified persons during the year under | 400 |
| | sections 4912 4955, and 4958 | |
| đ | Enter Amount of tax on line 89c, above, reimbursed by the organization | |
| 90a | List the states with which a copy of this return is filed NOT TO LOUNCE. | · |
| ь | Number of employees employed in the pay period that includes March 12, 2000 (See inst.) The books are in care of Telephone no 1827) | QCHI |
| 91 | | |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here | ▼ . ∷ □ |
| - | and enter the amount of tax-exempt interest received or accrued during the tax year | |
| | | Farm 990 (2000) |

| Part VII | Analysis of Income-Producing A | Clivities (See S | pecific Instruct | tions on pag | e 30) | |
|--------------------------|--|--|---|-----------------------------|--|---|
| Enter gro | oss amounts unless otherwise | Unrelated b | usiness income | Excluded by sec | uon 512 513 or 514 | (E) |
| indicated | i | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | Related or exempt function |
| | gram service revenue | | 1 | | 75700111 | income |
| عا∟ a | heat Flea | ~ - | | | | 31000 |
| ь | | _ | | | | |
| c | | _ | | | | |
| d | | _ | | | | |
| е | | _ | | | | |
| f Med | dicare/Medicard payments | | | | | |
| | es and contracts from government agencie | s | | | | |
| 94 Mor | mbership dues and assessments | | | ļ | | |
| 95 Inter | rest on savings and temperary cash investment | ts | | <u> </u> | | |
| 96 Divi | idends and interest from securities | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | NITH WALLES | | 460000000000000000000000000000000000000 |
| 97 Net | rental income or (loss) from real estate | | | | | |
| a deb | ot-financed property | | 6/1/25 | | A CONTRACTOR OF THE PARTY OF TH | 65-201-2030. |
| b not | debt-financed property | | | ļ | | |
| 98 Net | rental income or (loss) from personal property | y | | | | |
| | er investment income | · . | | | | |
| | or (loss) from sales of assets other than inventor | ry | | | | |
| | income or (loss) from special events | | | | | |
| | ss profit or (loss) from sales of inventory | | | | | |
| | er revenue a | | | | | |
| b | | | | | | |
| c | | | | T | | |
| d | | | | | | |
| | | _ | | | | |
| 34 Sub | stotal (add columns (B) (D) and (E)) | <u> </u> | | | | 31000 |
| art VIII Line No ▼ | Explain how each activity for which incom of the organization's exempt purposes (other | complishment of e is reported in colu her than by providin | Exempt Purpo imn (E) of Part VII g funds for such , | contributed іт purposes) | portantly to the a | ccomplishment |
| 30 | There transmers you | | | 1)UU (1) | 500. HAD I | erch. I. Ta |
| | | | | | | |
| Part IX | Information Regarding Taxable Sub- | sidiaries and Disi | regarded Entitie | s (See Speri | fic Instructions | on oage 31.) |
| | (A) | (B) | (C) | SS (SCE Speci | (D) | |
| | ne address and EIN of corporation partnership or disregarded entity | Percentage of ownership interest | Nature of ac | ctivities | Total income | (E) End-or-year assets |
| | | %_ | | | | |
| | | % | _ | _ | | |
| | | % | | | | |
| | | _%_ | | | | |
| art X | Information Regarding Transfers Asso | ciated with Perso | nal Benefit Con | tracts (See S) | pecific Instruction | is on page 31) |
| bene | the organization, during the year, receive a effit contract? the organization, during the year pay pre | | | | ا ء | ☐ Yes ⊠ No ☐ Yes ☑ No |
| | Yes" to (b), file Form 8870 and Form 4 | | | | | |
| Note " | | | | Shedulos and she | In-half and to the B | art -1 konside dog |
| ease | Under penalties of penury 1 declare that I have exa- and belief it is true correct, and complete. Declar | ation of preparer (other | essed si (napillo naru | g on ay intoleating | ements and to the o on of which preparer | has any knowledge |
| | (Important See General Instruction W on page 1 | | 1 | 1 | | / |
| gn ere | Signature of officer | 8/L | 101 D | Pe or print name | TALOATE L | Executive DR |
| ıd eparer's | Prepara s signature | Intron | 8/6/0 | Check if self employe | | SSN or PTIN |
| COMPT NO | Fam & name (or yours \ (PTO) Val | man was conditioned | PAIRC | EIN | ► 30 DIE | 10129 |
| | it set employed and | | | | | 15 5 5 - |
| e Only | if sett employed and address and ZIP code 10015 PC C | V CONYIT | ا و ۲۰ در ، ۱ | | ·1704, 54 | 12-8284 |
| | if self employed) and | V CONTITO | Ha, NO | Phone o | | Form 990 (2000) |

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions)

OMB No 1545-0047

Department of the Treasury Internal Revenue Senace ► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Name of the organization Employer identification number Tecos 216000 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to imployee benefit plans & (a) Name and address of each employed paid more (b) Tale and average hours per week devoted to position (c) Compensation than \$50,000 allowances deferred compensationNQ:a Total number of other employees paid over \$50 000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 1 of the instructions. List each one (whether individuals or firms). If there are none enter. None 1) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation

Total number of others receiving over \$50,000 for

professional services

| Pa | rt III | Statements About Activities | | Yes | No |
|-----------------------|-------------------------------|---|----------|----------|----------|
| 1 | atte If TY Orga orga | ing the year has the organization attempted to influence national state or local tegislation including any mpt to influence public opinion on a legislative matter or referendum? 'es," enter the total expenses paid or incurred in connection with the lobbying activities. s arrizations that made an election under section 501(h) by filling Form 5768 must complete Part VI-A. Other arrizations checking "Yes, must complete Part VI B. AND attach a statement giving a detailed description of lobbying activities. | 1 | | X |
| 2 | of it | ing the year has the organization either directly or indirectly engaged in any of the following acts with any is trustees directors officers creators key employees or members of their families or with any taxable inization with which any such person is affiliated as an officer director trustee majority owner or principal eficiary. | | | |
| а | Sale | e exchange or leasing of property? | 2a | | X |
| Ь | Len | ding of money or other extension of credit? | 26 | | X |
| С | Furn | ushing of goods services or facilities? | 2c | | × |
| d | Payı | ment of compensation (or payment or reimbursement of expenses if more than \$1 000)? | 2d | | <u>×</u> |
| e | | isfer of any part of its income or assets? e answer to any question is "Yes" attach a detailed statement explaining the transactions | 2e | | × |
| | Do y Attac | s the organization make grants for scholarships. Fellowships student loans, etc.? you have a section 403(b) annuity plan for your employees? ch a statement to explain how the organization determines that individuals or organizations receiving grants and from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.) | 3 4a | | X |
| Pa | rt IV | Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions |) | | |
| The | organ | ization is not a private foundation because it is. (Please check only ONE applicable box.) | | | |
| 5 6 7 8 9 | | A church convention of churches or association of churches Section 170(b)(1)(A)(i) A school Section 170(b)(1)(A)(ii) (Also complete Part V page 5.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii) A Federal state or local government or governmental unit. Section 170(b)(1)(A)(v) A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital state. | spital's | name | , city |
| 10 | | In organization operated for the benefit of a college or university owned or operated by a governmental unit. Sec Also complete the Support Schedule in Part IV-A.) | tion 170 |)(b)(1){ | (A) (IV) |
| 11a | | In organization that normally receives a substantial part of its support from a governmental unit or from to Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) | the gen | erał p | olldu |
| | | A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives. (1) more than 33%% of its support from contributions membersh eccipts from activities related to its charitable etc. functions—subject to certain exceptions and (2) no miss support from gross investment income and unrelated business taxable income (less section 511 tax) from big the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part | ore tha | n 337 | ·% o |
| 13 | d | in organization that is not controlled by any disqualified persons (other than foundation managers) and suppliescribed in (1) lines 5 through 12 above or (2) section 501(c)(4) (5) or (6) if they meet the test of section 509(a)(3)) | uon 509 | | |
| | - | Provide the following information about the supported organizations. (See page 5 of the instructions (bit in | e numb | | |
| | _ | [8] Name(s) of supported organization(s) | n abov | | |
| | _ | | | | |
| | - | | | | |
| | _ | | | <u>-</u> | |
| | | | | | |

Part IV-A Support Schedule (Complete only if you checked a box on line 10-11 or 12.) Use cash method (
Note You may use the worksheet in the instructions for converting from the accrual to the cash median

| | , | | | | | . , | |
|----|--|---------------------|---------------------|-----------------------|----------------|----------------|---|
| Ca | lendar year (or fiscal year beginning in) | (a) 1999 | (b) 1998 | (c) 1997 | (d) 1996 | _ | |
| 15 | Gifts grants and contributions received (Do | 10 C110 F | .01~ | 011500 | 11-00 | $\overline{}$ | |
| | not include unusual grants. See line 28.) | 1184450 | 194170 | 94500 | 4529 | 1 | <u>.5233</u> % |
| 16 | Membership fees received . | | | | | | |
| 17 | Gross receipts from admissions | | | _ | | | |
| | merchandise sold or services performed or furnishing of facilities in any activity that is | | | | | | |
| | not a business unrelated to the organization s | 10000 | | | | | 10:000 |
| | charitable etc purpose | 18000 | | | | | 18000 |
| 18 | Gross income from interest dividends | | | | _ | | |
| | amounts received from payments on securities loans (section 512(a)(5)) rents royalties and | | | | | İ | |
| | unrelated business taxable income (less | | | | | | |
| | section 511 (axes) from businesses acquired | | | | | | |
| _ | by the organization after June 30, 1975 | | | | | | |
| 19 | Net income from unrelated business | | | | | 1 | |
| | activities not included in line 18 | | | | | | |
| 20 | Tax revenues levied for the organization's | | | | | ı | |
| | benefit and either paid to it or expended on its behalf | | | | | | |
| | | | | | | | |
| 21 | The value of services or facilities furnished to the organization by a governmental unit | | | | | | |
| | without charge. Do not include the value of | | | | | | |
| | services or facilities generally furnished to the | | | | | | |
| | public without charge | | | | | | |
| 22 | Other income Attach a schedule Do not | | | | | | |
| 23 | Total of lines 15 through 22 | 201490 | 194170 | 94500 | 4524 | 3 | 541.381 |
| 24 | 1 22 1 22 | 189420 | 194170 | 94500 | 4554 | 7-1 | 241381 |
| 25 | Enter 1% of line 23 | 1000 C | 1941 | 945 | 453 | | atatalan da da da da da da da da da da da da da |
| _ | | 5 - 30/ -1 | | | <u>_</u> | 26a | |
| 26 | Organizations described on lines 10 or 11 | | amount in columi | | · 27 | | |
| ь | Attach a list (which is not open to public inspec | | | | | | |
| | person (other than a governmental unit or public 1999 exceeded the amount shown in line 26a | | | | | 6ь | ennagaaniiiii |
| | 1333 exceeded the SHIOGHT SHOWN III line 508 | citter the som of | an these excess | amounts | | | |
| С | Total support for section 509(a)(1) test. Enter fit | ne 24. column (e) | | | ▶ 2 | 6c | |
| d | | | | | | | |
| | 27 | | 26b | | | 6d | |
| е | Public support (line 26c minus line 26d total) | | | | ▶ 2 | 6e | |
| f | | tar) divided by li | ne 26c (denomin | eator)) | ▶ 2 | 189 | % |
| 27 | Organizations described on line 12 a Fo | r amounts includ | ed in lines 15 16 | 5, and 17 that w | ere received | kom | a "disquatified |
| | person attach a list (which is not open to pul | blic inspection) to | show the name | of and total amo | ounts receive | d iu | each year from |
| | each disqualified person? Enter the sum of su | | - | | | | |
| | (1999) (1998) | | . (1997) | | (1996) | | |
| b | For any amount included in line 17 that was re- | ceived from a nor | ndisqualified persi | on attach a list t | o show the n | ame | of and amount |
| | received for each year, that was more than the organizations described in lines 5 through 11. | e larger of (1) th | e amount on line | 25 for the year | or (2) \$5,000 | O (in | clude in the list |
| | and the larger amount described in (1) or (2), e | nter the sum of the | nese differences i | the excess amou | unts) for each | s vea | inount leceived |
| | | | | | , | , | |
| | (1999) (1998) | | (1997) | | (1996) | | |
| | | -cm 20 \ | | | | | |
| C | Add Amounts from column (e) for lines 15 | 272201 | 16 | | I., | . 1 | F11221 |
| | 17 <u>\6000</u> 20 . | | 21 | | · · ⊢ | 7c | 241201 |
| d | | and line 27b total | | | · · | <u> 7</u> d | 711301 |
| e | Public support (line 27c total minus line 27d to | | | | · 277 | 10 ////// | |
| f | Total support for section 509(a)(2) test. Enter at | | | ▶ 271 54 | | | |
| 9 | Public support percentage (line 27e (numera Investment income percentage (line 18, colu | tor) divided by li | ne 2/1 (denomini | ator)) a 271 (da-u | | 79 | 1(X) % |
| п | | | | | | | |
| | Unusual Grants For an organization describe | | | | | 7h _ | % |

28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

Part V Private School Questionnaire (See page 5 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

| | | | Yes | No |
|---------|---|-----|-----|----|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws other governing instrument, or in a resolution of its governing body? | 29 | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures catalogues and other written communications with the public dealing with student admissions programs and scholarships? | 30 | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students or during the registration period if it has no solicitation program in a way that makes the policy known to all parts of the general community it serves? | 31 | | |
| | If "Yes" please describe if "No" please explain (If you need more space attach a separate statement) | | | |
| | | | | |
| 32 a | Does the organization maintain the following Records indicating the racial composition of the student body faculty, and administrative staff? | 32a | | |
| | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 325 | | _ |
| c | Copies of all catalogues brochures, announcements and other written communications to the public dealing with student admissions programs and scholarships? | 32c | | |
| đ | Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | | |
| | tf you answered. No to any of the above please explain. (If you need more space, attach a separate statement.) | | | |
| 33 | Does the organization discriminate by race in any way with respect to | | | |
| а | Students rights or privileges? | 33a | | |
| b | Admissions policies? | 33b | | |
| c | Employment of (aculty or administrative staff? | 33c | - | |
| d | Scholarships or other financial assistance? | 33d | | |
| e | Educational policies? | 33e | | |
| 1 | Use of facilities? | 331 | | |
| g | Athletic programs? | 339 | | |
| ħ | Other extracurricular activities? | 33h | | |
| | If you answered "Yes" to any of the above please explain (If you need more space attach a separate statement) | | | |
| | | | | |
| 34a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | - | |
| b | Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement | 34b | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 | | | |
| | of Rev. Proc. 75.50, 1975-2 C.B. 587 covering racial nondiscrimination? If "No " attach an explanation | 35 | | |

| Sch | redule A (Form 990 or 990-EZ) 2000 | | | | | Dags 5 |
|--|--|--|--|--|----------------------------|--|
| | art VI-A Lobbying Expenditures by i | | | | instructions) | Page : |
| <u> </u> | (To be completed ONLY by a | | | 10 Form 5768) | | |
| _ | eck here > a | _ | • | nlv | | |
| | | | | P'J | (a) | (0) |
| | Limits on Lobby (The term expenditures" me | | | | Alfiliated group totals | To be completed for ALL electing organizations |
| 36 | Total lobbying expenditures to influence publi | ic opinion (grasse | oots lobbying) | 36 | | |
| 37 | Total lobbying expenditures to influence a leg | | | 37 | | _ |
| 38 | Total lobbying expenditures (add lines 36 and | 37) | , , | _ 38 | | |
| 39 | Other exempt purpose expenditures | | | . 39 | | |
| 40 | Total exempt purpose expenditures (add line | | | - 40 | | |
| 4 1 | Lobbying nontaxable amount. Enter the amount | | | | | |
| | | obbying nontaxa of the amount on | | 1 | | |
| | • | 000 plus 15% of the | | 00.000 | | |
| | | 000 plus 10% of the | | | | |
| | Over \$1 500 000 but not over \$17 000 000 \$225 | 000 plus 5% of the | excess over \$1.50 | 00 000 | | |
| | Over \$17 000 000 \$1,00 | 0 000 | | V-1 | Mahaalaa | 411114MATHH |
| 42 | Grassroots nontaxable amount (enter 25% of | • | | 42 | | |
| 43 | Subtract line 42 from line 36 Enter 0 if line | | | - 43 | | |
| 44 | Subtract line 41 from line 38. Enter -0- if line | 41 is more than i | ine 38 | • | | |
| | Caution If there is an amount on either line | 43 or line 44 you | must file Form 47 | 20 | | |
| | (Some organizations that made a sect | veraging Perio | do not have to d | complete all of the | e five columns be | low |
| | See the instruction: | | | res During 4-Ye | | |
| | · · · · · · · · · · · · · · · · · · · | | Doynig Expellant | Tes Boring 4-16 | ar Averaging Fe | |
| | Calendar year (or | (a) 2000 | (b) 1999 | (c) 1998 | (d) 1997 | (e) Total |
| | fiscal year beginning in) ▶ | 2005 | 1333 | 1336 | 1337 | 10(8) |
| 15 | Lobbying nontaxable amount | | | | | |
| _ | | 1:2000 and 000000000 | MINISTRACTOR AND THE PARTY OF T | PARTITION 1975 | CONTROL DO LOS DE CONTROLS | |
| 16 | | | | | | |
| _ | Lobbying ceiling amount (150% of line 45(e)) | | | | | |
| 17 | Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures | - <u> </u> | | | | |
| | | | | | | |
| | | | | | | |
| 17 | Total lobbying expenditures | | | | | |
| 17 18 | Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e) | | | | | |
| 17 18 19 | Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures | | harities | | | |
| 17 18 19 | Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e) | ecting Public C | harities not complete F | Part VI-A) (See | page 9 of the | instructions) |
| 17 18 19 Par | Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of fine 48(e)) Grassroots lobbying expenditures It VI-B Lobbying Activity by Nonele (For reporting only by organizing the year, did the organization attempt to interest to inte | ecting Public Clations that did | not complete I tate or local legis | lation including a | | instructions) |
| 17 18 19 Par | Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of fine 48(e)) Grassroots lobbying expenditures rt VI-B Lobbying Activity by Nonele (For reporting only by organiz | ecting Public Clations that did | not complete I tate or local legis | lation including a | ny Yes No | |
| 19 Par During | Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures It VI-B Lobbying Activity by Nonele (For reporting only by organizing the year, did the organization attempt to influence public opinion on a legislative Volunteers | ecting Public Coations that did | not complete I tate or local legis dum through the | lation including a use of | ny Yes No | Amount |
| 19 Par Durinter a b | Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures It VI-B Lobbying Activity by Nonele (For reporting only by organizing the year, did the organization attempt to influence public opinion on a legislative Volunteers Paid staff or management (Include compensation) | ecting Public Coations that did | not complete I tate or local legis dum through the | lation including a use of | Yes No | |
| 17 18 19 Par Ourm otter a b | Total lobbying expenditures Grassroots nontaxable amount Grassroots lobbying amount (150% of fine 48(e)) Grassroots lobbying expenditures rt VI-B Lobbying Activity by Nonele (For reporting only by organizing the year, did the organization attempt to influence public opinion on a legislative Volunteers Paid staff or management (Include compensation) | ecting Public Coations that did | not complete I tate or local legis dum through the | lation including a use of | ny Yes No | Amount |
| 17 18 19 Ourmanter a b c c d | Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures It VI-B Lobbying Activity by Nonele (For reporting only by organizing the year, did the organization attempt to infinence public opinion on a legislative Volunteers Paid staff or management (Include compensated advertisements) Mailings to members legislators or the public | ecting Public Coations that did fluence national is matter or reference to the control of the co | not complete I tate or local legis dum through the | lation including a use of | Yes No | Amount |
| 17 18 19 Ourmanter a b c c d | Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of fine 48(e)) Grassroots lobbying expenditures rt VI-B Lobbying Activity by Nonele (For reporting only by organizing the year, did the organization attempt to infine to influence public opinion on a legislative Volunteers Paid staff or management (Include compensated advertisements) Mailings to members legislators or the public Publications or published or broadcast states. | ecting Public Cations that did fluence national signature or reference to the company of the com | not complete I tate or local legis dum through the | lation including a use of | Yes No X X X X X | Amount |
| Paid Paid e e f g | Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures It VI-B Lobbying Activity by Nonele (For reporting only by organization attempt to influence public opinion on a legislative Volunteers Paid staff or management (Include compense Media advertisements) Mailings to members legislators or the public Publications or published or broadcast states. | ecting Public Coations that did fluence national signature or reference attorn in expenses in the company of th | not complete I tate or local legis dum through the reported on lines | lation including a use of c through h) | Yes No | Amount |

Total lobbying expenditures (add lines c through h)

| Part, VII | Information Regarding | Transfers To a | nd Transactions | and Rela | tionships Wi | th Noncharitable |
|-----------|-----------------------|----------------|-------------------|----------|--------------|------------------|
| | Exempt Organizations | See page 9 of | the instructions) | • | • | |

| 51 | | | | | e following with any other organization o tion 527 relating to political organization | | d in s | ection |
|------|----------|--|----------------------|---------------------------------------|--|------------|--------|---------------|
| а | Tran | isfers from the rep- | orting organization | to a noncharitable exempt or | ganization of | | Yes | No |
| | 0 | Cash | • | | | 51a(i) | | X |
| | 60 | Other assets | | | | a(ii) | | X |
| ь | Oth | er transactions | | | | | | 1, |
| | (i) | Sales or exchange | es of assets with a | a noncharitable exempt organiz | ation | b(i) | | X |
| | | _ | | ritable exempt organization | _ | b(ii)_ | | X |
| | | Rental of facilities | | | | b(iii) | | X |
| | - | Reimbursement a | , . | | - | b(iv) | | × |
| | | Loans or loan gua | - | | • | b(v) | | X |
| | | _ | | ship or fundraising solicitations | • | b(vi) | | × |
| | | | | ists other assets, or paid emp | | C | | $\overline{}$ |
| | | | | | Column (b) should always show the fair m | arket val | ام میا | the . |
| ~ | 2000 | ds other assets or | services given by th | ne reporting organization. If the o | organization received less than law market voids, other assets, or services received | alue in a | ny | o i c |
| - | a) | (a) | | (c) | (d) | 2052-01 | | |
| Line | no | Maylovnt IndomA | Name of non | charitable exempt organization | Description of transfers transactions and s | naring an | angeme | :nts |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | 100 | | |
| | | | | | | | | |
| | | | | The last to be a series | | | | |
| 3 | | 1 | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | - 100 | | The second second second | | | |
| _ | | | | | | | | |
| | | 250.0 | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | | | |
| | - | | | | | | | |
| | \dashv | | | | | | | |
| | desc | ie organization dire inbed in section 50 es = complete the | Ol(c) of the Code (| other than section 501(c)(3)) or | one or more tax-exempt organizations in section 527? | ☐ Yes | | No |
| | | (a) | | (6) | (c) | | | |
| | | Name of organiza | ation | Type of organization | Description of relationship | 9 | | |
| | | | | | | | | |
| | | | - | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | _ | | <u>-</u> | | | | | |
| _ | | | | | | | | |
| _ | | | | | | | | |
| | | · | | | - | | | |
| | | | | | | | | |
| | | | | ļ <u>-</u> | | | | |
| | | | | <u> </u> | - | | | |
| | | | | | | | | |
| | | | | | Schedule A (Form | n 990 or 1 | 290 E7 | 2000 |
| | | | | ⊕ | personal of the | | | |

Schedule B (Form 990 or 990-EZ)

Schedule of Contributors

OMB No 1545-0047

2000

Department of the Treasury Internal Revenue Service Supplementary Information for line 1d of Form 990 or line 1 of Form 990-EZ (see instructions)

| Internal Revenue Service | | ING I DI POIM 990-EZ (90 | e instructions) | | |
|--|-------------|---|------------------------|--------------------|---------------------------|
| Name of organization | fos | Terms | | Employ 58 | er identification number |
| Organization type (check on | s)—Section | 501(c)(3) (enter number) | 527 or | 4947(a)(1) no | олехетрі charitable trust |
| A Section 501(c)(7), (8), or in Check this box if the organization below (| | ntions— no chantable contributors who contributors | ibuled more than \$1 (| 000 during the yea | r (But see General |
| Enter here the total gifts re | ceived dunn | g the year for a religious charitable | etc purpose ▶ \$ | | |
| | | | | | |

Note: This form is generally not open to public inspection except for section 527 organizations

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ)

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ Attach Schedule B after Schedule A (Form 990 or 990-EZ) Organization Exempt Under Section 501(c)(3), if that return is required for the organization

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ

Caution Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A Support Schedule, of Schedule A (Form 990 or 990-EZ)

Public Inspection

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ)

Contributors Required To Be Listed on Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations

General rule. Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who, during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

Section 501(c)(3) organizations. For an organization described in section 501(c)(3) that meets the 331/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))—

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1 6033-2(a)(2)(iii)(a))

Example A section 501(c)(3) organization of the type described above reported \$700,000 in total contributions gifts, grants, and similar amounts received on line 1d of its Forni 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above.

| | B (Forni 990 or 990 EZ)(2000) | | Page to of Part |
|-----------|-----------------------------------|--------------------------------|--|
| Name of | organization a On Life's Terms | Em, | ployer identification number |
| Part I | Contributors | - 1 % 2 | |
| (a) No | (b) Name, address and zip code | (c) Aggregate contributions | (d) Type of contribution |
| 7- | | s20,000 | Individual X Payroll Noncash (Complete Part II if a noncash contribution) |
| (a) No | | (c) Aggregate contributions | (d) Type of contribution |
| 2 | | s 12000. | Individual Payroll Noncash Complete Part Buf a noncash contribution) |
| (a) No | <u> </u> | (c) Aggregate contributions | (d) Type of contribution |
| 3 | , | s. <u>24000</u> | Individual APAyroll ANDICASH COmplete Part II if a noncash contribution) |
| (a) No | | (c) Aggregate contributions | (d) Type of contribution |
| 7 | | s <u>5000</u> | Individual |
| (a) No | | (c) Aggregate contributions | (d) Type of contribution |
| 5 | , | s 5000. | Individual APByroll APByroll APByroll APByroll APByroll APByroll (Complete Part II if a noncash contribution) |
| (a) No | (b) Name, address and zip code | (c) Aggregate contributions | (d) Type of contribution |
| | | s | Individual Payroll Noncash (Complete Part II if a noncash contribution) |

| Schedule E | Form | 990 or | 990 | EZI(2000) |
|------------|------|--------|-----|-----------|
|------------|------|--------|-----|-----------|

| _ | ļ | | 1 | | _ | |
|------|---|----|---|----|------|----|
| Page | | ω_ | | σſ | Part | IJ |

| Name of orga | Li | fais | Tern | رچ |
|--------------|----|------|------|-----------|
| | | | | |

Employer identification number 58: 210021

| Part II | Noncash Property | | |
|--------------------------|--|--|----------------------|
| (a) No from Part i | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | Noro2 | \$ | |
| (a) No from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| _ | | \$ | |
| (a) No from Part 1 | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | 1 |
| (a) No from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | s | |

| | 3 (1 OHI 1 DO 12 DO 22)(2000) | | | Page tat at Pan III | | | | | | |
|--------------------------|---|----------------|------------------------------|---|--|--|--|--|--|--|
| 1 . 1 | progarization Life's Term | 5 | | Employer identification number 58 3140121 | | | | | | |
| Part III | | | | ritable gifts during the year— | | | | | | |
| Enter | the total gifts that were from contributor | 's who gave | \$1,000 or less during th | e year for a | | | | | | |
| 'eligious | charitable, etc. purpose (see instruction | ons) | | <u> </u> | | | | | | |
| (a) No from Part I | (b) Purpose of gift | | (c) Use of gift | (d) Description of how gift is held | | | | | | |
| | | 300 | | | | | | | | |
| | | **** | , | | | | | | | |
| | | 100 | | | | | | | | |
| | - <u>- </u> | T | (e) | | | | | | | |
| | Transferee's name, address, and | | ansfer of gift Relationsh | p of transferor to transferee | | | | | | |
| | | **** | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| | | | | | | | | | | |
| (a) No | (b) | | (c) | (d) | | | | | | |
| from Part I | Purpose of gift | - | Use of gift | Description of how gift is held | | | | | | |
| | | | .,, | | | | | | | |
| [| | | | | | | | | | |
| | | | | | | | | | | |
| | (e) | | | | | | | | | |
| | Transfer of gift Transferee's name, address, and zip code Relationship of transferor to transferee | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | ***/ ** * * *** | | | | | | | |
| (a) No | (b) | <u> </u> | (c) | (2) | | | | | | |
| (rom Part L | Purpose of gift | | Use of gift | (d) Description of how gift is held | | | | | | |
| | | | | | | | | | | |
| | | | | \ | | | | | | |
| | | | | | | | | | | |
| | (e) | | | | | | | | | |
| | Transferrate many address and | | inster of gift | | | | | | | |
| L | Transferee's name, address, and z | np code | Relationshi | p of transferor to transferee | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| | | | | **** | | | | | | |
| (a) No | M.) | _ _ | (-) | 4.5 | | | | | | |
| from Part l | (b) Purpose of gift | | (c) Use of gift | (d) Description of how gift is held | | | | | | |
| | | | | | | | | | | |
| | | - - | *** ***** ***** | | | | | | | |
| | | | | | | | | | | |
| | (e) Transfer of gift | | | | | | | | | |
| | Transferee's name, address, and z | | • | p of transferor to transferee | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Fam 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

OMB No. 1545-0047

This Form is Open to Public Inspection

| Joleanal Reven | | use a copy of this ret | turn to sa | usty state reporter | g requiremen | inspection |
|----------------|--|---------------------------|------------|---------------------|---------------|---|
| A Forth | e 1999 calendar year, OR tax year period begin | ากเกดู | | , 1999, and endin | <u> </u> | _ |
| B Check | Please C Name of prophization | 1 | | | D Employer ic | lentification number |
| Change of | US4 IRS ((' - ~ ~) | es 1200 | 715 | | 58.2 | 16/012) |
| Initial ret | urn print or Number and street for P.O. box if | mail is not delivered to | sycer add | tress) Room/suite | E Telephone | number |
| Final retu | | le Otree | + | | ૪ક૪ | - 232-14DD |
| Amendo | | 121P+1 | | T | F Check . [| if exemption application |
| state rep | | C 988 | <u> </u> | | | is pending |
| G Type of | arganization- Exempt under section 501(c |)(3) ∢ (insert r | | | | nexempt cheritable trust |
| Note Sect | uon 501(c)(3) exempt organizations and 4947(a)(| I) nonexempt chant | able trus | sts MUST attach a | completed . | Schedule A (Form 990) |
| H(a) In this | a group return filed for affiliales? | □ Yes Î | JNO | | | Yes " enter lour digit group |
| (b) If 'Yes | enter the number of allibates for which this return is fil | ed > | | Accounting niet | 57 | Casa 🗖 Accrupt |
| | s separate return filed by an organization covered by a c | | ~ | Other (spec | city) 🟲 | |
| | here \(\sum_{\text{int}} \) if the organization's gross receipts are norm 990 Package in the mail it should file a return without f | | | | | ith the IRS but if it received |
| | n 990 EZ may be used by organizations with gros | | | | | 2 000 N and of year |
| Part I | Revenue, Expenses, and Changes in | | | | | |
| | | | 2119 00 | idinacs (Sec Sp | The man | actions on page 137 |
| - 1 | Contributions gifts, grants and similar amo | unts received | 1a | 22700 | | |
| - 1 | Direct public support | | 1b | | 4 1 | |
| I . | Indirect public support | - | 1c | 755 727 | ~ | |
| - 1 | Government contributions (grants) | | -12- | 100 | ┥`ᅦ | |
| | Total (add lines Ta through 1c) (attach school | to of contributors) | | | " 1 | 1801100 |
| | cash s 189422 noncash s | } | | | 1d 2 | 10000 |
| 2 | Program service revenue including government | titees and contract: | Som (| Part VII, line 93) | 3 | 1801 |
| | Membership dues and assessments Interr | | | ce | 4 | |
| | Interest on savings and temporary cash inve | SIRECEIVED |) | | 5 | |
| | Dividends and interest from securities | MAD & O COO | 0 | | 3 | |
| 6a (| Gross rents | MAR 2 8 2004 | Coa — | | ⊣ `i | |
| | Less rental expenses | L | 6b | | ٦. ١ | |
| | Net rental income or (loss) (subtract line 6b | | | | 6c | |
| , (| Other investment income (describé 🕨 👚 | Ashaville, NG- | | (B) Other | 7. | |
| }a (| Gross amount from sales of assets other - | | _ | (B) Oliver | -{} | |
| , | than inventory | | 8a | | 1 | |
| ь | Less cost or other basis and sales expenses. | | 8b | | ⊣ | |
| | Gain or (loss) (attach schedule) | | Вс | | -{ | |
| d i | Net gain or (loss) (combine line 8c, columns (A |) and (B)) | | | 8d | |
| 3 5 | Special events and activities (attach schedu | le) | | | 1 1 | |
| а (| Gross revenue (not including \$ | of | - 1 | | | |
| (| contributions reported on line 1a) | . - | 9a | | - } | |
| , ь і | Less direct expenses other than fundraising | gexpenses L | 9ь] | | - | |
| c 1 | Vet income or (loss) from special events (su | | | J | 9c | |
| 10a (| Gross sales of inventory, less returns and all | , , | 10a | | 4 1 | |
| | Less cost of goods sold | _ | 106 | | -1.:4 | |
| | Gross profit or (loss) from sales of inventory (attai | ch schedule) (subtrac | ot fine 10 | b from line 10a) | 10c | |
| | Other revenue (from Part VII, line 103) | | | | 11 | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| 12 | Total revenue (add lines 1d, 2-3, 4, 5, 6c, 7, | 8d, 9c, 10c and 11 | } | | 12 | <u> </u> |
| 13 F | Program services (from line 44, column (B)) | | | | 13 | 163985 |
| | Management and general (from line 44, colu | ımn (C)) | | | 14 | |
| ୍ଲି 15 f | Fundraising (from line 44 column (D)) | | | | 15 | <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u> |
| | Payments to affiliates (attach schedule) | | | - | 16 | - T. T. NOS |
| | Total expenses (add lines 16 and 44, colum | | | | 17 | 1106485 |
| : 설 18 E | Excess or (deficit) for the year (subtract line | 17 from line 12) | | | 18 | - HO A 75 |
| , 👸 19 N | Net assets or fund balances at beginning of | year (from line 73 | colum | n (A)) | 19 | 51(X). |
| = 20 (| Other changes in not assets or fund balance | es (attach explana) | นดก) | | 20 | |
| Ž 21 N | Net assets or fund balances at end of year (co | mbine lines 18, 19 | and 20) | | 21 | 44055_ |

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

C41 No 11282Y

Form 990 (1999)

| Pa | Statement of All organizations on Functional Expenses and section 4947(a | ust can X1) non | oplere column (A). Colum exempt charitable trusts | nns (8) (C) and (O) are in but optional for others | equired for section \$01(c (See Specific Instruction | (3) and (4) organizations s on page 19) |
|--------|---|--------------------|--|--|---|--|
| | Do not include amounts reported on line 6b, 8b, 9b, 10b or 16 of Part I | × ~ | (A) Tousi | (B) Program services | (C) Management and general | (D) Fundraising |
| 22 | Grants and allocations (attach schedule) (cash \$ | 22 | | | | |
| 23 | Specific assistance to individuals (attach schedule) | 23 | | | | |
| 24 | Senefits paid to or for members (attach schedule). | 24 | | | | 1.35 |
| 25 | Compensation of officers, directors etc | 25 | | | 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7 | · · · · · · · · · · · · · · · · · · · |
| 26 | Other salaries and wages | 26 | | | | |
| 27 | Pension plan contributions | 27 | | | | - |
| 28 | Other employee benefits | 28 | | | | |
| 29 | Payroli taxes | 29 | | | | |
| 30 | Professional fundraising fees | 30 | 2500 | | | 2500 |
| 31 | Accounting fees | 31 | 1500 | 1500 | | |
| 32 | Legal fees | 32 | 800 | 800 | | |
| 33 | 3 | 33 | 5550 | 5550 | | |
| | Supplies | 34 | 77075 | 2200 | | |
| 34 | Telephone . | 35 | 375 | 775 | | |
| 35 | Postage and shipping | 36 | 79200 | 7920 | | |
| 36 | Occupancy . | 37 | 11510 | 11710 | | |
| 37 | Equipment rental and maintenance | 38 | 1200 | 1300 | | |
| 38 | Printing and publications | 39 | 2100 | 2100 | } - | |
| 39 | Travel | 40 | 1 2 5 | 650 | | |
| 40 | Conferences conventions, and meetings | 41 | | - | | |
| 41 | Interest | 42 | | _ | | |
| 42 | Depreciation, depiction, etc. (attach schedule) | 43a | 5100 | 5122 | | |
| 43 | Other expenses (itemize) a Indurance | 43b | | ລາວວ່າ | | _ |
| Ь | Project Reca | 43c | 78/000 | 78000 | | |
| С | Korsey Durches | | | | | |
| d | | 43d | | | | |
| е | | 43e | | | } | |
| 44 | Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13—15 | 44 | 166485 | 163985 | | 2500 |
| Rep | orting of Joint Costs. Did you report in column | (B) (F | Program services) | any joint costs fro | om a combined | |
| educ | cational campaign and fundraising solicitation? | | | | > | 🗆 Yes 🔯 No |
| | es anter (i) the aggregate amount of these joint cost | s \$ | | | | s \$, |
| | he amount allocated to Management and general \$ | | | ne amount allocated | | <u> </u> |
| Par | Statement of Program Service Acco | <u>ompi</u> | ishments (See) | Specific Instructi | ons on page 22 | |
| Wha | t is the organization's primary exempt purpose? | ► 17. | Same 42 loc | riginal Hion | robies mill | Program Service |
| All Or | rganizations must describe their exempt purpose ac | chieve | ments in a clear ar | nd concise manner | State the number | Expenses (Required for 501(c)(1) and |
| of ch | ients served publications issued etc. Discuss achi | (evem | ents that are not r | neasurable (Sectio | n 501(c)(3) and (4) | (4) orgs and 4947(x)(1) trust but operand for |
| | nizations and 4947(a)(1) nonexempt charitable trusts | | | | | 0 (N (K 2) |
| | Provided transitional house | | | | | |
| _ | igationum and hop by in | でびず | (7 tor. 3) | 14. C/ (2.0.t) | inythe | |
| | or so care may man condition | (<u> </u> | gotory CHI. | tiroo.h/e/a | nd subter | 1. 0000 |
| _ | ou son care was provided | irants | and allocations | \$ ************************************ |) | 163785 |
| ь(; | econtinued). 1490 be cares. | 20. | alayed, al | on with exciled | ed hipma l | |
| _ | Life on Life Terno, nurrint | f ' 4è | מות ללת הבו בל | ひにご し ひげ マヤ | itend | |
| | Deyond Six months | | ¹ . | | | |
| _ | (G | rants | and allocations | \$ | } | |
| c | | ., | | | | |
| | | | | | | |
| | | | | | | |
| | (G | rants | and allocations | \$ |) | |
| d _ | | | | | | |
| _ , | | | | | | |
| - | | | | | | |
| | (G | rants | and allocations | \$ | | |
| еÖ | Other program services (attach schedule) (G | rants | and allocations | Š |) | |
| | otal of Program Service Expenses (should equ | ial line | 44, column (B), | Program services) | . ▶ | 163985 |
| | | | | | | Farm 990 (1999) |

| P | art IV | Balance Sheets (See Specific Instructions on page 22.) | • | | |
|-----------------------------|----------|---|--------------------------|-------------|--------------------|
| _ | Note | Where required attached schedules and amounts within the description column should be for end-of-year amounts only | (A) Beginning of year | | (B) End of year |
| | 45 | Cash—non-interest bearing | 3100 | 45 | 3100 |
| | 46 | Savings and temporary cash investments . | | 46 | |
| | | Accounts receivable Less allowance for doubtful accounts 47a 47b 47b | | ر 47c | |
| | | Pledges receivable . 48a | | ັ. ເ 48c | |
| | 49 | Less allowance for doubtful accounts , 480 | 5 | 49 | 10000 |
| | 50 | Receivables from officers, directors, trustees, and key employees (attach schedule) Matthow Board. | 0. | 50 | 30935 |
| Assets | | Other notes and loans receivable (attach schedule) Less allowance for doubtful accounts 51a 51b | | 51c | \sim |
| As | 52 | Less allowance for doubtful accounts . Lato | 0 | 52 | ~~~ |
| | 53 | Prepaid expenses and deferred charges . | Ô | 53 | <u> </u> |
| | 54 | Investments—securities (attach schedule) | Ö | 54 | |
| | 1 | Investments—land buildings, and equipment basis 55a | | | |
| | 1 | Less accumulated depreciation (attach schedule) 55b | | 55c 56 | <u> </u> |
| | 1 | Investments—other (attach schedule) i and hydrogs and equipment basis [57a] | <u> </u> | 1.50 | |
| | | Less accumulated depreciation (attach schedule) 57b | | ? 57c | |
| | 58 | Other assets (describe | | 58 | |
| | 59 | Total assets (add lines 45 through 58) (must equal line 74) | 3100 | 59 | 44035 |
| | 60 | Accounts payable and accused expenses | Ω | 60 | <u> </u> |
| | 61 | Grants payable - | <u> </u> | 61 | |
| S | 62 | Deferred revenue - | O | 62 | |
| abilities | 63 | Loans from officers, directors trustees, and key employees (attach schedule) | 0 | 63 64a | - 8 - |
| Ĕ | | Tax exempt bond habilities (attach schedule) | | 64b | |
| | | Mortgages and other notes payable (attach schedule) Other habilities (describe ► | 6 | 65 | Ö |
| | 66 | Total liabilities (add lines 60 through 65) | | 66 | 0 |
| <u> </u> | Orga | nizations that follow SFAS 117, check here ► ☐ and complete lines 67 through 69 and lines 73 and 74 | | **** | |
| Č | 67 | Unrestricted . | | 67 | |
| ıale | 68 | Temporarily restricted - | | 88 | |
| Bž | 69 | Permanently restricted . | | 69 | |
| Net Assets or Fund Balances | - | nizations that do not follow SFAS 117, check here ► 🛮 and complete lines 70 through 74 | 3100 | 70 | 44035 |
| Õ | 70 | Capital stock trust principal, or current funds - | 2,52 | 71 | |
| Set | 71 72 | Paid-in or capital surplus, or land, building, and equipment fund. Relained earnings, endowment, accumulated income, or other funds. | | 72 | |
| let As: | 73 | Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must | 2.120 | (2 mg) | 11102 = |
| ~ | | equal line 21) | 3103 | 73 | 777055 |
| | 74 | Total liabilities and net assets / fund balances (add lines 66 and 73) | <1(X:) | 74 | 44035 |

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.

| Part IV-A Reconciliation of Revenu Financial Statements with Return (See Specific Institu | h Revenu | e per | Part | F | Reconciliation of Inancial States Return | of Expenses ments with | Expe | Audited enses per |
|--|--|-------------|-----------------------------|---|---|--|--|--|
| a Total revenue, gains and other support per Budited financial statements ► b Amounts included on line a but not on line 12 Form 990 | a . | ĎÍĀ É | a | audited fill Amounts | penses and k nancial statemer included on line , Form 990 | its 🕨 | 7.5.2 a 3.5.7.2 | ŢŅŢĄ. |
| (1) Net unrealized gains on investments . \$ (2) Donated services and use of facilities \$ (3) Recovenes of prior year grants . \$ (4) Other (specify) Add amounts on lines (1) through (4) > c Line a minus line b | \$ 1.73 x 30// com ² v ₂ 1.8 D | | (2) (3) (4) c d | Donated and use of Prior year at reported of Farm 990 Losses repline 20, Fo Other (specific and amounts in Form 990 Investment not include 6b, Form 990 Other (specific and amounts) Add amounts in Form 990 Other (specific and amounts) | services (facilities \$ (facili | 17, a | the state of the s | |
| Part V List of Officers, Directors, Transcructions on page 24.) | uslees, a | ind Key | Empl | (line c plus | s line d) | > | e nsate | ed, see Specif |
| (A) Name and eddress | | week d | levoted | ge hours per o position | (C) Compensation (If not paid, enter -0.) | (D) Contributions employee benefit plat celemed compress | as & c | (E) Expense account and other allowances |
| matthew schools and from Bridge Bride Bridge Bridge Bridge Bridge Bridge Bridge Bridge Bridge Bridge | <u> </u> | | LOC | 2010010 | 0 | 6 | | 0 |
| RODUCT SUMMONS | | | 41) | ٠ <u>٥</u> ٠ - | 0 | 0 | | 0 |
| Bood Williams. | * , . | 15001. | | יכניו וויכני | 0 | 0 | | 0 |
| Wilbur Mapp 17 West word Place | | 5000 | | | 0 | 0 | _ | |
| 3105 Hans Cred 1110005 | - | | | | O _ | | _ | |
| | | | | | | | - | |
| | | | | | | | _ | |
| 75 Did any officer, director, trustee or key emporganization and all related organizations of If "Yes," attach schedule—see Specific | which more | than \$10 | ,000 w | npensation o as provided t | of more than \$100, by the related orga | 000 from you inizations? ▶ | | Yes 🔀 No |

| Form | 990 (1999) | | Page 5 |
|------|---|--------|---|
| Pa | rt VI Other Information (See Specific Instructions on page 25.) | _ | Yes No |
| 76 | Did the organization engage in any activity not previously reported to the IRS7 If "Yes," attach a detailed description of each activity. | 76 | V |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS? | 77 | V |
| | If "Yes" attach a conformed copy of the changes | 1 | ~~~ * & & & & & & & & & & & & & & & & & |
| | Oid the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?. | 78a | |
| | If "Yes has it filed a tax return on Form 990-T for this year? | 78b | |
| 79 | Was there a liquidation dissolution, termination, or substantial contraction during the year? If "Yes " attach a statement | 14. 14 | - V |
| 803 | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization? | 80a | |
| h | If 'Yes,' enter the name of the organization • | 7 | 7 : X : X |
| ~ | and check whether it is exempt OR nonexempt | 1 | |
| 81a | Enter the amount of political expenditures, direct or indirect, as described in the | \ | 4 3. (3 |
| | instructions for line 81 | _ | |
| b | Did the organization file Form 1120-POL for this year? | 81b | |
| 82a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge | 00- | |
| | or at substantially less than fair rental value? | 82a | |
| b | If Yes you may indicate the value of these items here. Do not include this amount | 1, | `` ; |
| | as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.) | | |
| 83a | Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | 7 ° ' |
| | Did the organization comply with the disclosure requirements relating to guid pro guo contributions? | 83Ь | |
| | Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | |
| þ | If "Yes," did the organization include with every solicitation an express statement that such contributions | ` ' | |
| | or gifts were not tax deductible? | 84b | <u> </u> |
| 85 | 501(c)(4) (5) or (6) organizations a Were substantially all dues nondeductible by members? | 85a | |
| Ь | Did the organization make only in-house lobbying expenditures of \$2 000 or less? | 85b | |
| | If "Yes was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year | ``` | |
| _ | Dues, assessments, and similar amounts from members 85c | | N 3 |
| | Section 162(c) lobbying and political expenditures 85d |] ^ { | |
| | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | \ \ \ | ` , • ' ' |
| | Taxable amount of lobbying and political expenditures (line 85d less 85e) 851 | ا ، ا | |
| - | Does the organization elect to pay the section 6033(e) tax on the amount in 85f7 | 85g | |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 851 to its reasonable | 85h | |
| 0.0 | esumate of dues allocable to nondeducuble lobbying and political expenditures for the following tax year? 501(c)(7) ords: Forer: a logistical fees and capital contributions included on line 12 86a | 6311 | |
| 86 | 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 Gross receipts, included on line 12, for public use of club facilities 86b | 1 | |
| 87 | 501(c)(12) orgs Enter a Gross income from members or shareholders . 87a |] | 7 1 |
| | Gross income from other sources (Do not net amounts due or paid to other | | |
| _ | sources against amounts due or received from them) | . I | . ' |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or | 1 1 | |
| | partnership, or an enuty disregarded as separate from the organization under Regulations sections | | |
| | 301 7701 2 and 301 7701 37 If Yes complete Part IX | 88 | - J / , |
| 89a | 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ | | |
| ь | 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction | 7^^ | |
| | 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 | |
| С | Enter Amount of tax imposed on the organization managers or disqualified persons during the year under | | |
| | sections 4912, 4955, and 4958 | | (|
| | Enter Amount of tax on line 89c above, reimbursed by the organization | | |
| 90a | List the states with which a copy of this return is filed NOCHO. COLON.CO. | | |
| | Number of employees employed in the pay period that includes March 12 1999 (See inst.) 190b 190b 190c 1 | 277,2 | 3-1400 |
| 91 | Located at > 141 Hall Side Street Asheville, NC ZIP + 4 > 28810 | | |
| 92 | Secuon 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here | | ▶ 🗀 |
| | and enter the amount of tax exempt interest received or accrued during the tax year 92 | | |

| nter gros | ss amounts unless otherwise | Unrelated by | isiness rucome | Excluded by sec | bon 512 513 or 514 | (E) |
|---------------------------------------|--|--|--|--|--|--|
| dicated | | (A) Business code | (B) Amount | (C) | (D) | Related or exempt function |
| | ism service revenue | PAZIUS22 CODE | Amount | Exclusion code | Amount | income |
| نا۔ و | hent Fees | _ | | | | 73000 |
| | - | _ | | 1 | | |
| : | <u>-</u> | _ | - | | | |
| 1 | | | | | | |
| | | | _ | | | - |
| | icare/Medicaid payments | | | - | | - |
| _ | and contracts from government agencies | • | _ | | | |
| | bership dues and assessments | - | | | | |
| | est on savings and temporary cash investments | • | | | | |
| | dends and interest from securities | * * * * * * | | | ` ^>, | 1 |
| | rental income or (loss) from real estate | | | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | financed properly | • | | | | |
| | debt-financed property | ` | | | | |
| | ental income or (loss) from personal property or investment income | | | | | |
| | or (loss) from sales of assets other than inventory | , | | | | |
| | ncome or (loss) from special events | | | | | |
| | s profit or (loss) from sales of inventory | | | | | |
| | r revenue a | | | | | |
| | | | | 3 | | |
| | | _ | | | | |
| | | | | | | |
| | | | | | | |
| | | | | ; ` | | 18000 |
| Subtoti | al (add columns (B) (D), and (F)) | | | · 1 | | |
| | al (add columns (B), (D), and (E)), add line 304, columns (B), (O), and (E)). | | | 1 | > | 1800 |
| Total (a Line t VIII e No | add line 104, columns (B), (D) and (E)) 105 plus line 1d Part I, should equal the Relationship of Activities to the Acc Explain how each activity for which income | amount on line 1 omplishment of | Exempt Purpo mn (E) of Part Vil | oses (See Sp | ecific Instruction | ns on page 30 |
| Total (a Line t Vill e No | add line 104, columns (B), (D) and (E)) 105 plus line 1d Part I, should equal the Relationship of Activities to the Acc Explain how each activity for which income of the organization is exempt purposes (other | amount on line omplishment of its reported in column than by providing | mn (E) of Part Viling funds for such | contributed impurposes) | ecific Instruction | ons on page 30 accomplishment |
| Total (a Line t VIII e No | add line 104, columns (B), (D) and (E)) 105 plus line 1d Part I, should equal the Relationship of Activities to the Acc Explain how each activity for which income of the organization's exempt purposes (other | amount on line omplishment of its reported in column than by providing | mn (E) of Part Viling funds for such | contributed impurposes) | ecific Instruction | ons on page 30 accomplishment |
| Total (a Line VIII | add line 104, columns (B), (D) and (E)) 105 plus line 1d Part I, should equal the Relationship of Activities to the Acc Explain how each activity for which income of the organization is exempt purposes (other | amount on line omplishment of its reported in column than by providing | mn (E) of Part Viling funds for such | contributed impurposes) | ecific Instruction | ons on page 30 |
| Total (a Line t VIII e No | add line 104, columns (B), (D) and (E)) 105 plus line 1d Part I, should equal the Relationship of Activities to the Acc Explain how each activity for which income of the organization is exempt purposes (other | amount on line omplishment of its reported in column than by providing | mn (E) of Part Viling funds for such | contributed impurposes) | ecific Instruction | ons on page 30 accomplishment |
| Total (a Line t VIII e No | add line 104, columns (B), (D) and (E)) 105 plus line 1d Part I, should equal the Relationship of Activities to the Acc Explain how each activity for which income of the organization is exempt purposes (other | amount on line omplishment of its reported in column than by providing | mn (E) of Part Viling funds for such | contributed impurposes) | ecific Instruction | ons on page 30 accomplishment |
| Total (a Line t Vill e No | add line 104, columns (B), (D) and (E)) 105 plus line 1d Part I, should equal the Relationship of Activities to the Acc Explain how each activity for which income of the organization is exempt purposes (other | amount on line omplishment of its reported in column than by providing | mn (E) of Part Viling funds for such | contributed impurposes) | ecific Instruction | ons on page 30 accomplishment |
| Total (a Line t Vill e No | add line 104, columns (B), (D) and (E)) 105 plus line 1d Part I, should equal the Relationship of Activities to the Acc Explain how each activity for which income of the organization is exempt purposes (other | amount on line omplishment of its reported in column than by providing | mn (E) of Part Viling funds for such | contributed impurposes) | ecific Instruction | ons on page 30 accomplishment |
| Total (a Line t VIII | add line 104, columns (B), (D) and (E)) 105 plus line 1d Part I, should equal the Relationship of Activities to the Acc Explain how each activity for which income of the organization is exempt purposes (other | amount on line omplishment of its reported in column than by providing | mn (E) of Part Viling funds for such | contributed impurposes) | ecific Instruction | ons on page 30 accomplishment |
| Total (a Line t VIII | add line 104, columns (B), (D) and (E)) 105 plus line 1d Part I, should equal the Relationship of Activities to the Acc Explain how each activity for which income of the organization is exempt purposes (other | amount on line omplishment of its reported in column than by providing | mn (E) of Part Viling funds for such | contributed impurposes) | ecific Instruction | ons on page 30 accomplishment |
| Total (a Line VIII) No V | add line 104, columns (B), (D) and (E)) 105 plus line 1d Part I, should equal the Relationship of Activities to the Acc Explain how each activity for which income of the organization's exempt purposes (othe Theody Times Additional Colors) | amount on line of omplishment of one of the original of the or | Exempt Purpormn (E) of Part Viling funds for such | contributed imporposes) | ecific Instruction | ons on page 30 occomplishment |
| Total (a Line VIII) No V | Information Regarding Taxable Subs | amount on line in omplishment of its reported in column than by providing than by providing than by providing than by providing than by providing than by providing than by providing than by providing that it is a second to be a sec | Exempt Purpormn (E) of Part Viling funds for such | contributed imporposes) | ecific Instruction | ons on page 30 |
| Total (Line VIII) No VIII No VIII | Information Regarding Taxable Substandards and EIN of corporation | amount on line to omplishment of its reported in column than by providing than by providing than by providing than by providing than by providing than by providing than by providing that is a second to be a second to | Exempt Purpormn (E) of Part Viling funds for such | oses (See Speces) | ecific Instruction | s on page 30) |
| Total (: Line VIII) No VIII | Information Regarding Taxable Subsequences and EIN of corporation | amount on line to omplishment of its reported in column than by providing than by providing than by providing than by providing than by providing that it is a second to be | egarded Entitue | oses (See Speces) | ecific Instruction apparantly to the a | s on page 30) |
| Total (: Line t VIII) e No | Information Regarding Taxable Substandards and EIN of corporation | amount on line to omplishment of its reported in column than by providing than by providing than by providing than by providing than by providing that it is a second to be | egarded Entitue | oses (See Speces) | ecific Instruction apparantly to the a | s on page 30) |
| Total (Line VIII) No VIII No VIII | Information Regarding Taxable Substandards and EIN of corporation | amount on line to omplishment of its reported in column than by providing than by providing than by providing than by providing than by providing that it is a second to be | egarded Entitue | oses (See Speces) | ecific Instruction apparantly to the a | s on page 30) |
| Total (: Line VIII) No VIII | Information Regarding Taxable Substandards and EIN of corporation | amount on line to omplishment of its reported in column than by providing than by providing than by providing than by providing than by providing that it is a second to be | egarded Entitue | oses (See Speces) | ecific Instruction apparantly to the a | s on page 30) |
| Total (a Line t VIII) e No | Information Regarding Taxable Subsequents and EIN of corporation artnership or disregarded entity | amount on line omplishment of its reported in column than by providing than by providing than by providing than by providing than by providing than by providing than by providing that is a second to be | egarded Entitue | oses (See Sp contributed im- purposes) | ecific Instruction portantly to the analysis of the analysis o | s on page 30) End of year assets |
| Total (a Line t VIII) e No | Information Regarding Taxable Substandards and EIN of corporation | amount on line omplishment of its reported in column than by providing than by providing than by providing than by providing than by providing than by providing than by providing that is a second to be | egarded Entitue (C) Nature of au ing accompanying s than officer) is base | oses (See Sp contributed im- purposes) | ecific Instruction portantly to the a portantly to the a portantly to the a portantly to the a portantly to the a portantly to the a portantly to the a portantly to the a portantly to the a portantly to the a portantly to the a portantly to the a portantly to the a portantly to the a | s on page 30) End of year assets Dest of my knowledge has any knowledge. |
| Total (: Line VIII) e No | Information Regarding Taxable Substantiership or disregarded entity address and EIN of corporation artnership or disregarded entity Under penalties of penjury I declare that I have examined belief it is true Corporation of the penalties of penjury I declare that I have examined belief it is true Corporation of page in the page | amount on line omplishment of its reported in column than by providing than by providing than by providing than by providing than by providing than by providing that it is return including of preparer to the second than of preparer to the second than of preparer to the second than of preparer to the second than of preparer to the second than of preparer to the second than of preparer to the second than of preparer to the second than the secon | egarded Entitue (C) Nature of au ing accompanying s than officer) is base | es (See Spec contributed impurposes) | ific Instruction Total income BACOSTE | s on page 30) End of year assets Dest of my knowledge has any knowledge. |
| Total (and Line Line Line VIII) se No | Information Regarding Taxable Subsequents and EIN of corporation artnership or disregarded entity | amount on line omplishment of its reported in column than by providing than by providing than by providing than by providing than by providing than by providing than by providing that is a second to be | egarded Entitle (C) Nature of au ing accompanying s than officer) is base | contributed impurposes) 2.22 | ific Instruction Total income Con al which prepare RACUATE L and title | s on page 30) End of year assets Dest of my knowledge has any knowledge. |
| Total (a Line t VIII) e No | information Regarding Taxable Substantinership or disregarded entity under penalties of pegury I declare that I have examined belief it is true corect, and pomplete Occlara (Importage). See General Institution in page of Signature of pricer | amount on line omplishment of its reported in column than by providing than by providing than by providing than by providing the providing that it is a second to be a seco | egarded Entitue (C) Nature of au Date Date Bale Date es (See Specetivities chedules and stated on all information of the components of the components of the complete of the compl | ific Instruction (D) Total income Preparer s o P | s on page 30) End of year assets Dest of my knowledge has any knowledge that any knowle |
| t IX | Information Regarding Taxable Subsite address and EIN of corporation artnership or disregarded entity Under penalties of penjury I declare that I have examined belief it is true corporation. The page is the support of the support | amount on line omplishment of its reported in column than by providing than by providing than by providing than by providing than by providing than by providing that it is return including of preparer to the second than of preparer to the second than of preparer to the second than of preparer to the second than of preparer to the second than of preparer to the second than of preparer to the second than of preparer to the second than the secon | egarded Entitue (C) Nature of au Date Date Bale Date contributed imporposes) Contributed imporposes) Contributed imporposes) Contributed imporposes) Contributed imporposes) Contributed imporposes Check of point name Check of settle employer EIN | ific Instruction (D) Total Income RACUTT and title Preparer s (I) (I) (II) (III) (I | s on page 30) End of year assets Dest of my knowledge has any knowledge that any knowled |

SCHEDULE A (Form 990)

professional services

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions)

1999

OM8 No 1545-0047

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Internal Revenue Service Name of the organization Employer identification number Jerms Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None") (d) Contributions to (a) Expense (a) Name and address of each employee paid more than \$50,000 (b) Tale and average hours per week devoted to position (c) Compensation mplayee benefit plans & deferred compensation account and other allowances None. Total number of other employees paid over 1 \$50,000 Partill Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 1 of the instructions. List each one (whether individuals or firms). If there are none, enter. None.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (с) Сопіревзаціон Nane. Total number of others receiving over \$50 000 for

| Sche | Mule A (F | am 990) 1999 | | | 390 |
|-----------------------|---------------------------------------|---|-------------------|------------------|-----------|
| Pa | rt III | Statements About Activities | | Yes | No |
| 1 | attem If "Yes Organ organi | the year has the organization attempted to influence national state or local legislation, including any of to influence public opinion on a legislative matter or referendum? The enter the total expenses paid or incurred in connection with the lobbying activities. The enter the total expenses paid or incurred in connection with the lobbying activities. The enter the total expenses paid or incurred in connection with the lobbying activities. The enter the total expenses paid or incurred in connection with the lobbying activities. The enter the total expenses paid or incurred in connection with the lobbying activities. The enter the total expenses paid or incurred in connection with the lobbying activities. | 1 | 3,5% | X |
| 2 | of its | the year has the organization either directly or indirectly engaged in any of the following acts with any trustees directors officers creators key employees or members of their families or with any taxable zation with which any such person is affiliated as an officer director trustee, majority owner or principal crary | | *** | |
| a | Sale (| exchange, or leasing of property? | 2a | <u> </u> | X |
| b | Lendir | ig of money or other extension of credit? | 2b | | X |
| c | Furnis | hing of goods servicos or facilities? | 2¢ | | X |
| d | Payme | ent of compensation (or payment or reimbursement of expenses if more than \$1,000)? | 2d | | X |
| c | | er of any part of its income or assets? Answer to any question is "Yes" attach a detailed statement explaining the transactions | 2e | | X |
| 3 4a | | he organization make grants for scholarships, fellowships, student loans, etc.? | 3 4a | | X |
| | Attach | a statement to explain how the organization determines that individuals or organizations receiving grants is from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.) | 7, 7 | | ,;,• |
| Par | rt IV | Reason for Non-Private Foundation Status (See pages 2 through 4 of the instructions) | - | | |
| The | organiza | ation is not a private foundation because it is (Please check only ONE applicable box.) | | | |
| 5 6 7 8 9 | A A A A A A A A A A A A A A A A A A A | thurch convention of churches or association of churches. Section 170(b)(1)(A)(i) school. Section 170(b)(1)(A)(ii). (Also complete Part V. page 4.) hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). Federal state, or local government or governmental unit. Section 170(b)(1)(A)(v) hedical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital state. | ortal's | name | , cay |
| 10 | ☐ An | organization operated for the benefit of a college or university owned or operated by a governmental unit. Section complete the Support Schedule in Part IV-A.) | on 170 |)(b)(1) | (A)(iv) |
| 11a | ☐ An | organization that normally receives a substantial part of its support from a governmental unit or from the ction 170(b)(1)(A)(vi) (A)so complete the Support Schedule in Part IV-A) | ne gen | erai p | пріс |
| | ☐ A c An rec its | ommunity trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV.A.) organization that normally receives. (1) more than 33%% of its support from contributions, membership eights from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no mosupport from gross investment income and unrelated business taxable income (less section 511 tax) from but the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part II.) | ro tha Sinessi | n 334 | ه د %د |
| 13 | des | organization that is not controlled by any disqualified persons (other than foundation managers) and supportion of (1) lines 5 through 12 above or (2) section 501(c)(4) (5) or (6), if they meet the test of section 509(a)(3)) | on 509 | ganiza (a)(2) | (See |
| | _ | Provide the following information about the supported organizations (See page 4 of the instructions (b) Line | | P! | |
| | | (a) Name(s) of synnorted organization(s) | Nods i | | |
| | | | | _ | |
| | 1000 | | | | |
| | | | | | |
| 14 | ☐ An | organization organized and operated to test for public safety. Section 509(a)(4). (See page 4 of the instruct | ions) | | |

| P | Note You may use the worksheet in | y if you checked a the instructions f | box on line 10 11 or converting from | or 12) Use cast | method o | of acco | ounting of accounting |
|-----|--|--|---|---------------------|--------------|----------|--------------------------|
| Ca | endar year (or fiscal year beginning in) . > | (a) 1998 | (b) 1997 | (c) 1996 | (d) 19 | | (e) Total |
| 15 | Gifts grants and contributions received (Do | (-/ | 1-7 1551 | (5) 1555 | (4) 13 | | (E) TO(a) |
| | not include unusual grants. See line 28.) . | 184170 | 94500 | 45291 | 1105 | DH | MMHIA |
| 16 | Membership fees received . | | | | | <u> </u> | -11.17.110 |
| 17 | Gross receipts from admissions | | | | | | |
| | merchandise sold or services performed or | | | | | | |
| | furnishing of facilities in any activity that is not a business unrelated to the organization s | | | | | | |
| | chantable, etc purpose | | | | (0100 |) | 6190 |
| 1B | Gross income from interest, dividends | | | _ | | _ | |
| | amounts received from payments on securities | | | | | | |
| | loans (section 512(a)(5)) rents, royalties and unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses acquired | | | | | | |
| | by the organization after June 30 1975 . | | | | | | |
| 19 | Net income from unrelated business | | | | | | |
| | activities not included in line 18 . | | | | | | |
| 20 | Tax revenues levied for the organization's | | | | | | |
| | benefit and either paid to it or expended on | | | | | | |
| | its behalf | | | | | | |
| 21 | The value of services or facilities furnished to the organization by a governmental unit | | | | | | |
| | without charge. Do not include the value of | | | | | | |
| | services or facilities generally furnished to the | | | i | | | |
| | public without charge | | | | | | |
| 22 | Other income Attach a schedule Do not include gain or (loss) from sale of capital assets | | | | | | |
| 23 | Total of lines 15 through 22 | 194170 | 91500 | 1,500° | 72109 | L | 11000-ET |
| 24 | Line 23 minus line 17 | 194170 | QUAYY | 45291 | 12/25 | | 400655 |
| 25 | Enter 1% of line 23 | 1942 | QU.5 | 452 | 727 | | 40040 |
| 26 | Organizations described on lines 10 or T1 | | amount in column | 1-1-1 | | 26a | |
| | Altach a list (which is not open to public inspec | | | | | <u> </u> | × ^*v.< |
| | person (other than a governmental unit or public | | | | | 1000 | o : |
| | 1998 exceeded the amount shown in line 26a | | | • | ▶ | 26b | |
| | | | | | | 1 | ' w w war . |
| c | Total support for section 509(a)(1) test. Enter til | ne 24 column (e) | | | • | 26c | |
| d | | | 19 | | | اه د | (m) 1, (1) |
| | | | 26b | | • | Z6d | |
| c | Public support (line 26c minus line 26d (otal) | han donated by | 36- Idaa | | • | 26€ | |
| | Public support percentage (line 26e (numera | | | | | 26f | % |
| 27 | Organizations described on line 12 a Fo person "attach a list to show the name of and | r amounts include total amounts rec | ed in lines 15 li Feived in each ve | s and 17 that we | evialified i | ed from | n a "disqualified |
| | of such amounts for each year | (010) 000 | 347742 (7 04077) 0 | 21 710.11 60611 61 | oqubiliteo ; | JC1 JO(| Linter the 32m |
| | (1998) | | (1996) | | (1005) | | |
| h | For any amount included in line 17 that was rec | | | | | | |
| _ | received for each year that was more than th | e larger of (1) th | c amount on line | 25 for the year | or (2) \$5 0 | 000 (14 | nclude in the list |
| | organizations described in lines 5 through 11 and the larger amount described in (1) or (2), e | | | | | | |
| | and the larger amount described in (1) or (2), e | inter the sum of a | iese dineronces i | (tile excess affici | inis) for ea | CII YE | 21 |
| | (1998) (1997) | | (1996) | | (1995) | | |
| | | | | | | | |
| С | Add Amounts from column (e) for knes 15 | -(X)465 | 16 | | | (I | |
| | 17 10190 20 | | 21 | _ | ▶ | | 4000055 |
| d | Add Line 27a total | and line 27b total | | _ | - | 27 d | |
| e | Public support (line 27c total minus line 27d tot | | | 1 | . | 270 | 40101622 |
| f | Total support for section S09(a)(2) test. Enter ar | | | ► 271 LIQ1 | 21055 | بشد | min missississis |
| 9 | Public support percentage (line 27e (numera | | | | → | 27g | 100 % |
| | Investment income percentage (line 18, colu | | | | | 27h | % |
| \$B | Unusual Grants. For an organization described attach a list (which is not open to public inspec | | | | | | |
| | grant, and a brief description of the nature of the | | | | | | |

Part V Private School Questionnaire (See page 4 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

| | | | Yes | No |
|---------|--|-----|-----|----------------|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws other governing instrument, or in a resolution of its governing body? | 29 | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures catalogues and other written communications with the public dealing with student admissions programs and scholarships? | 30 | | , ` |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program in a way that makes the policy known to all parts of the general community it serves? | 31 | | |
| | If Yes " please describe if "No " please explain (if you need more space attach a separate statement) | | | |
| | | | | ` ` |
| 32 a | Does the organization maintain the following Records indicating the racial composition of the student body faculty, and administrative staff? | 32a | | |
| Ь | Records documenting that scholarships and other financial assistance are awarded on a facially nondiscriminatory basis? | 32b | | |
| c | Copies of all catalogues brochures, announcements and other written communications to the public dealing with student admissions programs and scholarships? | 32c | | |
| ď | Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | - | , - |
| | If you answered 'No' to any of the above please explain (If you need more space attach a separate statement) | | | ` `` |
| 33 | Does the organization discriminate by race in any way with respect to | | | `~, |
| а | Students rights or privileges? | 33a | | |
| b | Admissions policies? | 33b | | |
| С | Employment of faculty or administrative staff? | 33c | | |
| d | Scholarships or Other financial assistance? | 33d | - | _ |
| e | Educational policies? | 33e | - | |
| f | Use of facilities? | 33f | | |
| 9 | Athletic programs? | 33g | | |
| h | Other extracumoular activities? | 33h | - ; | |
| | If you answered "Yes" to any of the above please explain (If you need more space attach a separate statement) | | | 21 |
| | | . | . [| |
| 34a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | | |
| ь | Has the organization's right to such aid ever been revoked or suspended? | 34b | | |
| | If you answered "Yes" to either 34a or b, please explain using an attached statement | ^ | | ` |
| 15 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75.50. 1975-2.C.B. 587. covering racial nondiscrimination? If "No" attach an explanation. | 35 | | |

| Schedule A (Fo | | | | Page . |
|----------------|---|------------|-----------------------------------|--------------------------------------|
| Part VI-A | Lobbying Expenditures by Electing Public Charities (See pa (To be completed ONLY by an eligible organization that filed Fo | | instructions) | |
| Check here I | ▶ a ☐ if the organization belongs to an affiliated group | · <u> </u> | | |
| Check here I | ▶ b ☐ if you checked "a" above and "limited control" provisions apply | | | |
| | Limits on Lobbying Expenditures | | (a) Affiliated group totals | (b) To be completed for ALL electing |
| | (The term "expenditures" means amounts paid or incurred) | | 15(0)3 | ordamsgriou> |
| 36 Total lo | bbying expenditures to influence public opinion (grassroots lobbying) | 36 | | |
| 37 Total lo | obying expenditures to influence a legislative body (direct lobbying) | . 37 | | |
| 38 Total tol | obying expenditures (add lines 36 and 37) | . 38 | | |
| 39 Other e. | xempt purpose expenditures | 39 | <u></u> | |
| 45 5 | | 140 | | |

Total exempt purpose expenditures (add lines 38 and 39) Lobbying nontaxable amount. Enter the amount from the following table— If the amount on line 40 is-The lobbying nontaxable amount is-Not over \$500,000 20% of the amount on line 40 Over \$500 000 but not over \$1 000 000 \$100,000 plus 15% of the excess over \$500 000 Over \$1 000 000 but not over \$1 500 000 \$175 000 plus 10% of the excess over \$1 000 000 Over \$1 500 000 but not over \$17 000 000 - \$225 000 plus 5% of the excess over \$1 500,000

42 43 44

Grassroots nontaxable amount (enter 25% of line 41)

Subtract line 42 from line 36. Enter -0, if line 42 is more than line 36.

Subtract line 41 from line 38 Enter 0- if line 41 is more than line 38

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 7 of the instructions.)

| | | Lobbying Expenditures During 4-Year Averaging Period | | | | | | | |
|----|--|--|---|-------------|-------------|--------------|--|--|--|
| _ | Calendar year (or fiscal year beginning in) ▶ | (a) 1999 | (b) 1998 | (c) 1997 | (d) 1996 | (e) Total | | | |
| 45 | Lobbying nontaxable amount | | | • | | | | | |
| 46 | Lobbying ceiling amount (150% of line 45(e))_ | | | 1 . | | | | | |
| 17 | Total lobbying expenditures . | | | | | | | | |
| 18 | Grassroots nontaxable amount | | | | | | | | |
| 49 | Grassroots ceiling amount (150% of line 48(e)) | | /\ <u>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</u> | . ` ` , | | | | | |
| 50 | Grassroots lobbying expenditures | | | | | | | | |

Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 8 of the instructions.)

Ouring the year did the organization attempt to influence national state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b. Paid staff or management (Include compensation in expenses reported on lines of through h.)
- c. Media advertisements
- d. Mailings to members, legislators or the public
- Publications, or published or broadcast statements.
- f. Grants to other organizations for lobbying purposes.
- q. Direct contact with legislators, their stalls, government officials or a legislative body
- h Railies demonstrations, seminars conventions speeches, lectures or any other means
- Total lobbying expenditures (add lines c through h)

| יי, | Yes | No | Amount |
|-----|-----|------------------------------|--------|
| | | X | |
| • | } | $\langle \mathbf{x} \rangle$ | |
| | | / | |
| | | × | |
| - | | - X - | |
| - | | $\frac{\wedge}{}$ | |
| | | | |
| - | | | |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

| | A (Form 990) 1999 | | | | Page |
|----------------------|--|---|--|--|--|
| Part V | _ | | anslers To and Transaction page 8 of the instruction | | |
| 51 Did 501 | the reporting organical (c) of the Code (other | nization directly or ner than section 50 | indirectly engage in any of th 01(c)(3) organizations) or in sec | e following with any other of tion 527, relating to political | rganization described in secti organizations? |
| | | | to a noncharitable exempt or | | Yes No |
| | Cash | 3 | | , | 51a(i) × |
| (ii) | Other assets | | | | a(ii) × |
| b Oth | er transactions | | | | |
| (1) | Sales or exchange | es of assets with a | noncharitable exempt organiz | ation | . <u>b(ı)</u> > |
| (11) | Purchases of asse | ets from a nonchar | itable exempt organization | | D(II) |
| (111) | Rental of facilities | equipment or oth | her assets | | _ b(iii) / |
| (tV) | Reimbursement ar | rrangements | | | b(w) × |
| (v) | Loans or loan gua | rantees | | | |
| _ | | | ship or fundraising solicitations | | . b(vi) ∨ |
| | • | | sts other assets, or paid empl | | . c |
| goo | ds other assets, or : | services given by th | complete the following schedule ne reporting organization of the o n column (d) the value of the goo | rganization received less than | fair market value in any |
| (a) Line no | (b) Amount involved | Name of none | (c) charitable exempt organization | Description of pansiers trans | (d) actions and shahing arrangements |
| | | | | | |
| | | | | | |
| - | | | | | |
| | | | | - | |
| _ | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | • | | |
| | ļ - | - | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| desc | _ | 11(c) of the Code (| affiliated with or related to o other than section 501(c)(3)) or | - | enizations ► ☐ Yes ☐ No |
| | (a) | | (b) | _ | (c) |
| Name of organization | | | Type of organization | Description | n of relationship |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| • | | | | | |
| | | l | | | |
| | | | | | |
| - | | | | | |
| | | | | | |
| | | | | | |

Life on Life's Terms EIN: 58-2166121 Reporting Year: 1999 Schedule of Contributors

145,700 00

16,000 00

5,000 00

5,000 00

Ploase C Name phorganization Chock II 195 IRS 58:216612 00 12RMS, INC. Change of address la bel or Number and street (or P.O. box II mail is not delivered to street address). Room/suite E Telephone number Initial return type See 5+REET HILL SIDE Figure return Amended return City of town state of country and ZIP+4 Instruc F Check > frequired siso for (gnihode) at&la Type of organization— 🏲 😿 Exempt under section 501(c)() ◄ (insert number) OR ► 🔲 section 4947(a)(1) nonexempt charitable trust ite Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt chantable trusts MUST attach a completed Schedule A (Form 990) Yes No s) is this a group return filed for affiliates? If either box in H is checked "Yes " enter four digit group. exemption number (GEN) > b) If "Yas " enter the number of affiliates for which this return is filed Accounting method (c) is this a separate return filed by an organization covered by a group ruling? [] Yes [] No Other (specify) ▶ Check here 🕨 🗌 if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if it received a Form 990 Package in the mail a should like a return without financial data. Some states require a complete return Note Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 13.) Contributions, gifts, grants, and similar amounts received 1a a Direct public support 1b b Indirect public support 10 c. Government contributions (grants) Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ <u>178 770</u> noncash \$ _____) 177 1d 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments 4 interest on savings and temporary cash investments 5 Dividends and interest from securities Internal Revenue Service 6a Gross rents b Less rental expenses 6c c. Net rental income or (loss) (subtract line 6b from line 6a) Other investment income (describe > 2802_(B) Other 7 (A) Securities 8a Gross amount from sale of assets other Asheville NC than inventory b Less cost or other basis and sales expenses. 17 Gain or (loss) (attach schedule). 8d d Net gain or (loss) (combine line 8c, columns (A) and (B)) Special events and activities (attach schedule) a Gross revenue (not including \$ ____ CO 9a contributions reported on line 1a) b Less direct expenses other than funderising expenses | 9b | c Net income or (loss) from special events (subtract line 9b from line 9a) 9с 10a Gross sales of inventory, less returns and allowances 10a 10b b Less cost of goods sold Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10c 11 Other revenue (from Part VI) line 103) 11 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 12 13 13 Program services (from line 44, column (B)) 14 14 Management and general (from line 44, column (C)) 16 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 17 18 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 19 Net assets or fund balances at beginning of year (from line 73, column (A))

Other changes in net assets or fund balances (attach explanation)

For Paperwork Reduction Act Notice, see page 1 of the separate instructions

Net assets or fund balances at end of year (combine lines 18, 19 and 20)

Return of Organization Exempt From Income Tax Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

1998, and ending

-20

004 RESORT NOV 0 6 2002

Cot No 11282Y

990

ariment of the Treasury

20

For the 1998 calendar year, OR tax year period beginning

OMB No 1545 0047 This Form is Note. The organization may have to use a copy of this return to satisfy state reporting requirements Inspection 19 93 D Employer Identification number If exemption application is pending Accrual FOR STATUTE REV

Form 990 (1998)

| 14 | Statement of All arganizations on Functional Expenses and section 4947(a) | ist com (1) none | plece column (A). Column exempt chantable trusts t | is (6) (C), and (D) als re | See Specific Instructions Survey for the specific specific | (3) BNO (4) organizations on page 17) |
|--------------|--|---------------------|---|--|---|---|
| | Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I | 1 32 | (A) Total | (B) Program Services | (C) Management and general | (D) Fundraising |
| 22 | Grants and allocations (attach schedule) | 22 | | | | |
| 23 | Specific assistance to individuals (attach schedule) | 23 | | | · 1000000000000000000000000000000000000 | 这是我们的 |
| 24 | Benefits paid to or for members (attach schedule)_ | 24 | | | An in the second | 、引於 (建物) |
| 25 | Compensation of officers, directors atc | 25 | | - 4 | | |
| 26 | Other salaries and wages | 26 | 50800 | 50800 | | |
| 27 | Pension plan contributions | 27 | 7200 | 7200 | | |
| 28 | Other employee benefits . | 28 | - 4 | | | |
| 29 | Payroll taxes | 29 | 6604 | 6604 | | 11.00 |
| 30 | Professional fundraising fees | 30 | 4500 | 0 100 | - | 4500 |
| 31 | Accounting fees | 31 | 2100 | 2.100 | | |
| 32 | Legal fees . | 32 | 950 | 950 | | |
| 33 | Supplies . | 33 | 17/00 | 17/00 | - | _ |
| 34 | Telephone . | 34 | 7900 | 7900 | | |
| 35 | Postage and shipping . | 35 | 450 | | | |
| 36 | Occupancy . | 36 | 11600 | 61600 | | |
| 37 | Equipment rental and maintenance . | 37 | 12 200 | 12200 | | |
| 38 | Printing and publications | 38 | 1 600 | 9440 | } | |
| 39 | Travel | 39 40 | 9 440 | 570 | | |
| 40 | Conferences, conventions, and meetings | | 3 /6 | 3/9 | - | |
| 41 | Interest | 41 | | | | |
| 42 | Depreciation, depletion, etc. (attach schedule) | 42 43a | 5100 | 5100 | | |
| 43 | Other expenses (itemize) a | 43b | 17500 | 17500 | | |
| b | | 43C | 10700 | 10 700 | | |
| c | | 43d | 70 700 | 7// 200 | | |
| d | | 43e | | <u> </u> | | |
| 44 | Fotal functional expenses (add lines 22 through 43) Organizations | | 216314 | 711814 | | 4500 |
| | completing columns (B) (D), carry these totals to lines 13 15 | | | | | 7300 |
| | corting of Joint Costs —Did you report in column | n (8) (| Program services) | any joint costs in | | ☐ Yes 🛣 No |
| 600 V' 11 | cational campaigh and fundraising solicitation? es," enter (1) the aggregate amount of these joint cost | - ¢ | (n) th | n amount allocated | | |
| u i Gali | he amount allocated to Management and general \$ | | and (iv) th | e amount allocated | to Fundraising \$ | > |
| | rt III Statement of Program Service Acco | | | | | ī |
| u e | at is the organization's primary exempt purpose? | - A- | SIST SUNSTAN | DE MOUSERS | with HHTCDOS | Program Service |
| AU - | it is the organization's primary exempt purpose? | | | d | Cinia the muchas | |
| All D | rganizations must describe their exempt purpose ac fients served, publications issued, etc. Discuss ach | ievem | ments in a clear an ents that are not n | io concise manner reasurable: (Sectio | n 501(c)(3) and (4) | (Required for 501(c)(3) and (4) orgs and (947(a)(1) |
| orga | nizations and 4947(a)(1) nonexempt charitable trusts | must. | also enter the amou | nt of grants and alle | ocations to others) | |
| <u> </u> | Paristell Demilianth | 110 | min how | th Alaraton | 2- DAULATES | 2 |
| o | Tale DAIDLENGE Out Ale | 2 | Somment | 200 196 | Month in | |
| _ | The DENKO (KOMOS) THA | 1/2/10 | 100001 | 1 100 - | a Otoca ilin | |
| , | millatte onem Cally | Frants | and allocations | \$120000 4.5 | } | 211.814 |
| ъ. | (A) V (his /m/10 1) 697 | 110 | cima la | Упона Д | 6707 | 772 |
| Ü | ab turned parce 1 | 1.000 | a la Sua | Tordo C | 100000 | |
| | TALLEN SALE OINT | ξα.s | Ata Lo | 0,000 | month | |
| | | Srants | and allocations | \$ | | |
| | | | | | , | |
| С | | | | | | |
| | | ••••• | | •••••• | | |
| | 10 | rants | and allocations | 3 | } | |
| - دے | | | | - | • | |
| a | | | | •• ••• •• ••• •• | | |
| | | | ·- ·/·································· | •••••• | | |
| | ic | rants | and allocations | \$ | i | |
| e (| | | and allocations | \$ | , | |
| | Total of Program Service Expenses (should equ | | | _ | <i>,</i> | 211814 |
| _ | | | | | | |

| Part I | Balance Sheets (See Specific Instruction | ctions on page 20) | | | |
|--------------------------|---|--|--------------------------|--------|--------------------|
| Note | Where required attached schedules and amounts column should be for end of year amounts only | within the description | (A) Beginning of year | | (B) End of year |
| 45 | Cash—non-interest-bearing | | 4375 | 45 | 2960 |
| 46 | Savings and temporary cash investments | _ | -0- | 46 | , |
| | | | | | |
| 47a | Accounts receivable . | 47a | | 345 | |
| t | Less allowance for doubtful accounts | 476 | | 47c | |
| J | | 11 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - | | WENT. | |
| | Pledges receivable | 48a O | | | |
| - 1 | Less allowance for doubtful accounts | 48b | 10000 | 48c | |
| 49 | Grants receivable | · · · · · · · · · · · · · · · · · · · | 777.000 | 45 | (_/ |
| 50 | Receivables from officers directors, truste | ees, and key employees | 0 | 50 | Ω |
| | (attach schedule) | - / / | | 4,2 | |
| | Other notes and loans receivable (attach schedule) | 51a O | | 2 | |
| Assets | Less allowance for doubtful accounts | 51b | | 51c | \mathcal{O} |
| ະ 52 | | | -0- | 52 | 0 |
| 53 | Prepaid expenses and deferred charges | - [| -0- | 53 | Ð |
| 54 | Investments—securities (attach schedule) |] [| -0- | 54 | |
| T | Investments—land, buildings, and | | | 12. |) |
| | equipment basis . | 55a 🔘 | | 1.3 | |
| l t | Less accumulated depreciation (attach | | | 167.00 | |
| | schedula) | 55b | <u>-0-</u> | 55c | |
| 56 | Investments—other (attach schedule) | | <u> -0-</u> | 56 | <u> </u> |
| 57a | Land, buildings, and equipment basis . | 57a | | | |
| 1 | Less accumulated depreciation (attach | | | | |
| | schedule) | 57b | | 57c | |
| 58 | Other assets (describe > | , | | 58 | |
| 59 | Total assets (add lines 45 through 58) (mus | it equal line 74} | 14375 | 59 | 796n |
| 60 | Accounts payable and accrued expenses | <u> </u> | -0- | 60 | 0 |
| 61 | Grants payable | [[| -0- | 61_ | 0 |
| 62 | Deferred revenue | | 0- | 62 | Ç |
| 63 | Loans from officers, directors, trustees, and | d key employees (attach | _ | ننت | |
| | schedule) | | -0- | 63 | Ø |
| 84a Č | Tax-exempt bond liabilities (attach schedule) | -0- | 64a | n | |
| b | Mortgages and other notes payable (attach | scheduie) | -0- | 64b | |
| 65 | Other habilities (describe > | } | -0- | 65 | |
| 66 | Total liabilities (add lines 60 through 65) | | -0- | 66 | 0 |
| | enizations that follow SFAS 117, check here a | and complete (mes | | 7 | |
| " | 67 through 69 and lines 73 and 74 | and complete lines | | 1 | |
| 67 | Unrestricted | _ | | 67 | |
| 68 | Temporarily restricted | _ | | 68 | |
| 69 | Permanently restricted | | | 69 | |
| Org | anizations that do not follow SFAS 117, check | k here ➤ 🔲 and | | 776 | |
| 2 | complete lines 70 through 74 | | 14.375 | 39.316 | 1212 |
| 5 70 | Capital stock, trust principal, or current fund | | 14,010 | 70 | 1323 |
| 2 71 | Paid-in or capital surplus, or land, building, | | | 71 | |
| 67 68 69 Org 70 71 72 73 | Retained earnings, endowment, accumulate | | | 72 | |
| 73 | Total net assets or fund balances (add line | | | £ | |
| - | 70 through 72 column (A) must equal line | is and column (B) must | 14 375 | 73 | 2967 |
| 74 | equal line 21) Total liabilities and net assets / fund balance | ces (add lines 66 and 73) | 14 375 | 74 | 7010 |

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.

| Form | 990 (1998) | | | | | | | | F | age 4 |
|---|---|---|---|---------|------------------------|-----------------------------|--|--------------|---------------|----------|
| Part.IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per | | | -Part-IV-B- Reconciliation of Expenses per Audited Financial Statements with Expenses per | | | | | | | |
| | Return (See Specific Instruc | tions, pa | | | R | leturn | | | 55 N. 2 | |
| В | Total revenue, gains, and other support | 1 | <u> </u> | В | | enses and lo | • | کسد | | <u> </u> |
| _ | per audited financial statements | 8 / /// 1 - 14// | ल १३५ जेन | | | iancial statemen | | 2.4 | F-Table | . Je |
| р | Amounts included on line a but not on ine 12. Form 990 | | W 24 28 | Ь | | ncluded on line Form 990 | a but not | 3 | 1100 | 3: 1 |
| (1) | Net unrealized gains | 14 CH | | (2) | Donated | | | 7 4 C 1 | 1.75 | (4) |
| (,, | on investments . \$ | 1 1/2 / | 逐行者 | ''' | and use of | | | | 可能 | |
| (2) | Donated services | ١ ' ١ ا | | (2) | Prior year ad | ljustments | | 1.3 | | 14 8 |
| | and use of facilities \$ | | Marie II | } | reported on | | | 1 | ** | , 4 |
| (3) | Recoveries of prior | | Croy | (0) | Form 990 | - <u>\$</u> | | 14 | | |
| 141 | year grants . \$ ' Other (Specify) | | | (3) | Losses rep | | | | 75 | |
| (' ' | 3 | 3 3.24 | 102 | (4) | Other (spe | | | 1 | 1 | 让量 |
| , | <u> </u> | | A. C. 7.7.3 | | ******* | | | 5 | | 植花 |
| | Add amounts on lines (1) through (4) ► | ь | | ļ | | <u>\$</u> | | ک | C . 15 37 C | |
| | Line a minus line b | () | | _ | Line a min | nts on lines (1) th | rough (4)► | р | | |
| C d | Amounts included on line 12 | <u> </u> | - | d d | | ncluded on line | 17. | ب | J | ,, , |
| _ | Form 990 but not on line a | , | <u> </u> | _ | | but not on line | | . ' | 36 | , |
| (1) | Investment expenses | ي | | (1) | Investment | expenses | | ; | 1 | } - } |
| | not included on line | 99 | | | not include | | | 1 | | 5 L |
| (2) | 6b, Form 990 . 5 | | | (2) | 6b, Form 99 | • | | -,ŧ | | () E |
| (2) | Other (specify) | 1 (P. 1) | 相等亦 | (2) | Other (spe | chy) | | ļŕ¶ | 1000 | 1 |
| | \$ | <u> </u> | <u> </u> | | , | <u>\$</u> | | | 1.63 | ĭ. 12 |
| | Add directing of into (1) and (2) | d | | | | nts on lines (1) | | d | | |
| е | Total revenue per line 12, Form 990 fine c plus line d) | | | e | Total expending column | nses per line 17, | Form 990 | | | |
| Par | List of Officers, Directors, Tru | istees, a | nd Key | Empl | | | il not combi | ensa | ted, see S | pecifi |
| | Instructions on page 22) | | | | | 1 | | | 2-m1 m | |
| | (A) Name and address | | (B) Title a week o | nd aver | to position | (C) Compensation | (D) Contributors amployee bareful p | lans L | (E) Expension | d other |
| M | ATTHEW BACOATE | | | | C DIRECTO | -0) | deleted company | anion. | allowanc | es |
| 67 | BRADLEY BRANCH Ed. "STOP"E | Ne | | (B) Y | , | 17500 | | | | |
| | lly bedentialt | , | Phage | DUD | reeton | 10 (-11) | | | | |
| 17 | Robindals Aux Annuille, IVC | <u> </u> | <u> </u> | (22) | <u> </u> | 18500 | | | | |
| 40 | 1917 SIRMONS ASHRUITE, IN | <u></u> | | 4 | 10810R | 14 800 | | | | |
| . <u>"</u> | ECD WILLIAMS | | Best | d Cl | nai em au | -0- | -0- | س | -0 | _ |
| <u>139</u> | N MARKEY STATET ESCHULE | , AM | | | .4 | | | | | |
| 15 | Westwood 71 Asheulle N/ | ን | 126 | ಬಾಲ್ | IRER | ー の - | -0- | | -0. | 0 |
| K | IM BIDIR | | . م. | | | 2 | 0.51 | | | |
| _3 | 65 HAW CRIEK MAUS, BAPAN | HE PLL | عد | CLET | ARY | -0- | -0- | | - O° | |
| •••• | · ··· ···· · · · · · · · · · · · · · · | • | | | ' | | | | | |
| | | | | | | | | | | _ |
| | * ** | | | | | | | | - | |
| | | | | | | | | | _ | |
| | | | | | | 50 800 | | | | |
| | Did any officer, director, trustee, or key emplorganization and all related organizations, of vill "Yes," attach schedule—see Specific li | which more | e than \$10 |),000 w | | of more than \$100 | | ur ▶ | Yes 🖸 | ₹ио |

.

| ם | | _ | | E |
|---|---|---|----|---|
| • | а | u | IU | |

| | 350 (1330) | rage 5 |
|-----|---|--|
| Pa | Other Information (See Specific Instructions on page 23.) | Yes No |
| 76 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 76 |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS? | 77 |
| | If "Yes," attach a conformed copy of the changes | SIT STEEL |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?. | 78a |
| b | If 'Yes,' has it filed a tax return on Form 990-T for this year? | 78b |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | 79 |
| 80a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | 80a |
| b | If "Yes," enter the name of the organization ▶ | 羅 |
| 01~ | Enter the amount of political expenditures, direct or indirect, as described in the | |
| 010 | instructions for line 81 | 小上 经最 生 |
| b | Did the organization file Form 1120-POL for this year? | 81b |
| 82a | 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 🗸 |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount | (1) (a) (b) (c) (d) |
| Ī | as revenue in Part I or as an expense in Part II. (See instructions for reporting in | THE PROPERTY OF THE PROPERTY O |
| 60. | Part III) | 83a 7 |
| | Did the organization comply with the public inspection requirements for returns and exemption applications? | 83b |
| | Oid the organization comply with the disclosure requirements relating to quid pro quo contributions? | 84a |
| | Did the organization solicit any contributions or gifts that were not tax deductible? | 1 12 7 |
| ь | If "Yes" did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 846 |
| 85 | 501(c)(4), (5), or (6) organizations —a Were substantially all dues nondeductible by members? | 85a |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 85b |
| | If "Yes was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year | 北照 第33 |
| С | Oues, assessments, and similar amounts from members [B5c] |] ' |
| | Section 162(e) lobbying and political expenditures 85d |] [] [[[[]]]] |
| | Aggregate nondeducuble amount of section 6033(e)(1)(A) dues notices 85e | |
| | Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f | |
| | Does the organization elect to pay the section 6033(e) tax on the amount in 85f? | 85g |
| | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 851 to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | 85h |
| 86 | 501(c)(7) organizations —Enter a initiation fees and capital contributions included on | 11 32 5 |
| 00 | line 12 [86a] | |
| h | Gross receipts, included on line 12, for public use of club facilities 86b | |
| 87 | 501(c)(12) organizations — Enter | [1] [1] [1] |
| _ | Gross income from members or shareholders | |
| | Gross income from other sources (Do not net amounts due or paid to other | |
| Ū | sources against amounts due or received from them) | |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX | 88 |
| 89a | 501(c)(3) organizations —Enter Amount of tax imposed on the organization during the year under | 11 641 11 |
| | section 4911 ▶, section 4912 ▶, section 4955 ▶ | 1711-1771-177 |
| р | 501(c)(3) and 501(c)(4) organizations —Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes" attach a statement explaining each transaction | 896 |
| С | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. | -0- |
| d | Enter Amount of tax on line 89c, above, reimbursed by the organization. | _ |
| | List the states with which a copy of this return is filed > MPICA Caralina. | · ···· |
| | Number of employees employed in the pay period that includes March 12, 1998 (See instructions) | [90b] |
| 91 | The books are in care of File plant). KESL (FA) Telephone no > (829) | 254-1700 |
| 02 | Located at > BB+T Blog, Asherille, MC, ZIP + 4 > Z88 D1 | Fi : |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in fieu of Form 1041—Check here and enter the amount of tax exempt interest received or accrued during the tax year. 92 | - L |

| nter ara | | | | | | |
|--------------|--|--|--|---|---|--|
| niter gro | ess amounts unless otherwise | Unrelated b | usiness income | Excluded by sec | ion 512 513 or 514 | (E) |
| dicated | | (A) | (8) | (C) | (D) | Related or exempt function |
| 3 Pro | gram service revenue | Business code | Amount | Exclusion code | IndomA | income |
| a _ (| CLIENT FRES | | | | | 15 400 |
| ь <u>—</u> — | | | | | , | |
| - — | | | | | • | |
| Ծ d | | | | | | |
| | | _ | | | | |
| e f Med | disare/Madianid neurophs | _ | | \ <u> </u> | | |
| | dicare/Medicaid payments | - | | | | 1 |
| _ | s and contracts from government agencie | s | 1 | | | |
| | mbership dues and assessments | • | | † | | |
| | rest on savings and temporary cash investment | S | | | | |
| | idends and interest from securities | 5. 907 km2434 | 1111111111111111111111111111111111111 | 1 2 33 3000 | M. Webberseller | 内侧边和第二 |
| | rental income or (loss) from real estate | 1.17 21 2 2177 E.P. | marc 4% Kachardan | 1 24 7 3 104 54 T | ACA VISAR TIPES IN FI | 1 1/4 MX1075-1411 1 1 |
| a deb | ot-financed property | | | - | | |
| b not | debt-financed property | | | | | |
| Net | rental income or (loss) from personal property | 1 | | | | |
| Oth | er investment income | - | <u> </u> | - | | |
| Gain | or (loss) from sales of assets other than inventor | у | | | | |
| Net | income or (loss) from special events | - | | 1 | | |
| Gro | ss profit or (loss) from sales of inventory | | | | | |
| | er revenue a | _ | | | | |
| b | | | | | | |
| c | | | | | | |
| | | | | | | |
| | | | | | | |
| | otal (add columns (B), (D), and (E)) | | | , | | |
| irt VIII | | | | | | ons on page 28) |
| e No ▼ | Explain how each activities to the Activities to | e is reported in colu ier than by providin CIDED by C | umn (E) of Part VII ig funds for such الإلاياتات | contributed in purposes) | portantly to the | accomplishment |
| e No ▼ | Explain how each activity for which income of the organization's exempt purposes (of These Culos with Rec | e is reported in colu ier than by providin CIDED by C | umn (E) of Part VII ig funds for such الإلاياتات | contributed in purposes) | portantly to the | accomplishment |
| FE DX | Explain how each activity for which income of the organization's exempt purposes (of These Cultods with Recent Property Recent | e is reported in column than by providing than by providing that Contact that Contact the Contact the Contact that Contact the Contact that Contact the Contact that Contact the Contact that Contact the Contact that Contact the Contact that Contact the Contact that Contact the Contact that Contact the Contact that Contact the Contact the Contact that Contact the Contact that Contact the Contac | umn (E) of Part VII g funds for such コロアン・アアのい | contributed in purposes) A D USED A D USED | box on line 8 | B8 is checked) |
| Name | Explain how each activity for which income of the organization's exempt purposes (of These Curios Marker Recursive Property Rec | e is reported in column than by providing (1125) by Colling: | Umn (E) of Part VII g funds for such 1 IFLITS LED DOVE PROV | t if the "Yes" | POORENTLY to the | accomplishment |
| Name | Explain how each activity for which income of the organization's exempt purposes (of These Curios Marker Recursive Property Rec | bsidiaries (Compercial) | Imn (E) of Part VII g funds for such IRING (I) ROY PROV | t if the "Yes" | box on line 8 | BB is checked) End-of-year |
| Name | Explain how each activity for which income of the organization's exempt purposes (of These Curios Marker Recursive Property Rec | e is reported in column than by providing than by providing the Company of the Co | Imn (E) of Part VII g funds for such IRING (I) ROY PROV | t if the "Yes" | box on line 8 | BB is checked) End-of-year |
| Name | Explain how each activity for which income of the organization's exempt purposes (of These Curios Marker Recursive Property Rec | bsidiaries (Compercial process) Percentage of puriorship interest % | Imn (E) of Part VII g funds for such IRING (I) ROY PROV | t if the "Yes" | box on line 8 | BB is checked) End-of-year |
| Name | Explain how each activity for which income of the organization's exempt purposes (of These Curios Marker Recursive Property Rec | bsidiaries (Comperential processing interests) by the Comperential processing interests (Comperential processing interests) | Imn (E) of Part VII g funds for such IRING (I) ROY PROV | t if the "Yes" | box on line 8 | BB is checked) End-of-year |
| Name nu | Explain how each activity for which income of the organization's exempt purposes (of These Curios Marker Recursive Property Rec | bsidiaries (Compercentage of ownership interest % % mined this return included | Imn (E) of Part VII g funds for such D 16,775 (D) PROV Inplete this Part Nature business ac | t if the "Yes' of curvities | box on line & Total Income | BB is checked) End-of-year assets best of my knowledge ir has any knowledge |
| ne No ▼ | Explain how each activity for which income of the organization's exempt purposes (of These Cut) as in the second purposes (of These Cut) as FRITIES. Information Regarding Taxable Substitution of corporation or partnership. Under penalties of perjury 1 declare that I have also and bellat it is true correct, and complete Declare the second personal complete Declare the second personal pe | bsidiaries (Compercentage of ownership interest % % mined this return included | plete this Part Nature business of | t if the "Yes' of curvities | box on line a Total income terments and to the on of which prepare to Bacoard | B8 is checked) End-of-year essets |
| Name nu | Explain how each activity for which income of the organization's exempt purposes (of These Cut) as in Fig. Rec. Rec. Republished the purpose of the organization of th | bsidiaries (Comperentage of ownership interest % % % mined this return including of oreparer (other | plete this Part Nature business of | contributed in purposes) A USE OF THE STANDARD | box on line & Total Income tements and to the on of which prepare s and title Prepare s | B8 is checked) End-of-year essets best of my knowledge or has any knowledge |
| Name nu | Explain how each activity for which income of the organization's exempt purposes (of These Cut) as Explained to See See See See See See See See See Se | bsidiaries (Compercentage of ownership interest % % % % mined this return includation of preparer (other bate) Date | plan (E) of Part VII g funds for such light (E) light (E | tif the "Yes" of ctivities schedules and stated on all information ype or print ram Self II | box on line & Total Income tements and to the on of which prepare s and title Prepare s | B8 is checked) End-of-year essets best of my knowledge or has any knowledge |

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e) 501(f) 501(f), 501(f), or Section 4847(a)(1) Nonexempt Charitable Trust

Supplementary Information

See separate instructions

Must be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545 0047

1998

| Name of the | organization | | Employer Identification number | | | | |
|-----------------------|--|---|-------------------------------------|---|--|--|--|
| | & DN LIFE'S TERMS | 3, 1R) C. | | 58:2166 | | | |
| Part I | Compensation of the Five High (See instructions on page 1 List | est Paid Employees Ot each one If there are n | ther Than Office one, enter "Non | ers, Directors, a e ") | nd Trustees | | |
| (a) Name | and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances | | |
| | NONE | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | - | | |
| | | | | | | | |
| Total num \$50 000 | ber of other employees paid over | | TIES . | | | | |
| Part II | Compensation of the Five High (See instructions on page 1 List ea | est Paid Independent (| Contractors for | Professional Senere are none, en | ervices ter "None") | | |
| (a) ^A | Name and address of each independent contractor | | | of service | (c) Compensation | | |
| | | | | | | | |
| | · | | | | | | |
| | | | | | | | |
| | | ,, | | | | | |
| | ······································ | | | | | | |
| Total numb | er of others receiving over \$50,000 for | | | はは調理の | | | |

| Sche | dute | A (Form 990) 1998 | | | ۶ | ago 2 |
|----------|----------|--|-----------------|--------------|--------|---------|
| Pa | rt l | Statements About Activities | | | Yes | No |
| 1 | at If | tring the year, has the organization attempted to influence national, state, or local legislation, including a tempt to influence public opinion on a legislative matter or referendum? "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. "ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other ganizations checking "Yes," must complete Part VI B. AND attach a statement giving a detailed description. | ner | 1 2 3 | | X |
| | | e lobbying activities | ŭ | 55 | 8 | 1 1 |
| 2 | or | uring the year has the organization either directly or indirectly, engaged in any of the following acts with a lits trustees directors, officers creators key employees or members of their families or with any taxat ganization with which any such person is affiliated as an officer, director, trustee majority owner, or principaneliciary | ble 🔥 | | | |
| a | Şä | ele exchange or leasing of property? | . 2 | 2a | | Х. |
| þ | Le | ending of money or other extension of credit? | . 2 | ъ | | X |
| С | Fu | urnishing of goods services or facilities? | . 2 | 2c | | X |
| đ | Pa | syment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | | 2d | | X |
| 8 | Tr | ansfer of any part of its income or assets? | . 4 | 2e | | X |
| | 1f | the answer to any question is "Yes" attach a detailed statement explaining the transactions | | | | |
| 3 4 a | | oes the organization make grants for scholarships fellowships, student loans letc? To you have a section 403(b) annuity plan for your employees? | | 3 4a | | X |
| | Αţ | tach a statement to explain how the organization determines that individuals or organizations receiving grad- loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions on page | | 11 | NA. | 3) |
| Pa | | <u>-</u> | | | | |
| The | org | anization is not a private foundation because it is. (Please check only ONE applicable box.) | | | | |
| 5 | | A church, convention of churches, or association of churches Section 170(b)(1)(A)(i) | | | | |
| 6 | | A school Section 170(b)(1)(A)(ii) (Also complete Part V page 4) | | | | |
| 7 8 | | A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii) A Federal, state or local government or governmental unit. Section 170(b)(1)(A)(v) | | | | |
| 9 | | A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the and state ▶ | hospita | l's n | ame | , city, |
| 10 | | An organization operated for the benefit of a college or university owned or operated by a governmental unit (Also complete the Support Schedule in Part IV A.) | Section | 170 | (b)(1) | (A)(IV) |
| 118 | | An organization that normally receives a substantial part of its support from a governmental unit or from Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) | om the | gene | eral p | oublic |
| | | A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) | | | | |
| 12 | U | An organization that normally receives (1) more than 33%% of its support from contributions, member receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) notices support from gross investment income and unrelated business taxable income (less section 511 tax) from by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Fig. 1). | more m busin | thar esse | 331 | 1% of |
| 13 | | An organization that is not controlled by any disqualified persons (other than foundation managers) and section (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(3)) | | | | |
| | | Provide the following information about the supported organizations (See instructions on page 4) | | | | |
| | | (a) Name(s) of supported organization(s) | from at | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Part IV-A Support Schedule (Complete only if you checked a box on line 10-11, or 12) Use cash method of accounting

Note: You may use the workshoot in the instructions for converting from the account to the cash method of accounting

| _ | Note Tou may use the Workshoot in | ina instructions to | or converting iroi | m ine acciual to l | ine cash me | inoa i | oi accounting |
|--------|--|---|--|---|--------------------------------|--------------------------|---------------------------------------|
| Cal | endar year (or fiscal year beginning in) | (a) 1997 | (b) 1996 | (c) 1995 | (ർ) 199 | 4 | (e) Total |
| 15 | Gifts grants, and contributions received (Do | 0.1 | 11000 | | | | |
| | лот include unusual grants. See line 28) | 94,500 | 45291 | 66,504 | - <i>U</i> - | | 204,295 |
| 16 | Membership fees received . | / | <u>'</u> | , | | | |
| 17 | Gruss receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization s charitable etc. purpose | | | 6190 | | | 6,190 |
| 18 | Gross income from interest dividends, amounts received from payments on securities loans (section 512(a)(5)), rents royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30 1975 | | | | | | |
| 19 | Net Income from unrelated business activities not included in line 18 | | | | | | |
| 20 | Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | - | |
| 21 | The value of services or facilities turnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. | | | | | | |
| 22 | Other Income Altach a schedule Do not Include gain or (loss) from sale of capital assets | | | | | | |
| 23 | Total of lines 15 through 22 | 94,500 | 45.291 | 72.694 | -0- | | 212 485 |
| 24 | Line 23 minus line 17 | 94.500 | 45,291 | 104 504 | -0- | | 204. 295 |
| 25 | Enter 1% of line 23 | 945 | 458 | 727 | -0- | | 1 24, - |
| 26 | Organizations described on lines 10 or 11 | a Enter 2% of | amount in colum | in (e), line 24 | <u> </u> | 26a | |
| C | Attach a list (which is not open to public inspect person (other than a governmental unit or public 1997 exceeded the amount shown in line 26a Total support for section 509(a)(1) test. Enter line | ly supported orgi Enter the sum of ne 24, column (e) | anization) whose all these excess | total gifts for 1994 amounts | 4 through | 26b 26c | 15-49-4 15-49-4 16-49-4 |
| | 22 | | | | • | 26d | |
| | Public support fline 26c minus line 26d total) Public support percentage (line 26e (numera | itor) divided by I | ne 26c (denomi | nator)) | > | 26e 26f | % |
| 27 | Organizations described on line 12 a Fo person," attach a list to show the name of and of such amounts for each year | r amounts includ I total amounts re | led in lines 15 1 ceived in each y | 16, and 17 that wear from, each To | vere receive fisqualified p | d fron | m a "disqualified n" Enter the sum |
| b | (1997) | ceived from a no- le larger of (1) the as well as individ | ndisqualified pers ne amount on lin luals) After comp | son attach a list lie 25 for the year outing the differer | to show the r or (2) \$5.0 | name (1) 000 n the | nclude in the list amount received |
| | (1997) (1996) | | . (1995) | | . (1994) | | |
| С | Add Amounts from column (e) for lines 15 | 206,295 | 16 | - | . | 27c | 212,485 |
| d | | and line 27b tota | -0- | <u> </u> | ▶ | 27d | |
| 6 | Public support (line 27c total minus line 27d total | | | | ا شهرون ا | 27e | 212,460 |
| f | Total support for section 509(a)(2) test. Enter ar | | . , | ► 271 R12 | 455 | | |
| 9 h | Public support percentage (line 27e (numera Investment income percentage (line 18, colu | | | | ator)) 🕨 | 27q. 27h | 100 % -0- % |
| 9 | Unusual Grants For an organization described attach a list (which is not open to public inspection), and a brief description of the nature of the control of the nature of the control of the nature of the control of t | tion) for each year | or showing the na | ame of the contri | butor, the di | ăte an | nd amount of the |

| Part V | Pr | TVAL |
|--------|----|------|

Private School Questionnaire (See instructions on page 4)

| | (to be completed ONLY by schools that checked the box on line 6 in Part IV) | | | |
|-----|--|-------------|---------------|----------------|
| | | | Yos | No |
| 29 | Opes the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylows other governing instrument or in a resolution of its governing body? | 29 | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions programs, and scholarships? | 30 | 1 | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? | 31_ | | |
| | If Yes please describe if "No, please explain (If you need more space, attach a separate stotement.) | 11.5 | | 钱 |
| | | 3.3 | 4 | , |
| | | F 74 | | 17.3 |
| 32 | Does the organization maintain the following | | \$ 11. | 1 |
| | Records indicating the racial composition of the student body faculty, and administrative staff? | 32a | | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory | | | |
| | basis? | 32b | | |
| С | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions programs, and scholarships? | 32c | | |
| đ | Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | | |
| | If you answered "No Ito any of the above, please explain (If you need more space, attach a separate statement) | 1 | THE STATE OF | , t % |
| | | 1, , | 45 | 13. |
| 33 | Does the organization discriminate by race in any way with respect to | ļ., | 1 | |
| а | Students' rights or privileges? | 33a | <u> </u> | - |
| b | Admissions policies? | 33b | | _ |
| С | Employment of faculty or administrative stail? | 33c | | - |
| đ | Scholarships or other financial assistance? | 33d | | ├ |
| e | Educational policies? | 33e | | |
| f | Use of facilities? | 33f_ | | |
| g | Athletic programs? | 33g | | |
| h | Other extracurricular activities? | 33h | An. | . 6 |
| | If you answered "Yes" to any of the above please explain (If you need more space, attach a separate statement) | 4 4 | | 1 |
| | | | | 1 3 |
| | | 13-1 | | 1.7 |
| 34a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | | _ |
| ь | Has the organization's right to such aid ever been revoked or suspended? | 34b | | |
| | If you answered "Yes" to either 34a or bi please explain using an attached statement | a . | No. | , ,; |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2.0.8.587 covering racial nondiscrimination? If "No " attach an explanation | 35 | , | ~ |

| | odule A (Form 990) 1998 Int VI-A Lobbying Expenditures by | Electing Public | Charities (See | instructio | ns o | n page 6) | Page 5 |
|-----|---|--|--------------------|-------------|-----------------|----------------------------------|--|
| | (To be completed ONLY by | | | | | , 5 | |
| Che | eck here 🕨 🛭 🔲 if the organization belong | | | | | | |
| Che | eck here 🕨 b 🔲 if you checked "a" above | e and "limited contro | al" provisions app | ly | | | |
| | | ying Expenditur | | 31. 20 | | (a) Alfikated group totals | (b) To be completed for ALL electing |
| | (The term "expenditures" n | neans amounts paid | or incurred) | | | | organizations |
| 36 | Total lobbying expenditures to influence pu | blic opinion (grassro | ots lobbying) | | 36 | <u></u> | |
| 37 | Total lobbying expenditures to influence a t | egislative body (dire | ct lobbying) | - | 37 | | |
| 38 | Total lobbying expenditures (add lines 36 a | nd 37) | | • | 38 | | |
| 39 | Other exempt purpose expenditures | | | - | 39 | | |
| 40 | Total exempt purpose expenditures (add in | | | | 40 | TOTAL CONTRACTOR | National Property |
| 41 | | ount from the follow blobbying nontaxab of the amount on a | ole amount is— | , | | | |
| | | _ • | | | પ્ર ે દે | 建 | |
| | • | 0,000 plus 15% of th | | - | 41 | YALL SALVER | ************************************** |
| | | 5,000 plus 10% of the | | | . 14 | E-REALIST OF SALES | W (1) 4 12 4 12 12 12 13 |
| | Over \$1 500 000 but not over \$17,000,000 \$22 Over \$17,000,000 \$10 | שוו זט פרב צעוק 200,000 (חפ | exce22 over \$1.50 | 0 000 | 1,77 | 1. 强制 4. 当 | 1 |
| 42 | Grassroots nontaxable amount (enter 25% | - • | • | | 42 | | |
| 43 | Subtract line 42 from line 36. Enter -0- if \(\text{lin}\) | , | na 36 | • | 43 | | _ |
| 44 | Subtract line 41 from line 38 Enter -0- if lin | - | | • | 44 | | - |
| •• | Subsect time 41 from time 30 Efficiency-in in | 47 13 11101C (11B1) 111 | | - | \$ 3 4 | 内部は水でたった。 | THE RESERVE AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AD |
| | Caution If there is an amount on either line | 43 or line 44, you i | must file Form 47. | 20 | 1 3 | Antical Michael Res | "中海"。 預 |
| - | 4-Year | Averaging Perior | d Under Section | on 501(h) | | | |
| | (Some organizations that made a se | ~ ~ | do лоt have to c | omplete all | of th | e five columns ba | wole |
| | | Lot | bying Expenditu | res During | 4-Ye | ar Averaging Pe | riod |
| | Calendar year (or | (a) | (b) | (c) | | (d) | (e) |
| | fiscal year beginning in) > | 1998 | 1997 | 1996 | | 1995 | Total |
| 45 | Lobbying nontaxable amount | | | | | | |
| | | | 13. | بۇ ي | , ;, | 11 8 6, 6, 5 1 1 1 | |

| | | | Lot | bying E | xpenditu | res During | 4-Ye | ar Averaging | Peri | od |
|------------|--|-------------|-----|---------|------------|-----------------|------|----------------|------|--------------|
| | Calendar year (or fiscal year beginning in) > | (a) 1998 | | 1 | (b) 997 | (c) 1996 | : | (d) 1995 | | (e) Total |
| 45 | Lobbying nontaxable amount | | | | | | | | | |
| 46 | Lobbying ceiling amount (150% of line 45(e)). | |) | 7: | 4.2 | 16 3 | *, | 10 St 4, 1 3 H | | |
| 47 | Total lobbying expenditures . | | | | | | _ | | | |
| 48 | Grassroots nontaxable amount | | | | | | | | | |
| 49 | Grassroots ceiling amount (150% of line 48(e)) | -1. | ' ' | 快店 | 思羅 | Carried Million | ĵ. | 一個 | | |
| 5 D | Grassroots lobbying expenditures . | | | | | | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions on page 8)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b. Paid staff or management (include compensation in expenses reported on lines c through h)
- c. Media advertisements
- d. Mailings to members, legislators, or the public
- Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g. Direct contact with legislators, their staffs, government officials, or a legislative body
- h. Rallies, demonstrations, seminars, conventions, speeches, fectures, or any other means
- I Total lobbying expenditures (add lines c through h)

| If "Yes to any of the above, also altach a statement giving a detailed description of the lobbying activity | If "Yes | to any of the above. | also altach a statement | giving a detailed descri | otion of the lobbying activity |
|---|---------|----------------------|-------------------------|--------------------------|--------------------------------|
|---|---------|----------------------|-------------------------|--------------------------|--------------------------------|

| | Yes | No | Amount |
|-----|--------|-----|----------|
| _ ' | | X | 人不知機让 |
| _ | | X | Fille 34 |
| _ | | X | |
| | | X. | |
| | | X | |
| _ | L | X | |
| - | | X | |
| - | 4 15 | X | |
| | [₹ - T | r] | |

| Page | 6 |
|------|---|

| Schedule | Α | (Form | 89U) | 1998 |
|----------|---|-------|------|------|
| | | | | |

| Schedule A (For | n 99ul 1998 | | | | | Paga (| |
|---|------------------------------------|----------------------|---|---|------------------------------|--------------|--|
| Part VII | information | n Regarding Tra | insfers To and Transaction | ns and Relationships With Non | charitable | | |
| | | | | following with any other organization on 527, relating to political organization | | n section | |
| a Transfer | s from the rep | orting organization | to a noncharitable exempt orga | nization of | Y | es No | |
| (ı) Cas | | J - J | | | 51a(ı) | X | |
| | er assets | | | | a(u) | _ X | |
| b Other tra | | | | _ | | | |
| * | | a noncharitable ex | cempt organization | | b(i) | X. | |
| | | | itable exempt organization | | b(II) | X | |
| | | or equipment | | | b(in) | X | |
| | nbursement a | | | | b(iv) | \X; | |
| | ns or Joan gua | _ | | | b(v) | →× | |
| (vi) Per | formance of se | ervices or members | ship or fundraising solicitations | , | b(vi) | - X | |
| c Sharing | of facilities, ed | uipment, mailing li | sts, other assets. Or paid emplo | yees | С | LX_ | |
| goods of transaction | ther assets, or on or sharing a | services given by th | e reporting organization. If the organization of the good | Column (b) should always show the fair ganization received less than fair market is other assets or services received | market value value in any | of the | |
| (a) Line no An | (b) | Name of nonc | (c) | (d) Description of transfers transactions and | and shaving arrangements | | |
| | | | | | | | |
| | | | | - | _ | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | <u> </u> | | | | - | |
| | | | | | | | |
| | | | | - | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | - | | | |
| | <u> </u> | | | | | | |
| | | | | | | | |
| | | | | | | | |
| - - | <u></u> | | | | | | |
| describe | d in section 5 | | other than section 501(c)(3)) or i | ne or more tax-exempt organizations in section 527? | ☐ Yes | □ No | |
| | (a) Namo of organiz | ulion | (b) Type of organization | (c) Oescription of relationship | | | |
| | | | , <u>, , , , , , , , , , , , , , , , , , </u> | | * | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| - | _ | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | - | | | | | | |
| | | | | | | | |

Life On Life's Terms, Inc

EIN: 58-2166121 Reporting Year: 1998 Schedule of Contributions

73,970 00

17,700 00

25,000 00

16,000 00

36,100 00

5,000 00

5,000 00

15,400 00

194,170.00

Total

| 990 |
|-----|
|-----|

Return of Organization Exempt From Income Tax Under section 501(c) of the Internal Revenue Code (except brack lung benefit

OMB No 1545 0047

| | | 1 | trust or private foundation) or section 4947(a)(1) no | onexempt charita | ible trust | Thir Form is |
|---|----------|--|--|---------------------------|----------------------|-----------------------------|
| | | ent of the freesury Revenue Service | Note The organization may have to use a copy of this return to : | canely clain raphage | n tanuramanie | Open to Public |
| | | | | · | 19 <i>97</i> | |
| | | Γ | | , 1997, and endin | D_Employer identi | |
| | | | Prease C Name of organization Life's Tetems INC | . ا | <i>P</i> 71 | 6121 |
| | | | print or Number and street for PO box if mail is not delivered to street ac | ddross) Room/suite | E State registration | |
| | | of return | Soo 141 Hillside StreET | | • | |
| | | anded return | Specific City or town state or country and ZIP-4 | | F Check ➤ | if exemption application |
| | | uired also for Lie reporting | um Ashevills N.C. 28801 | | P CHUCK P | is pending |
| | | • | ion—► Exempt under section 501(c)() < (insert number |) OR ▶ 🗍 section | 4947(a)(1) nonex | empt chirdable trust |
| | | Section 501(c) | (3) exempt organizations and 4947(a)(1) nonexempt chantable tri | | | |
| | | this a group late | #n filed for affiliates? | i floither box in | H is checked "Yes" | enter form digit group |
| | | | | examption aum | | |
| - | | Yes Temer tho | number of allihotes for which this return is filed | J. <u>Ac</u> counting met | hod 🖳 Crish | TempaA 🔲 |
| F | (c) I | s this a separate i | return (seed by an organization covered by a group ruling? [] Yes [YNo | Other (spec | oityl ⊁ | |
| | | | if the digostration's gross receipts no normally not more than \$25,000. This | • | | se IRS that If a recoived |
| | | | go in the mail it should file a seturn without linancial data. Some states req | <u>-</u> | | |
| | | | may be used by organizations with gross receipts less than \$100.00 | | | |
| | Par | | ue, Expenses, and Changes in Net Assets or Fund B | alances (See Sp | ecilic instructi | ons on page (1) |
| | | | tions, gilts, grants, and similar amounts received | ON FAD | 1 1 | |
| | | | iblic support | 94,500 | ⊢, | |
| | | | public support 1b | | .":(| |
| | Ì | | nent contributions (grants) | | ` · i | - / |
| | | d Total (add | d lines. In through 1c) (attach schedule of contributors) | | 1d C | 14 500 |
| | | | 94,500 noncash s | Day VIII Jon 02) | 2 2 | 21/200 |
| | - 1 | ~ | service revenue including government fees and contracts (from | reart vii iing 93) | | 51 300 |
| | | | thip dues and assessments Internal in savings and temporary cash investments | Revenue Ser | VOD | |
| | ١, | | s and interest from securities | CEIVED | 5 | |
| | - 1 | 5a Gross rea | e_ | | : | |
| | | | ital expenses 60°C | T - 4 2002 | ղու () | |
| | 7 | | Lincoma or flose) (subtract line 6b from line 6a) | | 6c | |
| | g (| | estment income (describe > | reville, NC) | 7 | |
| | Revenue | 8a Gross an | | 000 Pyner | | |
| | & | than mvo | | | | |
| | | | or other basis and sales expenses 8b | | _ | |
| | | c Gain or () | oss) (attach schedule) 8c | | | PO == |
| | Ì | d Nel gam i | or (loss) (combine line 8c. columns (A) and (B)) | | 8d | P.S. SORTED RSTATUTE REV |
| | | 9 Special e | vents and activities (attach schedule) | | FU | STATILLE |
| | | a Gross rev | venue (not including \$ of | | | PICTURE |
| | | contribut | ions reported on lino 1a) . 9a | | ⊣ | OCT 4 2002 |
| | | | oct expenses other than fundraising expenses 9b | | <u> </u> | |
| | ſ | | me or (loss) from special events (subtract line 9b from line 9 |)a) | 9c | |
| 1 | [7 | | les of inventory less roturns and allowances . 10a | | - | |
| | ١, | | st of goods sold | | - ₁₀₋ | |
| ı | 1. | | fit or (loss) from sales of inventory (attach schedule) (subtract line 1 | 10b from line 10a) | 10c | |
| 1 | | | renue (from Part VIII line 103) enue (add lines 1d. 2, 3, 4. 5, 6c, 7, 8d. 9c, 10c. and 11) | •) | 11 / | 15.000 |
| Į | | | 211 214 | 4) - | 13 // | B' 404 |
| | ا 🖁 | | services (from line 44 column (B)) | 12,7 j | | 8 426 |
| | E ! | | nent and göneral (from line 44, Column (C)) ing (from lino,44, Column (D)) | ~) | 15 | YY A A |
| | <u>.</u> | | s to affiliates (attach schedule) | 2 | 16 // | |
| | | | penses (add lines 16 and 44, column (A)) | 12; 266 | 17 18 | 0506 |
| | | | r (deficit) for the year (subtract line 17 from line 12) | -1 | 487. (| 4.7940 |
| | 320 | | is or fund balances at beginning of year (from line 73, colur | ıın (A)) | 194/ 2 | 1360 |
| | Q, | | anges in het assets or fund balances (attach explanation) | 0 V.M | 20 | <u>6</u> , |
| | ž į | | s or fund balances at end of year (combine lines 18 19 and 20 | 0) | 21 2/ | 6156 |
| | | | A state of the second stat | | | A A 000 410011 |

| Form | 990 (1997) | | | | | Page 2 |
|---------------|--|--------------|--|---|--|---|
| Pa | Statement of All organizations mu Functional Expenses and section 4947(a) | st comp | viete column (A). Column exempt chantable busts t | s (B), (C) and (D) are re- tor operated for others (| quited for section 501(c) See Specific Instructions | (3) and (4) organizations on page 15) |
| | Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
| 22 | Grants and allocations (attach schedule) | | | | | 1 2 3 |
| | (cash \$) | 22 | | | 小别是 1883 等 | |
| 23 | Specific assistance to individuals (attach schedule) | 23 | X | X5' | STATE OF THE STATE | 11 1987 200 |
| 24 | Benefits paid to or for members (attach schedule). | 24 | - 8 | <u>A</u> . | : As d sail him of . S. | इ. १५ नेन्द्रियुक्त न |
| 25 | Compensation of officers, directors etc. | 25 | B | <u> </u> | | |
| 26 | Other salaries and wages | 26 | 21766 | 21/16/0 | | |
| 27 | Pension plan contributions . | 27 | × | | | |
| 28 | Other employee benefits . | 28_ | 82. | B | | |
| 29 | Payroll taxes | 29 | 2R30 | 0R30 | | |
| 30 | Professional fundraising fees | 30 | 2100 | <u>- u</u> | | 2100 |
| 31 | Accounting fees . | 31 | X | <u>A</u> | | |
| 32 | Legal fees . | 32 | Ø | X | | |
| 33 | Supplies | 33 | 14-650 | 14650 | | |
| 34 | Telephone . | 34 | 6800 | 6800 | | |
| 35 | Postage and shipping | 35 | 375 | 775 | | |
| 36 | Occupancy | 36 | 65000 | 65000 | | |
| 37 | Equipment rental and maintenance | 37 | 1150 | 1150 | | |
| 38 | Printing and publications | 38 | × | YS. | | |
| 39 | Travel | 39 | 1225 | 1225 | | _ |
| 40 | Conferences, conventions, and meetings | 40 | 250 | 250 | | |
| 41 | Interest | 41 | 8 | 2 | | |
| 42 | - | 42 | ম্থ | 82 | | - |
| | Other expenses (itemize) a //308AI/SE | 43a | 4500 | 4.500 | | |
| 43 | iner expenses (itemize) a ///www. | 43b | | 7,000 | | |
| Ь | Pr | 43c | | | | |
| c | | 43d | | | | _ |
| d | | 43e | | | | |
| . е | Y-1-1 (b-shoot) | 436 | | | | |
| 44 | Total functional expenses (add lines 22 through 43) Organizations completing cultimas (B) (D), carry these totals to lines 13-15 | 44 | 120 596 | 118 491 | | 2100 |
| n | | | | | | 2100 |
| | orting of Joint Costs.—Did you report in column ational campaign and fundraising solicitation? | 1 (0) (| Program services) | arry Joint Costs in | Delitionios & mo | □ Yes Ø No |
| | es," enter (i) the aggregate amount of these joint cost | r (| 60.15 | o amount allocated | | |
| | ne amount allocated to Management and general \$ | | and (iv) th | | | · · · · · · · · · · · · · · · · · · · |
| | t III Statement of Program Service Acce | | | | | 1 |
| | Statement of Flogram Service Acct | 2121DII | SIMENIS (See S | PER THURST AND THE | H. Waye 10 | Program Service |
| Wha | t is the organization's primary exempt purpose? | ▶ 172 | 3145. X925.00 | این حسایههم | THE TEMPORARY | Ĕ |
| All o | ganizations must describe their exempt purpose ac | :hieve | ments in a clear an | d concise manner | State the number | (Perpirited for \$01(c)(3) and |
| טנטש מו כו | ents served, publications issued letc. Discuss achi nizations and 4947(a)(1) nonexempt charitable trusts. | must : | also enter the amou | nt of orants and allo | n 501(C)(3) and (4) | (4) raigs and 4943(a)(1) trusts but optional for |
| 0.90 | LACE BUILDING TO THE STATE OF T | 1 | and the same | 141 11 | A CAL + | others) |
| a / | TON I MOUNT INGSTRUMENT | JU | MANNING TURA | JA MAKR | Loucaus | Þ |
| | or lampagand low be | sce | MINE HOL | | AND MAIN | |
| | The period Convilla m. This 11. ll | NOR | The staffell | and asus. | Cou was | 110 1101 |
| | producted. | irants | and allocations | 3 1/-7/7 | 01 + 1 | 118 496 |
| ь | 7) (on funual) 12/4 lece | 222 | (desplo | gest 1 | 10 Mellement | |
| | home a high on history | 1.e | ims lag | ockery o | LOSS NOT | |
| | lex tend luyon d/ Dis | 1 | MANITA | 7 L | | |
| - | | rants | and allocations | \$ | | |
| C | | | | | | |
| | | | | | | |
| | | | | | | |
| | (G | fants | and allocations | \$ |) | |
| ø ¯ | | | | | - | |
| | | - · · · | | | | |
| | | | | | | |
| | (G | rants | and allocations | \$ | | |
| | | | and allocations | \$ | | |
| ſŢ | otal of Program Service Expenses (should equ | al line | 44, column (B), F | Program services) | .▶ | 118.496 |

| Part IV | Balance Sheets (See Specific Instructions on page 18.) | _ | | |
|---------|--|--------------------------|-----------|-------|
| Nota | Where required attached schedules and amounts within the description column should be for and of-year amounts only | (A) Beginning of year | 1 | End (|
| 45 | Cash—non-interest-bearing . | 2960 | 45 | 22 |
| 46 | Savings and temporary cash investments | - 0 | 46 | |
| 47a | Accounts receivable 47a 6 | | un K | |
| b | Less allowance for doubtful accounts 47b 年 1分子 1分子 1分子 1分子 1分子 1分子 1分子 1分子 1分子 1分子 | | 47c | |
| 48a | Pledges receivable EngunTCAE 48a /200 | | 31, | |
| 49 | Less allowance for doubtful accounts . 48b A Grants receivable PBC/Dwater. | 18 400 | 48c 49 | ව |
| 50 | Receivables from officers directors, trustees, and key employees (attach schedule) | & | 50 | (|
| អ្ន 518 | Other notes and loans receivable (attach schedule) 51a 5 | | a f | ^ |

| | 4/a | Accounts receivable | 478 | 4 | 32. | |
|---------------|------|--|---------------------------------|----------|--------|----------|
| | b | Less allowance for doubtful accounts . | 47b A | | 47c | |
| | | | 1 2 1 1 10 1/2 of - Ear 1/2 1/2 | | 18 | |
| | 48a | Pledges receivable Braun TIAE | 48a /200 | | 21, | |
| | h | Less allowance for doubtful accounts . | 48b | 1 | 48c | |
| | 49 | Grants receivable PBC/DW4 | 18 400 | 49 | | |
| | | • • • | | | 1 | |
| | 50 | Receivables from officers directors, trust | ees, and key employees | ₽ | 50 | \cap |
| | ١ | (attach schedule) | - | | | |
| | 518 | Other notes and loans receivable (attach | Irail A | | | |
| Assels | | schedule) . | 51a | - | | \wedge |
| \$5 | b | Less allowance for doubtful accounts . | 51b _ <i>Q</i> | | 51c | |
| ď | 52 | Inventories for sale or use | | <u> </u> | 52 | O _ |
| | 53 | Prepaid expenses and deferred charges | • | <u> </u> | 53 | <u> </u> |
| | 54 | Investments—securities (attach schedule) | | | 54 | 0 |
| | 55a | Investments—land, buildings and | | |)' | |
| | | equipment basis | 55a (*) | |], .] | |
| | b | Less accumulated depreciation (attach | | | , jr., | |
| | | schedule) . | 55b O | Ö | 55c | 0 |
| | 56 | Investments—other (attach schedule) | _ | 0 | 56 | 0 |
| | 57a | Land, buildings and equipment basis | 57a | | 2.87.1 | |
| | | Less accumulated depreciation (attach | | | in | |
| | ~ | schedule) | 57b | | 57c | |
| | 58 | Other assets (describe > | 3 | 0 | 58 | 0 |
| | | | | | | |
| | 59 | Total assets (add lines 45 through 58) (must | st equal line 74) | 21360 | 59 | 2200 |
| | 60 | Accounts payable and accrued expenses | - | 9500 | 60 | 0 |
| | 61 | Grants payable | • | 0 | 61 | 0 |
| | 62 | Deferred revenue | • | 0 | 62 | 0 |
| es | 1 | | a have amployage (altech | | 3. | |
| Ħ | 0.3 | Loans from officers, directors, trustees, ar schedule) | id key amployees (attach | 0 | 63 | 0 |
| Jabilities | ca- | • | | Ŏ | 64a | 0 |
| | | Tax-exempt bond liabilities (attach schedule | | <u>X</u> | 64b | Ö |
| | | Mortgages and other notes payable (attach | schedulej | Ö | 85 | 7 |
| | 65 | Other liabilities (describe | | | 03 | |
| | 66 | Total liabilities (add lines 60 through 65) | | 9500 | 66 | 2200 |
| | - | | | 4 200 | 7.7 | 2 200 |
| | Orga | inizations that follow SFAS 117, check here | ▶ □ and complete lines | | 1 1 | |
| es | | 67 through 69 and lines 73 and 74 | | | 67 | |
| Ę | 67 | Untestricted | • | | 68 | |
| 8 | l . | Temporarily restricted | - | - | 69 | |
| E . | 69 | Permanently restricted | | | 1 00 | |
| Fund Balances | Orga | nizations that do not follow SFAS 117, chec | k here 🕨 🔲 and | | 1,:{ } | |
| - | | complete lines 70 through 74 | | 21 360 | -1 | 2200 |
| Net Assets or | 70 | Capital stock, trust principal, or current fun- | | - 41 200 | 70 | |
| ė. | 71 | Paid-in or capital surplus, or land, building, | | | 71 | |
| 55 | 72 | Rétained earnings endowment, accumulate | | | 72 | |
| - | 73 | Total net assets or fund balances (add line | 5 | | , | |
| | | 70 through 72, column (A) must equal line | 19 and column (B) must | 2.360 | 4 | 2200 |
| ~ | | | | | | |
| - | 74 | equal line 21) Total liabilities and net assets / fund balan | | 30 860 | 73 | 2200 |

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.

| .Part.IV-A | Reconciliation of Revenu Financial Statements with | h Revenue | per | -Part- | Fi | econciliation o | | | |
|---|---|------------------|------------|-----------------|------------------------------|--|--|------------------|--|
| per au b Amou line 12 (1) Net ur on inv (2) Donat and u | Return (See Specific Instru- revenue, gains and other support idited financial statements. In this included on line a but not on the first process restments. In this includes the services see of facilities for prior trants. In this instruction is the services of prior trants. In this instruction is the services of prior trants. In this instruction is the services of prior trants. In this instruction is the services of prior trants. | | | (2) | Total explandited final | eturn enses and los ancial statement included on line Form 990 services facilities justments line 20 serviced on m 990 services | sses per | | Ses per |
| c Line a | mounts on lines (1) through (4) > | | | c | Add amour | its on lines (1) the | • | 0 G 25 5 | |
| Form (1) Investr | nts included on line 12, 990 but not on line a ment expenses cluded on line rm 990 (specify) | · 安排 | | d (1) (2) | | d on line | | A de génerale | |
| n Total | mounts on lines (1) and (2) revenue per line 12. Form 990 plus line d) List of Officers, Directors, 1 instructions on page 20) | e Frustees, a | and Key | e Empl | Total exper | | Form 990 | d e ensate | ed see Specifi |
| AJATHEN | LAI Name and address N. BACOATE | | week | devoted | ige hours per to position | (C) Compensation (If not paid, enter -D-) | (0) Contributions employee benefit of deferred compare | lans & . | (E) Expense account and other allowances |
| Billy Robert | dley Brauch Ed. Adde Gardlenhight Sunclate Dur Haheville A Simmous review Da. Asheville D.S. | | Peage | 60 | DIRECT LIE | 10 048 6300 5418 | | | |
| 53 W | MARKET STREET, ASHEULL IN MARA | | | | IBMAN | -D- | - 0- | | -0- |
| 162 HA RIW 18 12 MEZI | | ٥٢ | | cret | • | _0- | -0- | | -0- |
| | | | | | | | | | |
| | | | | | | | | \dashv | |
| organiz | y officer, director, trustee or key entation and all related organizations, to.", attach schedule—see Specific | of which mor | e than \$1 | 0,000 w | mpensation o as provided | of more than \$100 by the related org | anizations? | ייי ר [|]Yes ⊠.No |

Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

| Part VII | Analysis of Income-Producing Ac | tivities (See | Specific Instruc | ctions on pag | je 25) | |
|--------------|--|-------------------|--------------------|--|-------------------|--|
| Enter are: | ss amounts unless otherwise | Unrelated b | usiness income | Excluded by secu | on 512 513 or 514 | (E) |
| indicated | | (A) | (B) | (C) | (D) | Related or exempt function |
| 93 Proc | gram service_revenue | Business code | Amount | Exclusion code | Amount | Income |
| a | liest FERS | | | | | 2-1300 |
| ь <u>—</u> | | _ | | | | 7 |
| _ | | - | | | | |
| ¢ | | - | | | | |
| d | | | | | | |
| e | d 19.4 2 | | | | | - |
| | dicare/Medicaid payments | | | | | |
| _ | s and contracts from government agencies | · | | | ļ <u>.</u> | |
| | mbership dues and assessments | | | | | |
| 5 Inter | rest on savings and temporary cash investments | ; <u> </u> | | | - | |
| B Divi | dends and interest from securities | | SI . n . e | | (| 1 162 / - 30 / |
| 7 Net | rental income or (loss) from real estate | · · · | # 17 6 - 1/K! | # 416-11 | 在一般後先後。 | 推广建省45- 基 |
| a deb | ot-financed property | | | | | |
| | debt-financed property | | | | | |
| | rental income or (loss) from personal property | | | | | |
| | er investment income | | | | | |
| | or (loss) from sales of assets other than inventory | ; — | | - | | |
| | income or (loss) from special events | , | | · | | |
| | | | | | | |
| | ss profit or (loss) from sales of inventory | - | | | - | |
| | er revenue a | - | | | | |
| | | - } | | | | |
| | | - | | | | |
| d | | - | | | | |
| e | | _ | | 100 | -0 | 21300 |
| 5 Total | otal (add columns (B), (D), and (E)) (add line 104, columns (B), (D), and (E)) of 105 plus line 1d, Part I, should equal the Relationship of Activities to the Acc | | | | · 21 | 300 |
| ine No | Explain how each activity for which income | | | | | |
| .me no. ▼ | of the organization's exempt purposes (other | er than by provid | ing funds for such | n purposes) | iportainay to the | accomplianment |
| 13 a | THESE CUPYS WERE ROCEING | | | | 70/12/ | 1217/18/2 11/1 |
| 12.0 | THESE COURS WATER WATER WATER | ALL CHELLIS | man hitto | TIVE OFFICE | <u> </u> | TUICE THE |
| | ORDANIZATION PROVIDED. | | | | | |
| | | | | | | |
| | | | | | | |
| | <u> </u> | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| art IX | Information Regarding Taxable Sub | sidiaries (Co | mplete this Par | rt if the "Yes' | box on line 8 | 8 is checked) |
| | address and employer identification | Percentage of | Natur | | Total | End-of-year |
| | | whership interest | business | | Income | 855et5 |
| | | | | | | |
| | | <u>%</u> | | | | |
| | | % | | | | |
| | | % | | | | |
| | | % | | | | |
| ease gn | Under penalties of persury, I declare that I have examined belief it is true correct) and complete Declara (See General Pstroction U. on page 1991 | / | / / | | | |
| ere | Supplying of the same | Date Date | | | BACOATE, | Executive Di |
| | Signature of pricer | | | Type or print name | | P.Ch. |
| ıd | Preparer s | | Date | Check ii | Preparer s | 55N |
| parer's | signature | | | employe | ત.▶ 📗 📜 | |
| e Only | Firm's name (or | | | EIN | > | , |
| v viiiy | yours if self employed) | | | Z1P + 4 | > | |

SCHEDULE A (Form 990)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Chantable Trust Supplementary Information

{1@**07**

OMB No 1545 0047

Department of the Treasury Internol Revenue Service

See separate instructions

Must be completed by the above organizations and attached to their Form 890 or 890-EZ

Name of the organization Employer Identification number PRMS 58: 21661 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions on page 1 List each one If there are none, enter "None") (d) Contributions to employee benefit plans & deferred compensation (e) Expense account and other (b) Title and average hours per week devoted to position (a) Name and address of each employee paid more than \$50,000 (c) Compensation allowances NONE Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II (See instructions on page 1. List each one (whether individuals or firms). If there are none, enter "None") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services

Page 2

Schedule A (Form 990) 1997

| Pa | Note You may use the worksheet in | il you checked a l | box on line 10-11 or converting from | , or 12) Use case n the accrual to | h method of the cash me | eccounting thod of accounting |
|------|--|---------------------|---|--|----------------------------|--|
| Cale | endar year (or fiscal year beginning in) | (a) 1996 | (b) 1995 | (c) 1994 | (d) 199 | |
| 15 | Gifts grants, and contributions received [Do | , | | 107 | (· / · · · · | (0, 100) |
| | not include unusual grants. See line 28) | 45 291 | 1.6.504 | -0- | 1-0 | - 111,795 |
| 16 | Membership fees received | 1 2 1 | 12-1 | | | |
| 17 | Gross receipts from admissions, | | | | | |
| | merchandise sold or services performed, or | | | | İ | |
| | lurnishing of facilities in any activity that is not a business unrelated to the organization s | | 1 100 | 0- | -1)- | LAGO |
| | charitable etc., purpose | | 6,190 | | | 6190 |
| 18 | Gross income from interest, dividends, | | | | | |
| | amounts received from payments on securities | | | | | |
| | loans (section 512(a)(5)) rents royalties, and unrelated business taxable income (less | | | | | |
| | section 511 taxes) from businesses acquired | | | | | |
| | by the organization after June 30, 1975 . | | | | | |
| 19 | Net income from unrelated business | | | | | |
| | activities not included in line 18 | | | | | |
| 20 | Tax revenues levied for the organization's | | | | | |
| | benefit and either pald to it or experided on its behalf | | | ļ | ĺ | |
| 21 | | | | | | |
| 4 3 | The value of services or facilities furnished to the organization by a governmental unit | | | | | |
| | without charge. Do not include the value of | | | | | |
| | services or facilities generally furnished to the public without charge | | | | | |
| 22 | Other income Attach a schedule Do not | | | | | |
| _~ | include gain or floss) from sale of capital assets | | | | | |
| 23 | Total of lines 15 through 22 | 45 291 | 72694 | -0" | -0. | 117.485 |
| 24 | Line 23 minus line 17 | 45,291 | 1262504 | -0- | -0- | 111,795 |
| 25 | Enter 1% of line 23 . | 453 | 727 | -C · | - Ø | - 31-X-X-2-X |
| 26 | Organizations described in lines 10 or 11 | a Enter 2% of a | amount in column | n (e), line 24 | ▶ | 26a |
| ь | Attach a list (which is not open to public inspec | tion) showing the | name of and an | nount contributed | d by each | |
| | person (other than a governmental unit or public | . , , | | • | 3 through | |
| | 1995 exceeded the amount shown in line 26a | Enter the sum of | ali these excess | amounts | ▶ | 26b |
| | 7 . 1 | | | | | 26c |
| C | Total support for section 509(a)(1) test. Enter li | | | | > | |
| d | | | | | | 794 (2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1 |
| e | Public support (line 26c minus line 26d total) | | 200 | | | 28e |
| ſ | | itor) divided by E | ine 26¢ (denomi | nator)) | • | 261 % |
| 27 | Organizations described on line 12 a Fo | or amounts includ | led in lines 15, 1 | 6. and 17 that v | vere receive | d from a disqualified |
| | person," attach a list to show the name of, and | total amounts re | ceived in each yi | ear from, each 'd | disquablied p | erson " Enter the sum |
| | of such amounts for each year | | | | | |
| | (1996) (1995) | | (1994) | | . (1993) . | *** *** *** *** |
| ь | For any amount included in line 17 that was re | ceived from a noi | ndisqualified pers | son, attach a list | to show the | name of and amount |
| | received for each year, that was more than the organizations described in lines 5 through 11. | ne larger of [1] th | ne amount on lin | e 25 for the yea | ror(2)\$50 ace between | OD (Include in the list |
| | and the larger amount described in (1) or (2), e | enter the sum of t | hese differences | (the excess amo | ounts) for ear | ch year |
| | (| | | | | |
| | (1996) (1995) | ***** | . (1994) | | . (1993) . | |
| ^ | Add Amounts from column (e) for lines 15 | 111,795 | 16 | | | |
| L | 17 <u>6.190</u> 20 | - | 21 | | | 270 117.985 |
| d | <u> </u> | and line 27b tota | _ | | | 27d -Q- |
| e | Public support (line 27c total minus line 27d to | • | | | • | 27e 117, 985 |
| ľ | Total support for section 509(a)(2) test. Enter a | | column (e) | ► 27f [\$]] | 7,985 | 9' - 11 P - ma |
| 9 | Public support percentage (line 27e (numera | tor) divided by l | ine 27f (denomir | nator)) | 1 - | 279 /00 % |
| h | Investment income percentage (line 18, colu | | | | ator)) 🕨 | 27h - 0 - % |
| 28 | Unusual Grants For an organization describe | d in line 10, 11, | or 12 that receiv | ed any unusual | grants durin | g 1993 through 1996 |
| | attach a list (which is not open to public inspec grant, and a brief description of the nature of t | tion) for each yea | ar showing the pri | ame of the contra | ibutor the d | ate and amount of the |
| | 3-our and a cuts describitou of the litting of the | no grant do nat | gre | | | 5,, page 4) |

Part V Private School Questionnaire (See instructions on page 4)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

| | | | Yes | No |
|---------|--|---------------------------------------|--------------|--|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws other governing instrument, or in a resolution of its governing body? | 29 | NGO 1 | , . |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 30 | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? | 31 | | 2 |
| | If "Yes," please describe, if "No " please explain (If you need more space, attach a separate statement) | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | K | 4 7 |
| | | 1 | | |
| 32 a | Does the organization maintain the following Records indicating the racial composition of the student body faculty and administrative staff? | 32a | | 1 1 2 |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | | |
| | Copies of all catalogues, brochures announcements and other written communications to the public dealing with student admissions programs, and scholarships? | 32c | | |
| đ | Copies of all material used by the organization or on its behalf to solicit contributions? | 320 | 25 | |
| | If you answered "No" to eny of the above, please explain (If you need more space attach a separate statement) | , i | S. | , 4 , 2 , 4 |
| 33 | Does the organization discriminate by race in any way with respect to | į | \$ C | 1 1 |
| a | Students inghts or privileges? | 33a | | |
| ь | Admissions policies? | 33b | | |
| ď | Employment of faculty or administrative staff? Scholarships or other financial assistance? - | 33d | L | |
| e | Educational policies? | 33e | | |
| f | Use of facilities? | 33f | | |
| g | Alhletic programs? | 33q | | |
| h | Other extracurricular activities? | 33h | 器1- | |
| | If you answered "Yes to any of the above, please explain (If you need more space attach a separate statement) | 1 | | * |
| | | 3 4 | 33.35 | 1 44 |
| 34a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | | |
| b | Has the organization's right to such aid ever been revoked or suspended? - If you answered "Yes" to either 34a or b, please explain using an attached statement | 345 | | 71.0 |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975, 2 C.B., 587, covering racial nondiscrimination? If "No." attach an explanation | 35 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |

| Sch | edwe A (Farm 990) 1997 | | | | | Page 5 | |
|--------------------|--|--|--|--|--|--------------------------------------|--|
| Pa | To be completed ONLY by | | | | | | |
| Che | To be completed ONLY by ck here ▶ a ☐ if the organization below | | | u FOITH 5760 | <u> </u> | | |
| | eck here b b if you checked "a" abo | | | alv | | | |
| - | . Limits on Lot | bying Expenditur | es | | (a) Affiliated group totals | (b) fo be completed for ALL electing | |
| | (The term "expenditures" | means amounts paid | or incurred) | | | organizations | |
| 36 | Total lobbying expenditures to influence p | | , | | | | |
| 37 | Total lobbying expenditures to influence a | • | | | | | |
| 38 39 | Total lobbying expenditures (add lines 36 Other exempt purpose expenditures | and 37) | 7) - 38 | | | | |
| 40 | Total exempt purpose expenditures (add I | ines 38 and 39) | | 4 | | <u>-</u> | |
| 41 | The state of the s | obbying nontaxable amount. Enter the amount from the following table— | | | | | |
| | | ie lobbying nontaxat | _ | 1.5 | The state of the s | | |
| | Not over \$500,000 20 | % of the amount on | line 40 | · \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 建 | 1.5 | |
| | | 00,000 plus 15% of เก | | | A Renter Specific | J 1571 - 00000 | |
| | | 75,000 plus 10% of the | | | 1 34 12 12 12 12 12 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13 | N THE COMMENTAL TO A | |
| | | Over \$1 500 000 but not over \$17 000 000 \$225,000 plus 5% of the excess over \$1 500,000 \$1,000,000 | | | | | |
| 42 | Grassroots nontaxable amount lenter 25% | | | 4 | 2 | | |
| 43 | Subliact line 42 from line 36 Enter -0- if I | | ne 36 | . 4 | 3 | | |
| 44 | Subtract line 41 from line 38 Enter -0- if I | ine 41 is more than li | ne 38 | . 4 | 4 | | |
| | Caution If there is an amount on either lii | 20 42 05 kgs 44 vous | must file Form 43 | 220 | The second second | 用學數學 | |
| | | | | | <u>- 1 世際等級報, 65五</u> | IIN X JON W | |
| | (Some organizations that made a s | · Averaging Perior ection 501(h) election e instructions for lines | do not have to d | complete all of | the five columns be | wols | |
| | 040 174 | | | | Year Averaging Pe | riod | |
| _ | Catendar year (or | (a) | (a) (b) (c) | | (a) | (e) | |
| | fiscal year beginning in) ► | 1997 | 1996 | 1995 | 1994 | Total | |
| | | | | | | | |
| 45 | Lobbying nontaxable amount | | V 764" 64.8 | 10 . 11 b) 50 . | 5 X 1 22 I 164 | [| |
| 46 | Lobbying ceiling amount (150% of line 45 | (e)) | | | | | |
| 47 | Total lobbying expenditures | | | | | | |
| 48 | Grassroots nontaxable amount | | | | | | |
| - | C C C C C C C C C C C C C C C C C C C | ; | 1000 | 7 3.51 | · · · · · · · · · | | |
| 49 | Grassroots ceiling amount (150% of line 48 | (e)) ' ' | 神 | ir , di | 1 11/2 1/1 5 | | |
| | Grassroots lobbying expenditures | | | | | | |
| 50 | ordanioota lobbying experiencies | | | | | | |
| | t VI-B Lobbying Activity by Non (For reporting only by orga | electing Public C nizations that did | <mark>harities</mark> not complete f | Part VI-A) (Se | e instructions or | n page 7) | |
| Pa | tt VI-B Lobbying Activity by Non (For reporting only by orga | nizations that did | not complete f | | 2.200 | | |
| Pa | rt VI-B Lobbying Activity by Non | nizations that did | not complete f tate or local legis | lation, includin | | Amount | |
| Pa Duri atte | ct VI-B Lobbying Activity by Non (For reporting only by orgaing the year, did the organization attempt to influence public opinion on a legislativolunteers | initiations that did influence national silve matter or referend | not complete f late or local legis lum, through the | lation, includin use of | 2.200 | | |
| Pa Duri atte | ct VI-B Lobbying Activity by Non (For reporting only by orgaing the year, did the organization attempt to mpt to influence public opinion on a legislativolunteers Paid staff or management (Include compe | initiations that did influence national si we matter or referend | not complete f late or local legis lum, through the | lation, includin use of | g any Yes No | | |
| Duri atter | Lobbying Activity by Non (For reporting only by orga Ing the year, did the organization attempt to Imply to influence public opinion on a legislat Volunteers Paid staff or management (Include compended) advertisements | nizations that did influence national si we matter or referend insation in expenses r | not complete f late or local legis lum, through the | lation, includin use of | g any Yes No | | |
| Duri atter | Lobbying Activity by Non (For reporting only by orga Ing the year, did the organization attempt to Imply to influence public opinion on a legislat Volunteers Paid staff or management (Include compended a advertisements Mailings to members legislators, or the pu | initiations that did influence national si we matter or referend insation in expenses r | not complete f late or local legis lum, through the | lation, includin use of | g any Yes No | | |
| Duri atter | Cobbying Activity by Non (For reporting only by orgaing the year, did the organization attempt to mpt to influence public opinion on a legislat Volunteers Paid staff or management (include comperments advertisements) Mailings to members legislators, or the purpublications or published or broadcast staff. | nizations that did influence national si ive matter or referend insation in expenses rational sides. | not complete f late or local legis lum, through the | lation, includin use of | g any Yes No | | |
| Duri atter | ct VI-B Lobbying Activity by Non (For reporting only by orgaing the year, did the organization attempt to influence public opinion on a legislat Volunteers Paid staff or management (include compermedia advertisements Mailings to members legislators, or the purpublications or published or broadcast staffarats to other organizations for lobbying | nizations that did influence national si live matter or referend insation in expenses rational situation in expenses rational situation in expenses rational situation in expenses rational situation in expenses. | not complete futte or local legis fum, through the eported on lines | lation, includin use of c thiough h) | g any Yes No | | |
| Duri atter | Cobbying Activity by Non (For reporting only by orgaing the year, did the organization attempt to mpt to influence public opinion on a legislat Volunteers Paid staff or management (include comperments advertisements) Mailings to members legislators, or the purpublications or published or broadcast staff. | initiations that did influence national silve matter or referend insation in expenses r polic atements purposes government officials. | not complete find the control of the control of the control on lines or a legislative to | lation, includin use of c through h) | g any Yes No | | |

If "Yes" to any of the above also attach a statement giving a detailed description of the lobbying activities

| Schedule | A (Form 990) 1997 | | | | | Page | |
|----------------|--|--------------------------------|--|---|-----------------|---------------------------------------|--|
| Part V | | n Regarding Tra ganizations | nsters To and Transaction | ns and Relationships With N | oncharitat | | |
| | ion described in sectionations? | | | | | | |
| | 01(c) of the Code (other than section 501(c)(3) organizations) or in section 527 relating to political organization for a montheritable exempt organization of | | | | | Yes N | |
| (ī | n) Cash | | | | | | |
| (i) |) Other assets | | | | a(ii) | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| P Of | her transactions | | | | Ե () | د | |
| | (i) Sales of assets to a noncharitable exempt organization . | | | | | | |
| | • | | table exempt organization | | | <u>У</u> | |
| |) Rental of facilities) Reimbursement a | | | | b(iv) | 2 | |
| |) Loans or loan gua | - | | | b(v) | X | |
| | | | hip or fundraising solicitations | | b(vi) | | |
| c Sh | laring of facilities lec | juipment, mailing lis | its other assets, or paid empl | oyees | | <u> </u> | |
| go | ods other assets, or | services given by the | e reporting organization. If the or | Column (b) should always show tha figanization received less than fair mar ds, other assets, or services received | | | |
| (a) Line no | (b) Amount involved Name of nonc | | (c) haistable exempt organization | (d) Description of transfers, transactions | and sharing are | angements | |
| | | | · | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | - | | | |
| | | | | | | | |
| | • | | | | | | |
| | | | _ | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | <u> </u> | | | |
| | | | | | | | |
| | scribed in section 50 | | affliated with, or related to, on other than section 501(c)(3)) or | ne or more tax-exempt organization section 527? | ns ▶ □ Yes | : D N | |
| | (a) Name of organization | | (b) Type of organization | to) Description of retationship | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | _ | | | |
| | | | | 1 | | | |

Life On Life's Terms, Inc

EIN: 58-2166121 Reporting Year: 1997 Schedule of Contributions

9,770 00

28,000 00

1,700 00

5,000 00

5,000 00

37,000 00

8,030 00

21,300 00

21,000 00

Total

Life On Life's Terms, Inc

EIN: 58-2166121 Reporting Year: 1997 Schedule of Contributions

9,770 00

28,000 00

1,700 00

5,000 00

5,000 00

37,000 00

8,030 00

21,300 00

21,000 00

115,800.00

Total

SOSID: 893398
Date Filed: 1/19/2007 3:17:00 PM
Elaine F. Marshall
North Carolina Secretary of State
C200701200429

ARTICLES OF INCORPORATION OF NEW LIFE OPTIONS, INC. A NORTH CAROLINA NON-PROFIT CORPORATION

- 1. The name of the Corporation is New Life Options, Inc.
- 2. The Corporation is a charitable organization to be incorporated on or after the effective date of Chapter 55A of the North Carolina General Statutes.
- 3. The street address and county of the initial registered office and principal office of the Corporation is:

140 Kirkwood Dr. Asheville, NC 28805 Buncombe County

4. The name and address of the incorporator and registered agent is:

Michael Wofford 140 Kirkwood Dr. Asheville, NC 28805

- 5. The Corporation shall not have members.
- 6. The principal purposes of the Corporation shall be as follows:
 - (a) To serve as a rehabilitation institution and a community drug treatment center principally concerned with the provision of hospital or medical care to treat hardened, habitual drug and alcohol addicts abusing illegal narcotics and alcohol within Buncombe County, North Carolina.
 - (b) To lessen the burdens of government by sheltering and intensively treating hardened, habitual drug and alcohol abusers who would otherwise merit incarceration at the expense of the State of North Carolina and Buncombe County who are referred to the Corporation by the District Attorney and the Criminal District and Drug Courts of Buncombe County, North Carolina, an economically depressed Appalachian Mountain community.
 - (c) To promote social welfare by combating community deterioration and juvenile delinquency perpetuated by a culture of drug and alcohol abuse within an economically depressed, urban, inner city Appalachian Mountain community by sheltering and treating hardened, habitual drug and alcohol abusers living within the City of Asheville, North Carolina.

- 7. No part of the net earnings or funds of the Corporation shall inure to the benefit of any Directors or Officers of the Corporation or other private persons, and no substantial part of the activities of the Corporation shall be carrying on propaganda or otherwise attempting to influence legislation. The Corporation shall not intervene in any political campaign on behalf of any candidate for public office. The Corporation shall not conduct any activities not permitted to be conducted by an organization except under Section 501(c)(3) of the Internal Revenue Code.
- 8. Upon dissolution of the Corporation, the assets thereof shall after all of its liabilities and obligations have been discharged or adequate provisions made therefor, be distributed to any organization or organizations organized and operated exclusively for charitable, educational or religious purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code (or the corresponding provision of any future United States Internal Revenue law) as the Board of Directors shall determine. Any remaining assets not to disposed of in the manner provided above shall be disposed of by the Clerk of Superior Court of Buncombe County, North Carolina to such organization or organizations as such Clerk of Superior Court shall determine as appropriate, which are organized and operated exclusively for such purposes and at the time qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code, as amended.
- 9. The Corporation shall neither have nor exercise any power, nor shall it directly or indirectly engage in any activity, that would prevent it from obtaining exemption from Federal Income taxation as a Corporation described in Section 501(c)(3) of the Internal Revenue Code, or cause it to lose such exempt status.
- 10. To the fullest extent and upon the terms and conditions from time to time provided by law, the Corporation shall indemnify any and all of its directors, officers, trustees, employees and agents, or any person who has served or is serving in such capacity at the request of the Corporation in any other Corporation, partnership, joint venture, trust or other enterprise, against liability and reasonable litigation expenses, including attorney's fees, incurred by him or her in connection with any action, suit or proceeding in which he or she is made or threatened to be made a party by reason of being or having been such directors, trustee, officer, employee or agent. Such directors, trustees, officers, employees and agents shall be entitled to recover from the Corporation, and the Corporation shall pay, all reasonable costs, expenses and attorney's fees in connection with the enforcement of rights of indemnification granted herein. Expenses incurred by a director, trustee, officer, employee or agent in defending a civil or criminal action, suit or proceeding as described above shall be paid by the Corporation in advance of the final disposition of such action, suit or proceeding upon receipt of the undertaking by or on behalf of the director, trustee, officer, employee or agent to repay such amount unless it shall be ultimately determined that he or she is entitled to be indemnified by the Corporation against such expenses. Any person who at any time serves or has served in any of the aforesaid capacities for or on behalf of the Corporation shall be deemed to be doing or to have done so in reliance upon and as



Elaine F. Marshall Secretary

North Carolina

DEPARTMENT OF THE SECRETARY OF STATE

PO Box 29622 Raleigh, NC 27626-0622 (919)807-2000

Date: 4/13/2011

Click here to:

View Document Fillngs | Sign Up for E-Notifications |

PC, PLLC, LP and Non-Profit entities are not required to file annual reports.

Corporation Names

Name

Name Type

NC NEW LIFE OPTIONS, INC.

LEGAL

Non-Profit Corporation Information

SOSID:

0893398

Status:

Current-Active

Effective Date:

1/19/2007

Dissolution Date: Annual Report Due

Date:

Citizenship:

DOMESTIC

State of Inc.:

NC

Duration:

PERPETUAL

Registered Agent

Agent Name:

WOFFORD, MICHAEL

Office Address:

140 KIRKWOOD DR ASHEVILLE NC 28805

Mailing Address:

140 KIRKWOOD DR

ASHÉVILLE NC 28805

Principal Office

Office Address:

140 KIRKWOOD DR

ASHEVILLE NC 28805

Mailing Address:

140 KIRKWOOD DR

ASHEVILLE NC 28805

Officers

This website is provided to the public as a part of the Secretary of State Knowledge Base (SOSKB) system. Version: 3226

NC AOC CIS CR/IF CASE PROCESSING **** CAUTION ****

100 BUNCOMBE STATEWIDE NAME INQUIRY INDEXED SOLELY BY NAME
NO GUARANTEE TO IDENTIT NO GUARANTEE TO IDENTITY

100 04CR 021223

WOFFORD, MICHEAL, W WM05121942 SSN#:
181 ARDMION PK DL#: CTT#: #: GA 006593196

ASHEVILLE NC 28801

TRIAL DT: 051905 SERVED: 121204 SID#:

DISTRICT PROCESS: C DV CV: N CK DIG#: LID#: 524274

CHG: T FAIL TO NOTIFY DMV ADDR CHANGE C&F: FTA: OFA:

CLASS: P: V: M:VD DISP:051905 STATUS: U

CONV:

COMP: BROWN, J AGY: CPD ORI:

03/28/11 12:15:35 F3=EXIT 7=BKWD 8=FWD 10=PREV 11=NEXT

CR/IF CASE PROCESSING **** CAUTION ****
STATEWIDE NAME INQUIRY INDEXED SOLELY BY NAME NC AOC CIS 100 BUNCOMBE NO GUARANTEE TO IDENTITY

100 04CR 058187

DL#: GA 006593196

WOFFORD, MICHAEL, WESLEY WM05151942 SSN#:
181 ARDMION DR APT 1 DL#:
ASHEVILLE NC 28801 CIT#: ASHEVILLE NC 28801

TRIAL DT: 111604 SERVED: 062904 SID#: STATUS:

DISTRICT PROCESS: C DV CV: N CK DIG#: LID#:

CHG: M AID UNDERAGE PUR ALC BY < 21 C&F: FTA: OFA:

CONV: CLASS: P: V: M:VD DISP:111604

CHG: M CONTRIBUTING DEL OF JUVENILE C&F: FTA: OFA:

CONV: M CONTRIBUTING DEL OF JUVENILE CLASS: 2 P:GU V:GU M:JU DISP:111604

EIMF:00100.00 COST: 100.00 REST: PAID:Y TO BE PD: NMFTC:

AGY: CPD ORI: COMP: LOVELL, I, B

NC AOC CIS

CR/IF CASE PROCESSING

**** CAUTION ****

100 BUNCOMBE

STATEWIDE NAME INQUIRY

NO GUARANTEE TO IDENTITY

WOFFORD, MICHAEL, WESLEY WM05151942 SSN#: 259622073 100 05CR 008586

DL#: 181 ARDMION PK

ASHEVILLE NC 28801 CIT#: C5952416 VRA: DV CH:
TRIAL DT: 020906 SERVED: 061005 SID#: STATUS: U
DISTRICT PROCESS: C DV CV: N CK DIG#: LID#: 524274
CHG: M RESISTING PUBLIC OFFICER C&F: FTA: OFA:
CONV: CLASS: P: V: M:VD DISP:020906

CONV:

COMP: RIDDLE, S AGY: CPD ORI:

CR/IF CASE PROCESSING **** CAUTION ****
STATEWIDE NAME INQUIRY INDEXED SOLELY BY NAME
NO GUARANTEE TO IDENTITY NC AOC CIS 100 BUNCOMBE

WOFFORD, MICHAEL, WESLEY WM05151942 SSN#: 259622073 100 05CR 054307

181 ARDMION PARK DL#:

ASHEVILLE NC 28801 C11#:

TRIAL DT: 020806 SERVED: 033105 SID#: NC1118952A STATUS: U
DISTRICT PROCESS: W DV CV: N CK DIG#: EQ1267B LID#: 524274

CHG: F FELONY POSSESSION SCH II CS C&F: FTA: OFA:

CLASS: P: V: M:VD DISP:013106 CIT#: VRA: DV CH: SID#: NC1118952A STATUS: U

CONV:

COMP: RIDDLE,S,J AGY: CPD ORI: NC011013Y

NC AOC CIS

CR/IF CASE PROCESSING

**** CAUTION ****

100 BUNCOMBE

STATEWIDE NAME INQUIRY

NO GUARANTEE TO IDENTITY

WOFFORD, MICHAEL, WESLEY WM05151942 SSN#: 259622073 100 05CR 054308

DL#: GA 006593196

ASHEVILLE NC 28801 ASHEVILLE NC 28801 CIT#: C5950058 VRA: DV CH: TRIAL DT: 020906 SERVED: 033105 SID#: NC1118952A STATUS: STATUS: U

DISTRICT PROCESS: C DV CV: N CK DIG#: EQ1267B LID#: 524274

CHG: M POSSESS DRUG PARAPHERNALIA C&F: FTA: OFA:
CONV: CLASS: P: V: M:VD DISP:020806

CONV:

COMP: RIDDLE,S,J AGY: CPD ORI: NC011013Y

CR/IF CASE PROCESSING **** CAUTION ****
STATEWIDE NAME INQUIRY INDEXED SOLELY BY NAME
NO GUARANTEE TO IDENTITY NC AOC CIS NC AOC CIS 100 BUNCOMBE WOFFORD, MICHAEL, WESLEY WM05151942 SSN#: 259622073 100 05CRS055364 DL#: GA 006593196 181 ARDMION PK AP 1 DV CH: CIT#: C5948561 VRA: SID#: NC1118952A ASHEVILLE NC 28801 TRIAL DT: 012606 SERVED: 042205 STATUS: U SUPERIOR PROCESS: B DV CV: N CK DIG#: EQ1449S LID#: 524274 CHG: M SIMPLE POSSESS SCH VI CS (M)

CAF: FTA: OFA:

CONV: M SIMPLE POSSESS SCH VI CS (M)

CHG: M POSSESS DRUG PARAPHERNALIA

CAF: FTA: OFA:

CONV: M POSSESS DRUG PARAPHERNALIA

CLASS:1

P:GU V:GU M:JU DISP:012606 DV CV: C&F: FTA: OFA:
CLASS: P: V: M:SI DISP:012606
C&F: FTA: OFA:
CLASS: P: V: M:SI DISP:012606 CHG: M SIMPLE POSSESS SCH VI CS (M) CHG: M POSSESS DRUG PARAPHERNALIA CONV:

COMP: SUMMEY, J, L AGY: CPD ORI: NC011013Y

NC AOC CIS CR/IF CASE PROCESSING **** CAUTION ****

100 BUNCOMBE STATEWIDE NAME INQUIRY INDEXED SOLELY BY NAME NO GUARANTEE TO IDENTITY

WOPFORD, MICHAEL, WESLEY WM05151942 SSN#: 259622073 100 05CR 055365

181 ARDMION PK AP 1 DL#:

ASHEVILLE NC 28801 CIT#: VRA: DV CH: TRIAL DT: 020806 SERVED: 042305 SID#: NC1118952A STATUS: U

DISTRICT PROCESS: W DV CV: N CK DIG#: EQ1449S LID#: 524274

CHG: F MAINTN VEH/DWELL/PLACE CS (F) C&F: FTA: OFA:

CONV: CLASS: P: V: M:VD DISP:013106

CONV:

AGY: CPD ORI: NC011013Y COMP: SUMMEY, J, L

CR/IF CASE PROCESSING **** CAUTION ****
STATEWIDE NAME INQUIRY INDEXED SOLELY BY NAME
NO GUARANTEE TO IDENTITY 100 BUNCOMBE

WOFFORD, MICHAEL, WESLEY WM05151942 SSN#: 259622073 100 05CRS055366

181 ARDMION PK AP 1 DL#:

ASHEVILLE NC 28801 CIT#: VRA: DV CH: TRIAL DT: 012606 SERVED: 042305 SID#: NC1118952A STATUS: STATUS: U

SUPERIOR PROCESS: B DV CV: N CK DIG#: EQ1449S LID#: 524274 CHG: F PWIMSD SCH II CS C&F: FTA: OFA:

CLASS:H P:GU V:GU M:JU DISP:012606 CONV: F PWIMSD SCH II CS

CONV: F PWIMSD SCH II CS CLASS:H P:GU V:GU M:JU DISP:0
FINE:00000.00 COST: 520.50 REST: .00 PAID:Y TO BE PD: NMFTC:

DV CV: DISTRICT

CHG: F PWIMSD SCH II CS

C&F: FTA: OFA: CLASS: P: V: M:SI DISP:012606 CONV:

SPEC COND: COPY OF JGMT TO NC & GEORGIA STATE LICENSING BOARD; COMPLETE AGY: CPD ORI: NC011013Y COMP: SUMMEY, J, L

NC AOC CIS 100 BUNCOMBE CR/IF CASE PROCESSING **** CAUTION ****
STATEWIDE NAME INQUIRY INDEXED SOLELY BY NAME
NO GUARANTEE TO IDENTITY CR/IF CASE PROCESSING

WOFFORD, MICHAEL, WESLEY WM05151942 SSN#: 259622073 100 05CRS055366

181 ARDMION PK AP 1 DL#:

VRA: DV CH: STATUS: U ASHEVILLE NC 28801 CIT#: TRIAL DT: 012606 SERVED: 042305 SID#: NC1118952A

SUPERIOR PROCESS: B DV CV: N CK DIG#: EQ1449S LID#: 524274 CHG: F PWIMSD SCH II CS C&F: FTA: OFA:

CLASS:H P:GU V:GU M:JU DISP:012606 CONV: F PWIMSD SCH II CS

FINE: 00000.00 COST: 520.50 REST: .00 PAID:Y TO BE PD: NMFTC:

DISTRICT DV CV:

CHG: F PWIMSD SCH II CS FTA: C&F: OFA:

CLASS: P: V: M:SI DISP:012606 CONV:

SPEC COND: COPY OF JGMT TO NC & GEORGIA STATE LICENSING BOARD; COMPLETE COMP: SUMMEY, J, L AGY: CPD ORI: NC011013Y

NC AOC CIS

CR/IF CASE PROCESSING

**** CAUTION ****

100 BUNCOMBE

STATEWIDE NAME INQUIRY

INDEXED SOLELY BY NAME
NO GUARANTEE TO IDENTITY

WOFFORD, MICHAEL, WESLEY WM05151942 SSN#: 100 05CR 057447

181 ARDMION PK AP 1 DL#:

ASHEVILLE NC 28801 CIT#: VRA: DV CH:
TRIAL DT: 020806 SERVED: 060505 SID#: NC1118952A STATUS: U
DISTRICT PROCESS: W DV CV: N CK DIG#: EQ1849C LID#: 524274
CHG: F FELONY POSSESSION OF COCAINE C&F: FTA: OFA:
CONV: CLASS: P: V: M:VD DISP:013106

CONV:

COMP: PECHTEL, I, B AGY: CPD ORI: NC011013Y

NC AOC CIS CR/IF CASE PROCESSING **** CAUTION ****

100 BUNCOMBE STATEWIDE NAME INQUIRY INDEXED SOLELY BY NAME NO GUARANTEE TO IDENTITY

WOFFORD MICHAEL WESLEY WM05151942 SSN#: 100 05CR 057448

WOFFORD, MICHAEL, WESLEY WM05151942 SSN#: 100 05CR 057448

181 ARDMION PK AP 1 DL#: NC 29276496

ASHEVILLE NC 28801 TRIAL DT: 020806 SERVED: 060505 STATUS: U

DISTRICT PROCESS: C DV CV: N CK DIG#: EQ1849C LID#: 524274
CHG: M POSSESS DRUG PARAPHERNALIA C&F: FTA: OFA:

CLASS: P: V: M:VD DISP:013106 CONV:

COMP: PECHTEL, I, B AGY: CPD ORI: NC011013Y

F3=EXIT 7=BKWD 8=FWD 10=PREV 11=NEXT 03/28/11 12:17:08 NC AOC CIS CR/IF CASE PROCESSING **** CAUTION ****

100 BUNCOMBE STATEWIDE NAME INQUIRY INDEXED SOLELY BY NAME NO GUARANTEE TO IDENTITY

WOFFORD, MICHAEL, WESLEY WM05151942 SSN#: 259622073 100 05CR 057719

181 ARDMION PARK AP1 DL#:

VRA: DV CH: STATUS: ASHEVILLE NC 28801 CIT#: ASHEVILLE NC 28801 CIT#: VRA: DV CH:
TRIAL DT: 100605 SERVED: 061005 SID#: STATUS:
DISTRICT PROCESS: W DV CV: N CK DIG#: LID#:
CHG: M COMMUNICATING THREATS C&F: FTA: OFA:
CONV: CLASS: P: V: M:VD DISP:100605

CONV:

COMP: FREDRICKSON, STEPHEN AGY: ORI:

F3=EXIT 7=BKWD 8=FWD 10=PREV 11=NEXT 03/28/11 12:17:12 NC AOC CIS CR/IF CASE PROCESSING **** CAUTION ****

100 BUNCOMBE STATEWIDE NAME INQUIRY INDEXED SOLELY BY NAME
NO GUARANTEE TO IDENTITY

WOFFORD, MICHAEL, WESLEY WM05151942 SSN#: 259622078 100 06CR 004300

140 KIRKWOOD DRIVE DL#: U U

CIT#: C6722444 VRA: DV CH: ASHEVILLE NC 28805 TRIAL DT: 052506 SERVED: 022206 SID#: STATUS: U

DISTRICT PROCESS: C DV CV: N CK DIG#: LID#: 524274

CHG: M SIMPLE POSSESS SCH IV CS (M) C&F: FTA: OFA:

CONV: CLASS: P: V: M:VD DISP:052506

CONV:

COMP: SUMMEY, J AGY: SFF ORI:

F3=EXIT 7=BKWD 8=FWD 10=PREV 11=NEXT 03/28/11 12:17:15

CR/IF CASE PROCESSING **** CAUTION ****
STATEWIDE NAME INQUIRY INDEXED SOLELY BY NAME
NO GUARANTEE TO IDENTITY NC AOC CIS NC AOC CIS 100 BUNCOMBE

WOFFORD, MICHAEL, WESLEY WM05151942 SSN#: 259622073 100 06CR 050821

140 KIRKWOOD DR DL#:

ASHEVILLE NC 28805 CIT#: VRA: DV CH:
TRIAL DT: 022608 SERVED: 012006 SID#: NC1118952A STATUS: U
DISTRICT PROCESS: W DV CV: N CK DIG#: EQ3634N LID#: 524274
CHG: F ASSAULT LEO/PO/OTHER W ETBRADM

CHG: F ASSAULT NEO/PO/OTHER W FIREARM C&F: FTA: OFA:
CONV: M ASSAULT WITH A DEADLY WEAPON CLASS:A1 P:GL V:GU M:JU DISP:012606
FINE:00200.00 COST: 110.00 REST: PAID:Y TO BE PD: NMFTC:

SPEC COND: COMP W/MENTAL HEALTH EVAL; OBT ASSESS'MT AND TREAT'MT; POSS AGY: SFF ORI: NC0110000 COMP: HICKEY, J

03/28/11 12:17:21 F3=EXIT 7=BKWD 8=FWD 10=PREV 11=NEXT

CR/IF CASE PROCESSING **** CAUTION ****
STATEWIDE NAME INQUIRY INDEXED SOLELY BY NAME
NO GUARANTEE TO IDENTITY NC AOC CIS 100 BUNCOMBE

WOFFORD, MICHAEL, WESLEY WM05151942 SSN#: 259622073 100 06CR 050822

140 KIRKWOOD DR DL#:

ASHEVILLE NC 28805 ASHEVILLE NC 28805 CIT#: VRA: DV CH:
TRIAL DT: 012606 SERVED: 012006 SID#: NC1118952A STATUS:
DISTRICT PROCESS: W DV CV: N CK DIG#: EQ3634N LID#: 524274 STATUS: U

CHG: F ASSAULT LEO/PO/OTHER W FIREARM C&F: FTA: OFA:
CONV: CLASS: P: V: M:VD DISP:012606 CONV:

COMP: HICKEY,J AGY: SFF ORI: NC0110000

03/28/11 12:17:26 F3=EXIT 7=BKWD 8=FWD 10=PREV 11=NEXT

CR/IF CASE PROCESSING **** CAUTION
STATEWIDE NAME INQUIRY INDEXED SOLELY BY NAME
NO GUARANTEE TO IDENTITY
490 02CR 001066 NC AOC CIS 490 JACKSON

WOFFORD, MICHAEL, W WM05151942 SSN#:

DL#: GA 006593196 145 15TH ST NE

ATLANTA GA 30309

TRIAL DT: 060702 SERVED: 042002 SID#: SIAIGS.

DISTRICT PROCESS: C DV CV: N CK DIG#: LID#:

CHG: T SPEEDING C&F: FTA: OFA:

CLASS: P:RL V:RS M:JU DISP:060702

CONV: I SPEEDING

FINE:00030.00 COST: 90.00 REST:

COMP: ALLRED, S AGY: SHP ORI:

03/28/11 12:17:32 F3=EXIT 7=BKWD 8=FWD 10=PREV 11=NEXT

R S DOB/AGE CRS
BILL OF INFORMATION W M 05151942 DL#:
WOFFORD, MICHAEL, WESLEY

WOFFORD, MICHAEL, WESLEY

CIT#:

TRIAL DATE: 012606

181 ARDMION PK AP 1

CSLR:

CSLRC:

AM

ASHEVILLE

NC 28801 DEF ATTY: LENTZ, T

CHG/ARRN OFFN: F PWIMSD SCH II CS

90-95(A)/1)

CHG/ARRN OFFN: F PWIMSD SCH II CS

COMPLAINANT: SUMMEY, J, L

OFFN DATE: 042305 ARRN DATE:

CONT. D: 01 S: 00 C: 00 NR: 00

CONT. D: 01 S: 00 C: 00 NR: 00

CONT. D: 01 S: 00 C: 00 NR: 00

CONT. D: 01 S: 00 C: 00 NR: 00

CONT. D: 01 S: 00 C: 00 NR: 00

CONT. D: 01 S: 00 C: 00 NR: 00

CONT. D: 01 S: 00 C: 00 NR: 00

CONT. D: 01 S: 00 C: 00 NR: 00

CONT. D: 01 S: 00 C: 00 NR: 00

CONT. D: 01 S: 00 C: 00 NR: 00

PLEA VER MOD FINE COSTS REST JUDGE PAID TO-BE-PAID GU GU JU \$ 00000.00 \$ 520.50 \$.00 RKP YES CONV OFFN: F PWIMSD SCH II CS

SENT LEN: 006 M - 008 M SENT TYPE: I

PROB: 030 M SUPERVISED WITHDRAWN:

AREA CD: ACCD: HWY: V LIC:

CDL: N CMV: N HAZ: N TRP/DIST: V ST: V TYP: APPELLATE:

COPY OF JGMT TO NC & GEORGIA STATE LICENSING BOARD; COMPLETE LIFE ON LIFES TERMS; COMPLY W/ANY DRUG TRMT/COUNSELING REC O OF PROBATION OFFICER; C/S WVD; INTENSIVE MAY BE MORE AT DISCR

ARREST DATE: 042205 CHECK DIGIT: EQ1449S SID: NC1118952A LID: 524274

PF2 - NAME INQUIRY NEXT#: ADDL CHARGES: 100 BUNCOMBE ICA INQUIRY 01 06CR 050821 FILM:

DISPOSED R S DOB/AGE CR FILING DATE: 012006 W M 05151942 DL#:

WARRANT

TRIAL DATE: 022608 WOFFORD, MICHAEL, WESLEY CIT#:

140 KIRKWOOD DR CSLR: CSLRC: AM 0002
ASHEVILLE NC 28805 DEF ATTY: WAIVED TYP: W VRA:

ASHEVILLE NC 28805 DEF ATTY: WAIVED TYP: CHG/ARRN OFFN: F ASSAULT LEO/PO/OTHER W FIREARM 14-34.5

COMPLAINANT: HICKEY, J SFF ISSUED: 012006 SERVED: 012006 OFFN DATE: 012006 ARRN DATE: MOTIONS DATE: DISP DATE: 012606 CONT. D: 00 S: 00 C: 00 NR: 00 RSONCO: GANG REL: DV CV: N

PLEA VER MOD FINE COSTS REST JUDGE PAID TO-BE-PAID GL GU JU \$ 00200.00 \$ 110.00 \$ PKY YES

CONV OFFN: M ASSAULT WITH A DEADLY WEAPON 14-33(C)(1)

SENT LEN: 075 D - SENT TYPE: C CONS F/JGMT:

PROB: 012 M SUPERVISED WITHDRAWN: APPEALED TO SUPERIOR:

AREA CD: ACCD: HWY: V LIC: TRANS TO SUPERIOR:

CDL: N CMV: N HAZ: N TRP/DIST: V ST: V TYP: APPELLATE:

COMP W/MENTAL HEALTH EVAL-ORT ASSESSIMT AND TREATIMT: POSS

COMP W/MENTAL HEALTH EVAL; OBT ASSESS'MT AND TREAT'MT; POSS

NO WEAPONS; SUBMIT TO RANDOM SCREENS

ARREST DATE: 012006 CHECK DIGIT: EQ3634N SID: NC1118952A LID: 524274

NEXT#: PF2 - NAME INQUIRY ADDL CHARGES: View: Results List | Full

Search: Professional Licenses > Search Results > Professional Licenses Report

Terms: last-name(wofford) first-name(michael) state(NC) licensestate(ALL) (Edit Search | New Search)

Select for Delivery

Further Searches
Locate a Person
(Nationwide)
FAA Aircraft

Georgia Professional License

Licensee Information

Name: WOFFORD, MICHAEL WESLEY
Original Name: WOFFORD, MICHAEL WESLEY
Standardized 181 ARDMION PARK UNIT ONE
Address: ASHEVILLE, NC 28801-4290
BUNCOMBE COUNTY

Original 181 ARDMION DR. Address: ASHEVILLE, NC 28801

Race: Unknown

License Information

Profession or

Board: MEDICAL EXAMINERS

License Type: PHYSICIAN

License

Number: 012599 Issued Date: 07/23/1969

> License Expiration

Date: 12/31/2005 Status: LAPSED

Practice

Setting: PAIN MEDICINE

Education

Degree: MD

Disciplinary Actions

Disciplinary

Date: 04/04/1996

Important: The Public Records and commercially available data sources used on reports have errors. Data is sometimes entered poorly, processed incorrectly and is generally not free from defect. This system should not be relied upon as definitively accurate. Before relying on any data this system supplies, it should be independently verified. For Secretary of State documents, the following data is for information purposes only and is not an official record. Certified copies may be obtained from that individual state's Department of State.

Your DPPA Permissible Use:Litigation
Your GLBA Permissible Use:Legal Compliance



About LexisNexis | Terms & Conditions Copyright© 2011 LexisNexis, a division of Reed Elsevier Inc. All rights reserved.

Timeline

NORTH CAROLINA INNOCENCE INQUIRY COMMISSION HEARING (APRIL 2011)

STATE V. KENNY KAGONYERA AND STATES V. ROBERT WILCOXSON

SUSPECTS DENIALS AND ADMISSIONS

Kenny Kagonyera (20)

9/23/00 No

10/20 No (DNA sample given)

10/27 No

11/11/01 Yes

12/**3**3 Plea

9/10/02 Sentence

Robert Wilcoxson (Detroit) (21)

9/25 No

10/30 (DNA sample given)

8/15 Plea

9/10/02 Sentence

Larry Williams (Little Larry) (16)

9/25 No

9/26 No: Yes (but implicated K, W, B.) No

9/28 No

10/10 (DNA sample given)

10/11 No (but implicated M)

9/24 Yes

10/27 Yes; No

2/25/02 Plea

9/10/02 Sentence

Damian Mills (Dada) (20)

10/11/0 No (DNA sample given)

10/26/00 Yes (and implicated K, W, WW, and B)

6/26/01 Plea

9/10/02 Sentence

Teddy Isbell (35)

9/25 No (but implicated K. and W.);

9/25 Yes, helped plan (and implicated K, W, WW, DJ)

9/28 No

10/10 (DNA sample given)

12/11/03 Pea to lesser included offense

Aaron Brewton (MAN) (19)

9/24 No (but implicated K and W.)

9/25 No

10/11 No (DNA sample given)

10/24 No

10/31 (DNA—check)

8/26/02 Dismissed

Dea Johnson

9/26 No

SUSPECTS ALLEGED CONFESSIONS TO OTHERS

9/23 2000 Fair: AB implicated himself, LW and KK

9/24 Officer: A.B. denies, but implicates KK and RW

10/8 Bryson: LW and KK told him about case

10/21 Bryson: KK said no, but implicated W., LW, I., plus one other

10/21 Belton: W tried to get her a "hot" gun

27/01 Jordan: W., LW, and Jerome Mooney confessed to him

3/6 Rick: W confessed

8/18 Dickey: K. confessed that he, A.B., W., LW involved and that A.B. did the shooting

9/9 Hodge: K. and M. confessed while in custody

3/17/02 RUTHERFORD CONFESSES AND IMPLICATES HIMSELF, SUMMEY AND PICKENS

CRIMESTOPPERS AND OTHER TIPS

9/20 Rutherford, Pickens, and Summey involved

9/23 The three suspects are the ones

10/11 K. involved and used his blue Chevy Impala

10/31 Caller overheard conversation: K was shooter; I was driver.

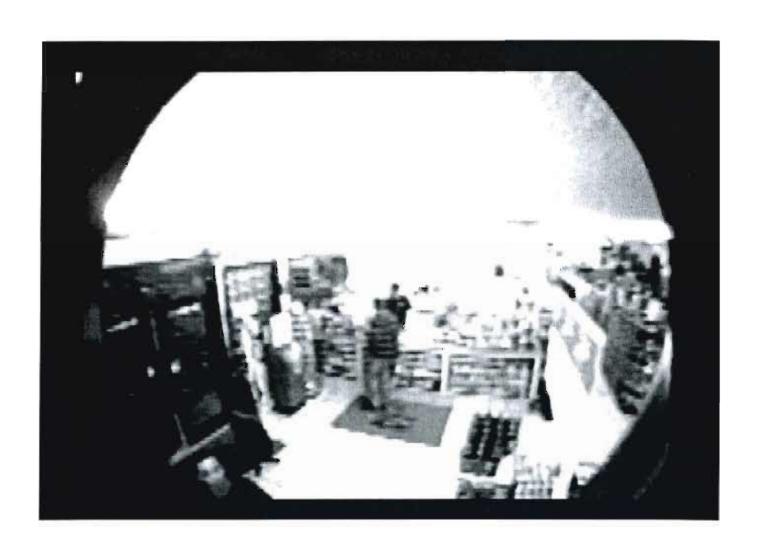
Evidence Control Form (BCSO File) – Store Security Tape

| AGENCY Bureamby Com | dy Sherill | ORI # NCO 110000 | DATE/TIME REPOR | TED 24 Hz. Clock | OCA FILENO. 00339072 |
|-------------------------|-----------------|----------------------|------------------------|------------------------------|---|
| Owner Darrell Coffee | | Àddress | | | Phone 298-4889 |
| Found in possession of | | Address | | | Phone |
| ion from which proper | | | | Collecting Officer | |
| PROPERTY | Hwy.74 | DESCRI | PTION OF ARTICLES | J. L. Elki. | . P |
| CONTROL NUMBER | (Inc | lude model, serial n | o., identifying marks, | condition, etc.) | |
| TLEI | Store surveille | ance tape | | | |
| | | | | | |
| | | | | | |
| | | : | | | |
| | | | | | - |
| | | | | | |
| | | | (P. P.) | | |
| * * | | 11 11 11 11 11 11 | | | |
| | | | | | |
| | :1 6 .0 | 7.4 | | · . | 67- |
| | | . 13 | The second | | |
| | | | | | - |
| | | - | | | |
| . :. | | _ | | | • |
| : . | | 91 14 | 11857 | | 187 |
| , now - | | | 1 | - | |
| | n | 42 | | | |
| Narrative Possible | evidence in hom | icide | | | 100000000000000000000000000000000000000 |
| HAS 3 B | LACK MAL | E'S com | ming I | NTO STE | TA GOITA |
| | 2319 Hrs 9 | | | ` ~ ^ | C ACCOVE |
| 1 | • | | • | | |
| 10 WILLIAES | SES AT SA | NE INE | CAY CAM | E <u> </u> | DW HHINDET |
| NC F | · | | | | · · · · · · · · · · · · · · · · · · · |
| | | | | | |
| , | | | | | |
| OFFICER'S NAME | DATE/ SUBMI | | R'S NAME | CASE DISPOSITION UNIFOUNDED | |
| J.L. Elkins | MO DA | Y YR . | <u> </u> | G CLEARED BY AL | RREST |
| ACER'S SIGNATURE | | D FURTH | ER INVESTIGATION | ☐ EXCEPTIONAL | CLEARED - ADULT |
| U 7 > UB. | // | - II'Z O CLOSEC |) | J EXCLITIONAL. | |

CHAIN OF CUSTODY

| Property Control No. | Date | Released By | Received By | | Purpose for Change of Custody |
|-------------------------------|---------------------|--|-------------------------|-------------|---------------------------------------|
| JLEI | 9/19/ | Print Name Dariel Coffey | Print Name J L Elkins | N TO 1 | scized as |
| | 100 | Signature | Signature Elk | | evidence |
| 10 | 23-00 | PROPRIES SPVINKE | Print Name Alen parmet | are | (C.E. |
| | | Standard J. | Phillip M. | 12 | I Worke |
| | | PrinteName | Print Name | 0 | |
| | | Signature | Signature | | |
| | | Print Nanie | Print Name | | |
| | | Signature. | Signature | 4, 11 | |
| | | Print Name | Print Name . | | · · · · · · · · · · · · · · · · · · · |
| | | Signature | Signature | -11 8-11 | |
| | | Print Name | Print Name | | · · · · · · · · · · · · · · · · · · · |
| ٠, | · | Signature | Signature | 77 | 1 |
| | | Print Name | Print Namé | | 120 |
| , | | Signature | Signature | | to a |
| | | Print Name | Print Name | | |
| 4 3 | 9 | Signature | Signature | | |
| | | | | | |
| 15 die | | FINAL DISI | POSAL ACTION | | (|
| RELEASED | TÓ OM | VER OR OTHER (Name/Address) | | | * ** |
| | | | | | 12 42 |
| DESTROY _ | | | | | ** *** |
| OTHER (Spe | cify) | | | | |
| | | ETALA I DICEO | SAL AUTHORITY | | |
| | | FINAL DISFO | JAL AUTTOKIT | | |
| ITEM(S) | | ON THIS RECEIPT, PERTAIN | ING TO THE INVESTIG. | ATION INVOL | VING |
| (Name) | | | (Ņādress) | 1 = 1.0 | |
| | | | Court Docket Number | | |
| (IS) (ARE) N must be retai | O LONG ned, do r | SER REQUIRED AS EVIDENCE AND not sign, but explain in separate corresp | MAY BE DISPOSED OF | AS INDICAT | TED ABOVE. (If article(s) |
| (Judge/Superior District C | auri) | (Signature) | | | (Cole) |
| | | WITNESS TO DESTR | UCTION OF EVIDENC | E | <u> </u> |
| | | | | | |
| THE ARTICL | .E(s) LIST | TED AT CONTROL NUMBER(s) | TE TAILLY A TED A POUR | (WAS) (| (WERE) DESTROYED BY |

Photo from Store Security Tape



Federal PACER Report – Robert Rutherford

CLOSED

U.S. District Court Western District of North Carolina (Asheville) CRIMINAL DOCKET FOR CASE #: 1:00-cr-00069-LHT-4

Case title: USA v. Brown, et al, et al

Date Filed: 09/11/2000

Date Terminated: 07/26/2001

Assigned to: District Judge Lacy

Thornburg

Defendant (4)

Robert Earle Rutherford

TERMINATED: 07/26/2001

also known as Sld Dft 1:00cr69-4 represented by Norman Butler

725 E. Trade St.

Suite 115 Court Arcade Bldg.

Charlotte, NC 28202 (704) 335-8686

Fax: (704) 332-6213

Email: butlerlawoffice@aol.com TERMINATED: 07/26/2001

LEAD ATTORNEY

ATTORNEY TO BE NOTICED

Designation: Retained

Pending Counts

21:846=CD.F; 841(a)(1)(b)(1)(A)(ii), 851 - CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE

(1)

Disposition

151 mos. imprisonment; 3 Yrs.

Supervised Release; \$100 Assessment

Highest Offense Level (Opening)

Felony

Terminated Counts

None

Disposition

Highest Offense Level (Terminated)

None

Complaints

Disposition

None

| 09/11/2000 | <u>6</u> | INFORMATION to Establish Prior Conviction(s) as to Sld Dft 1:00cr69-4 (siw) (Entered: 09/13/2000) | |
|------------|-----------|--|--|
| 09/11/2000 | | CASE assigned to Judge Lacy H. Thornburg (siw) (Entered: 04/18/2001) | |
| 09/13/2000 | | Arrest WARRANT issued as to Sld Dft 1:00cr69-1, Sld Dft 1:00cr69-2, Sld Dft 1:00cr69-3, Sld Dft 1:00cr69-4, Sld Dft 1:00cr69-5 (sdc) (Entered: 09/13/2000) | |
| 10/13/2000 | 10 | MOTION by USA as to Sld Dft 1:00cr69-1, Sld Dft 1:00cr69-2, Sld Dft 1:00cr69-3, Sld Dft 1:00cr69-4, Sld Dft 1:00cr69-5 to Unseal referred to: Judge Max O. Cogburn Jr. (sdc) (Entered: 10/13/2000) | |
| 10/13/2000 | 11 | ORDER as to Sld Dft 1:00cr69-1, Sld Dft 1:00cr69-2, Sld Dft 1:00cr69-3, Sld Dft 1:00cr69-4, Sld Dft 1:00cr69-5 as to Sld Dft 1:00cr69-1 (1), Sld Dft 1:00cr69-2 (2), Sld Dft 1:00cr69-3 (3), Sld Dft 1:00cr69-4 (4), Sld Dft 1:00cr69-5 (5) (Signed by Judge Max O. Cogburn Jr.) (sdc) (Entered: 10/13/2000) | |
| 10/13/2000 | | Indictment unsealed as to Sld Dft 1:00cr69-1, Sld Dft 1:00cr69-2, Sld Dft 1:00cr69-3, Sld Dft 1:00cr69-4, Sld Dft 1:00cr69-5 (sdc) (Entered: 10/13/2000) | |
| 10/13/2000 | A - XXXVV | Initial Appearance as to Sld Dft 1:00cr69-1, Sld Dft 1:00cr69-2, Sld Dft 1:00cr69-3, Sld Dft 1:00cr69-4, Sld Dft 1:00cr69-5 held (Defendant informed of rights.) Judge: Cogburn Court Rptr: electronic (sdc) (Entered: 10/13/2000) | |
| 10/13/2000 | | ARREST of Sld Dft 1:00cr69-4 (siw) (Entered: 10/13/2000) | |
| 10/13/2000 | 28 | Appearance BOND entered by Robert Earle Rutherford in Amount \$ 10,000 secured by signatures (siw) (Entered: 10/16/2000) | |
| 10/13/2000 | 29 | ORDER Setting Conditions of Release as to Robert Earle Rutherford (Signed by Judge Max O. Cogburn Jr.) (siw) (Entered: 10/16/2000) | |
| 10/13/2000 | <u>30</u> | Arrest WARRANT Returned Executed as to Robert Earle Rutherford on 10/13/00 (siw) (Entered: 10/16/2000) | |
| 10/16/2000 | <u>35</u> | Election of Counsel by defendant Robert Earle Rutherford signed by Judge Ma O. Cogburn Jr. (siw) (Entered: 10/16/2000) | |
| 10/16/2000 | | Deadline updated as to Thomas Lamont Brown, Kristina Anne Esparza, George McBride, Robert Earle Rutherford, Amos Junior Scott, set Arraignment for 9:45 10/24/00 for Thomas Lamont Brown, for Kristina Anne Esparza, for George McBride, for Robert Earle Rutherford, for Amos Junior Scott (siw) (Entered: 10/16/2000) | |
| 10/16/2000 | | NOTICE of Hearing as to Thomas Lamont Brown, Kristina Anne Esparza, George McBride, Robert Earle Rutherford, Amos Junior Scott:, set Arraignmen for 9:45 10/24/00 for Thomas Lamont Brown, for Kristina Anne Esparza, for George McBride, for Robert Earle Rutherford, for Amos Junior Scott before Judge Max O. Cogburn Jr. (siw) (Entered: 10/16/2000) | |
| 10/18/2000 | <u>37</u> | Order/Agreement granting conditions of EMS as to Robert Earle Rutherford signed by Judge Max O. Cogburn Jr. (siw) (Entered: 10/18/2000) | |
| 10/25/2000 | <u>46</u> | WAIVER OF PERSONAL APPEARANCE at Arraignment and Entry of Plea of Not Guilty by Robert Earle Rutherford (siw) (Entered: 10/30/2000) | |

| 10/30/2000 | 47 | Arraignment Order as to Robert Earle Rutherford setting Calendar Call for 9:31 11/6/00 for Robert Earle Rutherford; (Signed by Judge Max O. Cogburn Jr.) (siw) (Entered: 10/30/2000) | |
|------------|-----------|--|--|
| 10/30/2000 | 48 | Standard Discovery Order as to Robert Earle Rutherford (siw) (Entered: 10/30/2000) | |
| 11/01/2000 | <u>58</u> | ORDER as to Robert Earle Rutherford, to Continue in Interests of Justice Time excluded from 11/1/00 to 1/2/01 (Signed by Judge Lacy H. Thornburg) (siw) (Entered: 11/01/2000) | |
| 11/03/2000 | | Deadline updated as to Robert Earle Rutherford, reset Calendar Call for 9:31 1/2/01 for Robert Earle Rutherford before Judge Lacy H. Thomburg (siw) (Entered: 11/03/2000) | |
| 11/14/2000 | <u>59</u> | Standard Discovery Motion as to Robert Earle Rutherford (siw) (Entered: 11/20/2000) | |
| 11/14/2000 | 60 | MOTION by Robert Earle Rutherford to Extend Time to file pretrial discovery motion referred to: Judge Max O. Cogburn Jr. (siw) (Entered: 11/20/2000) | |
| 11/20/2000 | | Deadline updated as to Robert Earle Rutherford, Calendar Call for 9:31 1/8/01 for Robert Earle Rutherford before Judge Lacy H. Thornburg (siw) (Entered: 11/20/2000) | |
| 11/21/2000 | 61 | ORDER as to Robert Earle Rutherford granting [60-1] motion to Extend Time to file pretrial discovery motion as to Robert Earle Rutherford (4) to & inc. 11/29/00. (Signed by Judge Max O. Cogburn Jr.) (siw) (Entered: 11/22/2000) | |
| 11/28/2000 | | NOTICE of Hearing as to Robert Earle Rutherford:, set Calendar Call for 9:31 1/8/01 for Robert Earle Rutherford before Judge Lacy H. Thomburg (siw) (Entered: 11/28/2000) | |
| 12/28/2000 | 64 | Plea Agreement as to Robert Earle Rutherford . (siw) (Entered: 12/28/2000) | |
| 12/28/2000 | <u>65</u> | Rule 11 Inquiry by Robert Earle Rutherford (siw) (Entered: 12/28/2000) | |
| 12/29/2000 | 69 | MOTION by Robert Earle Rutherford to Continue plea & r. 11 hrg. referred to: Judge Max O. Cogburn Jr. (siw) (Entered: 01/03/2001) | |
| 01/02/2001 | | ORAL ORDER as to Robert Earle Rutherford granting [69-1] motion to Continue plea & r. 11 hrg. as to Robert Earle Rutherford (4) (Entered by Judge Max O. Cogburn Jr.) (emw) (Entered: 01/03/2001) | |
| 01/03/2001 | | Plea and Rule 11 hearing as to Robert Earle Rutherford held Judge: Cogburn Court Rptr: electronic (emw) (Entered: 01/03/2001) | |
| 01/03/2001 | | PLEA entered by Robert Earle Rutherford. Court accepts plea. Guilty: Robert Earle Rutherford (4) count(s) 1 (Terminated motions:) Judge: Cogburn Court Rptr: electronic (emw) (Entered: 01/03/2001) | |
| 01/03/2001 | 70 | Entry and Acceptance of Guilty Plea by Robert Earle Rutherford approved by Judge Max O. Cogburn Jr (emw) (Entered: 01/03/2001) | |

| 01/05/2001 | 71 | ORDER as to Robert Earle Rutherford, Continuing plea & r. 11 hrg. (follows order granting [69-1] motion to Continue plea & r. 11 hrg. as to Robert Earle Rutherford (4) entered 1/2/01) (Signed by Judge Max O. Cogburn Jr.) (siw) (Entered: 01/08/2001) | |
|------------|----|--|--|
| 02/01/2001 | 83 | NOTICE of bond violation, no action recommended, by USA as to Robert Ear Rutherford (siw) (Entered: 02/01/2001) | |
| 04/17/2001 | 86 | MOTION by USA as to Robert Earle Rutherford to Revoke Bond, and for warrant referred to: Judge Max O. Cogburn Jr. (siw) (Entered: 04/18/2001) | |
| 04/17/2001 | 86 | ORDER as to Robert Earle Rutherford granting [86-2] motion for warrant as Robert Earle Rutherford (4) (Signed by Judge Max O. Cogburn Jr.) (siw) (Entered: 04/18/2001) | |
| 04/17/2001 | | Arrest WARRANT issued as to Robert Earle Rutherford (siw) (Entered: 04/18/2001) | |
| 04/19/2001 | | ARREST of Robert Earle Rutherford (emw) (Entered: 04/19/2001) | |
| 04/19/2001 | | Bond Violation Hearing as to Robert Earle Rutherford held Judge: Cogburn Co Rptr: electronic (emw) (Entered: 04/19/2001) | |
| 04/19/2001 | | MOTION in open court by USA as to Robert Earle Rutherford for Detention (emw) (Entered: 04/19/2001) | |
| 04/19/2001 | | ORAL ORDER as to Robert Earle Rutherford granting [0-0] oral motion for Detention as to Robert Earle Rutherford (4) (Entered by Judge Max O. Cogbur Jr.) (emw) (Entered: 04/19/2001) | |
| 04/19/2001 | | Bond Revocation Hearing as to Robert Earle Rutherford set 9:30 4/23/01 for Robert Earle Rutherford before Judge Max O. Cogburn Jr. (emw) (Entered: 04/19/2001) | |
| 04/19/2001 | | NOTICE of Hearing as to Robert Earle Rutherford:, for Bond Revocation on 04/23/01 at 9:30 a.m. before Judge Max O. Cogburn Jr. (emw) (Entered: 04/19/2001) | |
| 04/20/2001 | | MOTION in open court by Robert Earle Rutherford to Continue Detention Hearing (emw) (Entered: 04/20/2001) | |
| 04/20/2001 | | ORAL ORDER as to Robert Earle Rutherford granting [0-0] oral motion to Continue Detention Hearing as to Robert Earle Rutherford (4) (Entered by Ju Max O. Cogburn Jr.) (emw) (Entered: 04/20/2001) | |
| 04/20/2001 | | NOTICE of Hearing as to Robert Earle Rutherford:, reset Detention Hearing for 10:00 4/24/01 for Robert Earle Rutherford before Judge Max O. Cogburn Jr. (emw) (Entered: 04/20/2001) | |
| 04/23/2001 | 89 | Arrest WARRANT Returned Executed as to Robert Earle Rutherford on 4/19 (siw) (Entered: 04/23/2001) | |
| 04/23/2001 | 90 | Addendum by USA as to Robert Earle Rutherford re: [86-1] motion to Revoke Bond (siw) (Entered: 04/23/2001) | |

| 04/24/2001 | | Motion Hearing held as to Robert Earle Rutherford re: [86-1] motion to Revoke Bond Judge: Cogburn Court Rptr: electronic. Bond revoked. (emw) (Entered: 04/24/2001) | |
|------------|-----------|--|--|
| 04/24/2001 | | ORAL ORDER as to Robert Earle Rutherford granting [86-1] motion to Revoke Bond as to Robert Earle Rutherford (4) (Entered by Judge Max O. Cogburn Jr.) (emw) (Entered: 04/24/2001) | |
| 04/30/2001 | 91 | U.S. PROBATION'S NOTICE to court re: PSI report as to Robert Earle Rutherford, may be sentenced on or after 5/16/01. (siw) (Entered: 05/01/2001) | |
| 05/22/2001 | | Deadline updated as to Robert Earle Rutherford, set Sentencing for 10:00 7/26/01 for Robert Earle Rutherford before Judge Lacy H. Thornburg (siw) (Entered: 05/22/2001) | |
| 05/22/2001 | | NOTICE of Hearing as to Robert Earle Rutherford:, set Sentencing for 10:00 7/26/01 for Robert Earle Rutherford before Judge Lacy H. Thornburg (siw) (Entered: 05/22/2001) | |
| 07/23/2001 | <u>98</u> | MOTION by USA as to Robert Earle Rutherford for downward departure pursuant to 5K1.1 referred to: Judge Lacy H. Thornburg (former emp) (Entered: 07/24/2001) | |
| 07/26/2001 | | Sentencing held Robert Earle Rutherford (4) count(s) 1 Judge: Thornburg Crt Rptr: Elise Evans (siw) (Entered: 07/26/2001) | |
| 07/26/2001 | 99 | PRESENTENCE INVESTIGATION REPORT (Sealed) as to Robert Earle Rutherford (siw) (Entered: 07/26/2001) | |
| 07/26/2001 | | ORAL ORDER as to Robert Earle Rutherford granting [98-1] motion for downward departure pursuant to 5K1.1 as to Robert Earle Rutherford (4) (Entered by Judge Lacy H. Thornburg) (siw) (Entered: 07/26/2001) | |
| 08/14/2001 | 102 | JUDGMENT Robert Earle Rutherford (4) count(s) 1. 151 mos. imprisonment; 3 Yrs. Supervised Release; \$100 Assessment (Signed by Judge Lacy H. Thornburg) (Crim Judge Vol. Page.) (former emp) (Entered: 08/15/2001) | |
| 09/28/2001 | 115 | Judgment Returned Executed as to Robert Earle Rutherford; on 9/19/01, dft delivered to FCI Manchester, KY USMS#: 16668-058 (former emp) (Entered: 09/28/2001) | |
| 11/05/2003 | 136 | MEMORANDUM OPINION and ORDER denying [134-1] motion to Vacate under 28 U.S.C. 2255 CR/CV Case No: 1:03cv196 as to George McBride (3) (signed by Judge Lacy H. Thornburg) Judgment Volume: 92 Page: 43 (siw) (Entered: 11/06/2003) | |
| 05/11/2004 | 142 | ORDER as to Robert Earle Rutherford, that the Clerk will not file the documents submitted; in the event deft. submits future frivolous documents, a pre-filing review system shall be imposed. (Signed by Judge Lacy H. Thornburg) (siw) (Entered: 05/11/2004) | |
| 07/30/2004 | 145 | ORDER as to Robert Earle Rutherford, that a pre-filing injunction is hereby imposed against deft.; all pleadings presented are not to be filed absent direction from the undersigned. (Signed by Judge Lacy H. Thornburg) (siw) (Entered: | |

07/30/2004)

| | PACER | Service Cente | er |
|-----------------|---------------|------------------|-------------------|
| | Transa | ction Receipt | |
| | 04/29/ | 2011 13:22:54 | |
| PACER Login: | ni 1014 | Client Code: | |
| Description: | Docket Report | Search Criteria: | 1:00-cr-00069-LHT |
| Billable Pages: | 4 | Cost: | 0.32 |

Photos of Evidence Collection (BCSO File)



