

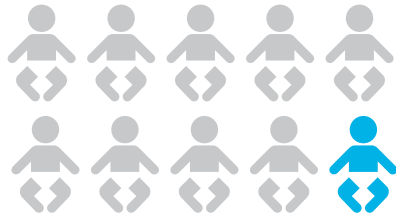


LEVELING
THE PLAYING FIELD
FOR CHILDREN
WITH LIMB DISABILITIES
IN THE DEVELOPING WORLD

A!T!SO
A LEG TO STAND ON

20
11 **ANNUAL**
REPORT





One in ten children around the world copes with some kind of disability. Many live in developing countries. They are frequently excluded from family activities and are kept out of school. These children don't acquire the skills or education needed to become self-sufficient. As a result, they often grow up to be the poorest members of society.

— World Bank,
Development News For Kids

46 TRILLION

NUMBER OF COLLECTIVE YEARS LIVED
OF 10% OF THE WORLD'S POPULATION

10% of the world population

691,193,868

BOARD OF DIRECTORS & OFFICERS

CO-FOUNDER, CHAIRMAN & TREASURER

C. Mead Welles

President & CEO
Octagon Asset Management, LLC

SECRETARY

Barbara Welles Iler

Founder and President

Anchor, Inc.

MEDICAL DIRECTOR

Harold van Bosse, MD

Pediatric Orthopedic Surgeon
Shriners Hospital for Children – Philadelphia

Catharine Carroll

President & COO
Pro Equine Group, Inc.

Kersen de Jong

Founder and President
The Netherlands American Community Trust

James Zengierski

Senior Administrator
GDF Suez Energy Marketing NA

DIRECTOR OF PROGRAMS

A.J. Warco

A Leg To Stand On
awarco@altso.org

EXECUTIVE DIRECTOR

Gabriella Mueller

A Leg To Stand On
gmueller@altso.org

FROM THE CHAIRMAN

It is with great pleasure and sincere gratitude that we share our latest developments with you, for without your support our work would not be possible.

Co-Founder and Chairman

THE HISTORY OF ALTSO

“While in Indonesia a couple of years ago, I was eating dinner at a restaurant patio completely wiped out. I had just visited 4 countries in 2 days and spent hours fighting long lines at customs and lugging my baggage all over the place. In my exhaustion, I found myself thinking about how hard it had been since I left my job to be an entrepreneur and how I couldn’t wait until the day I wouldn’t have to go through all the physical struggles because I had to conserve money.”

“Then I saw two young boys pulling a rope that was tied to the lid of a garbage can. The two boys were begging for money. On the lid, sitting sadly was another young child who was being pulled. As I saw the little child go by, I noticed that his leg was severely deformed. I couldn’t tell if it was a result of a birth defect or an injury, but it made me feel sick just looking at it. It was clear that the boy had been walking on his stubbed limb because it was raw and bleeding, and he couldn’t stand on it any longer. I also noticed that the child’s knuckles were in the same condition, which meant he had for a while been dragging himself around on the lid. I sat there paralyzed, but I couldn’t look away. I just sat there and watched the three go by.”

“I went up to my hotel room after dinner with a pit in my stomach and sat on my bed. While I was complaining to myself about how hard I had it with all the sacrifices that I had to make to start and run Octagon, (my then-new hedge fund), I failed to recognize how lucky I was to have my health. The personal sacrifices and physical hardships were the price that I had to pay in order to have the chance to have a better quality of life for me and my family, present and future.”

“I then began to cry. I cried because I could only imagine the pain that that child has to go through every day, every minute, every second of his life. I cried because that child will never have the same opportunities that I have because of his leg. And I cried because I could have easily taken that child to a local hospital and for under a thousand dollars, which I could have charged on my credit card, given that child a new life...but I didn’t.”

It was in that moment Mr. C. Mead Welles considered working with an established charity, but he also wanted to make sure his money went to a cause that wasn’t getting much attention. “My goal was to say, let’s look at the universe of needs and what groups are catering to those needs, and see what is underserved. Children suffering with life-altering disabilities

due to congenital limb deformity or amputation represented a large group in need of medical attention.”

It wasn’t much time after that Mr. Welles met Dr. Dinesh Patel at a social gathering and began to talk about starting an initiative to bring prosthetic care to children from underprivileged countries. Dr. Dinesh G. Patel, Chief of Arthroscopic Surgery, Massachusetts General Hospital and Assistant Clinical Professor, Orthopedic Surgery, Harvard Medical School decided to put this initiative into play. He then approached Dr. Harold van Bosse, an attending pediatric orthopedic surgeon at the Hospital for Joint Diseases and NYU Medical Center. Within a few years, A Leg To Stand On (ALTSO) was born.

A Leg To Stand On established its first clinic in Ahmedabad, India in 2003. Since then A Leg To Stand On has significantly expanded its reach through multiple partnerships in the developing world. In 2011, A Leg To Stand On supported 19 projects in 15 of the world’s most impoverished countries: Bangladesh, Cambodia, Colombia, Dominican Republic, Ecuador, Haiti, India, Indonesia, Kenya, Nepal, Pakistan, Peru, Sierra Leone, Tanzania, and Uganda. A Leg To Stand On is proud to have helped level the playing field for over 7,300 children in the developing world through the provision of corrective surgery, prosthetic and orthotic devices, and rehabilitative care. A Leg To Stand On has helped an estimated 10,000 children through its Fellowship Training Programs, which give in-country medical professionals the skills they need to become self-sustainable and better help their communities.

A Leg To Stand On helps bridge the gap between the developed and developing worlds by defining and implementing effective and sustainable projects that allow us to succeed in our mission of leveling the playing field for children with limb disabilities in the developing world.

• 15 ORGANIZATIONS

BANGLADESH, CAMBODIA, COLOMBIA, DOMINICAN REPUBLIC, ECUADOR, HAITI, INDIA, INDONESIA
KENYA, NEPAL, PAKISTAN, PERU, SIERRA LEONE, TANZANIA, AND UGANDA.



**AN ESTIMATED 97%
OF DISABLED CHILDREN**

IN DEVELOPING COUNTRIES ARE DENIED EVEN THE
MOST RUDIMENTARY REHABILITATION SERVICES.

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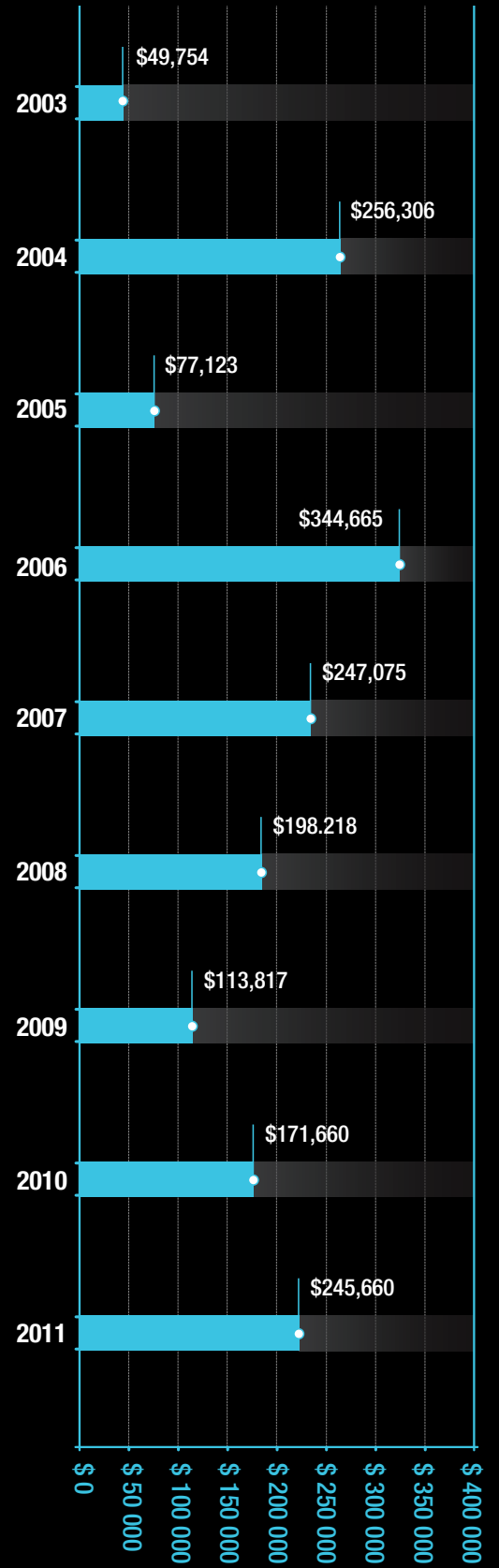
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EVENTS (ROCKTOBERFEST
HIGHLIGHTS)

ALTSO

A LEG TO STAND ON

PROGRAM FINANCIAL HISTORY 2003-2011



■ Amount Includes Gift-In-Kind Donations



2.6% OF CHILDREN IN RWANDA ARE IMPAIRED



80.000
NEED PHYSICAL
THERAPY



50.000
NEED ORTHOPAEDIC
SURGERY



10.000
NEED ASSISTIVE
DEVICES

CHILD CASE STUDY



At the age of one, Stella developed a black spot on the back of her left leg. Her family did not become concerned until the spot turned into a blister, resulting in severe swelling and causing Stella tremendous pain.

“The pain was sometimes too unbearable. She would cry and refuse to eat”, said her mother. The spot was treated, leaving an open wound, which healed into a large scar. Over time, the scar tissue would not allow her bones to grow normally, but upward and twisted at a 90-degree angle. Stella could no longer walk without the support of crutches.

When she tried interacting with other children they teased her and called her Kalema (disabled) and laughed in her face.

Stella’s condition continued to deteriorate daily until she was referred to the Comprehensive Rehabilitation Services of Uganda (CoRSU) Hospital for corrective surgery, covered by ALTSO.

Today, Stella has been walking on her own and meeting new friends. She is able to run and jump with her classmates while playing games at school. People from distant villages are even flocking to her home to see the remarkable difference.



TODAY, STELLA HAS BEEN WALKING ON HER OWN AND MEETING NEW FRIENDS.

ALTSO RESPONDS TO HAITI EARTHQUAKE

On January 12, 2010, 15-year-old Ruthnie Constant was in her home in Port-au-Prince with her younger brother and aunt when the magnitude 7.0 earthquake hit the Haitian capital. The concrete roof and walls of her home collapsed, pinning down Ruthnie's lower extremities and preventing her from moving. Rescue teams found her 6 days later – weak, but alive. Her brother and aunt perished in the disaster.



Ruthnie was taken to the University of Miami's Project Medishare Field Hospital, where she immediately underwent emergency surgery; part of her left foot and her right leg below the knee were amputated. Following the procedure, doctors quickly began to fear that sepsis was setting in and that Ruthnie was in jeopardy of losing more of her leg, or her life, if she did not receive additional care.

On March 2, in collaboration with The Grace Children's Foundation and CARE, ALTSO secured Ruthnie and her mother's humanitarian parole and emergency transport to New York City's Bellevue Hospital for gratis care. Under the diligent eye of Dr. Donna Phillips, Chief of Pediatric Orthopedics, as well as emergency room doctors, Ruthnie received unsurpassed treatment. On April 23, Ruthnie was transferred to the Rusk Institute at NYU Medical Center,

where ALTSO has coordinated providing her with high-quality prosthetic devices from Prothotic Laboratories, for which she is undergoing vigorous rehabilitation.

ALTSO is grateful to all of the individuals, organizations, and supporters, many of whom we could not mention in this article that played an instrumental role in the transformation of Ruthnie Constant and her family. We are truly inspired by Ruthnie's strength and spirit.

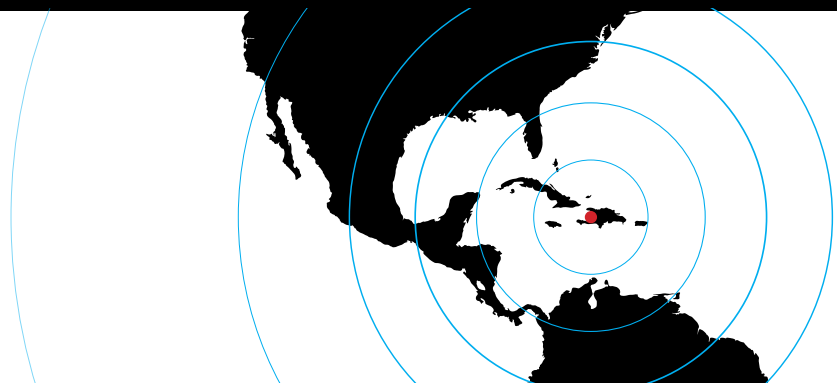
ALTSO has had programs in Haiti since 2006, working with local organizations to provide free orthopedic care to children in need. Since the January 12 earthquake, ALTSO is concentrating on increasing support of its partners and implementing additional programs to build a strong sustainable orthopedic infrastructure in the country.

**ALTSO HAS HAD PROGRAMS IN HAITI SINCE 2006,
WORKING WITH LOCAL ORGANIZATIONS TO PROVIDE
FREE ORTHOPEDIC CARE TO CHILDREN IN NEED.**

 **SOME 200 MILLION CHILDREN**
10% OF THE WORLD'S YOUNG PEOPLE ARE BORN WITH A
DISABILITY OR BECOME DISABLED BEFORE AGE 19.



JANUARY 12 2010
7.0 EARTHQUAKE





WOMEN AND CHILDREN RECEIVE



LESS THAN 20% OF REHABILITATION SERVICES SUCH AS PROSTHETICS AND ORTHOTICS

ALTSO IN PERU: TRAINING TO

In April ALTSO trained 50 surgeons and nurses in how to detect and correct clubfoot in babies through our Ponseti Technique Workshop in Lima, Peru. Dr. Harold van Bosse, ALTSO's medical director and pediatric orthopedic surgeon at Shriners' Hospital for Children Philadelphia, led the two-day workshop.

Clubfoot is a congenital foot deformity caused by abnormal development of the muscles, tendons, and bones in the foot while the fetus is forming during pregnancy. Of the estimated 200,000 babies born with clubfoot per year, 80% are in the developing world. Neglected clubfoot is one of the leading causes of physical disability worldwide and can cause a lifetime of limited or painful mobility.

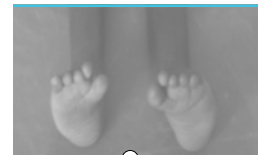
The Ponseti technique is recognized as the most cost-effective, minimally invasive method of clubfoot correction, and is effective in 95% of cases. It involves a simple surgical procedure to release the tendon, followed by a series of gentle manual manipulations of the child's foot, the application of plaster casts, and bracing.

ALTSO's annual Ponseti Technique Workshops around the world promote the importance of early clubfoot detection and give local medical providers the skills they need to become self-sustainable in correcting this prevalent deformity. ALTSO's workshops effectively bridge the gap between the developed and developing worlds, and help eradicate neglected clubfoot in children around the globe.

Before Treatment



After Treatment





ALTSO is grateful to its many supporters, for without them, our work would not be possible. Following is an inspiring story of a 16-year-old girl who is helping us transform lives:

West Islip High School junior, Dayna Troisi, overcame the challenges of being born without a left hand. "It's never been a problem for me thanks to prosthetics, therapy, a positive upbringing and safe environment, but other physically challenged children desperately need our help." Less than a week after the magnitude-7.0 earthquake hit Haiti, Dayna founded Hands and Hearts for Haiti, a service project designed to aid children injured in the disaster. "I feel it is my calling as a member of the National Honors Society and eleventh grade student of a Western Suffolk County

Long Island High School to help these children." This venture inspired Stony Brook Southampton University, where Dayna took a creative writing course, to host the first annual Spring Arts Festival – Hands for Haiti benefit. Admission to the event was by donation to ALTSO.

Through events like the Spring Arts Festival, and by selling raffle tickets at her dance recitals, asking students at local elementary schools to donate the change in their pockets, and reaching out to her network of family and friends, Dayna has raised over \$10,000 for ALTSO's Haiti earthquake relief efforts, along with dozens of mobility devices and prosthetic components.

Dayna is currently organizing a walkathon in Long Island to support ALTSO's programs around the globe. ALTSO is honored to have a supporter as compassionate and proactive as Dayna. Her efforts will go a long way in leveling the playing field for children in the developing world. Way to go, Dayna!



Special thanks to Oliver Wyman

for selecting ALTSO to be one of two beneficiary organizations honored at their 2010 charity auction

The auction raised
\$20,000
to support ALTSO's Haiti earthquake relief efforts.

On behalf of the children that we help...

Thank you to all the generous individuals, businesses, schools and community groups that support ALTSO.

Your compassion is helping transform the lives of children with limb disabilities around the world.

PROJECT PARTNERS

Amar Jyoti Charitable Trust,
India



Comprehensive Rehabilitation
Services in Uganda
Uganda



Fundación Casa de Colombia
Colombia



CURE Clubfoot Worldwide
(CCW)
*Dominican Republic
and Haiti*



Hope Disability Centre
Nepal



Impact Foundation Bangladesh
Bangladesh



The Cambodia Trust
Cambodia



Mountains of Hope
Ecuador



Limbs For Haiti (L4H)
Haiti



Paraplegia Hospital
India



Pakistan Society for the
Rehabilitation of the
Disabled (PSRD)
Pakistan



Kausay Wasi Clinic
Peru



Prosthetics Outreach
Foundation
Sierra Leone



Comprehensive Community
Based Rehabilitation in
Tanzania (CCBRT)
Tanzania



Yakkum Rehabilitation Center
Indonesia



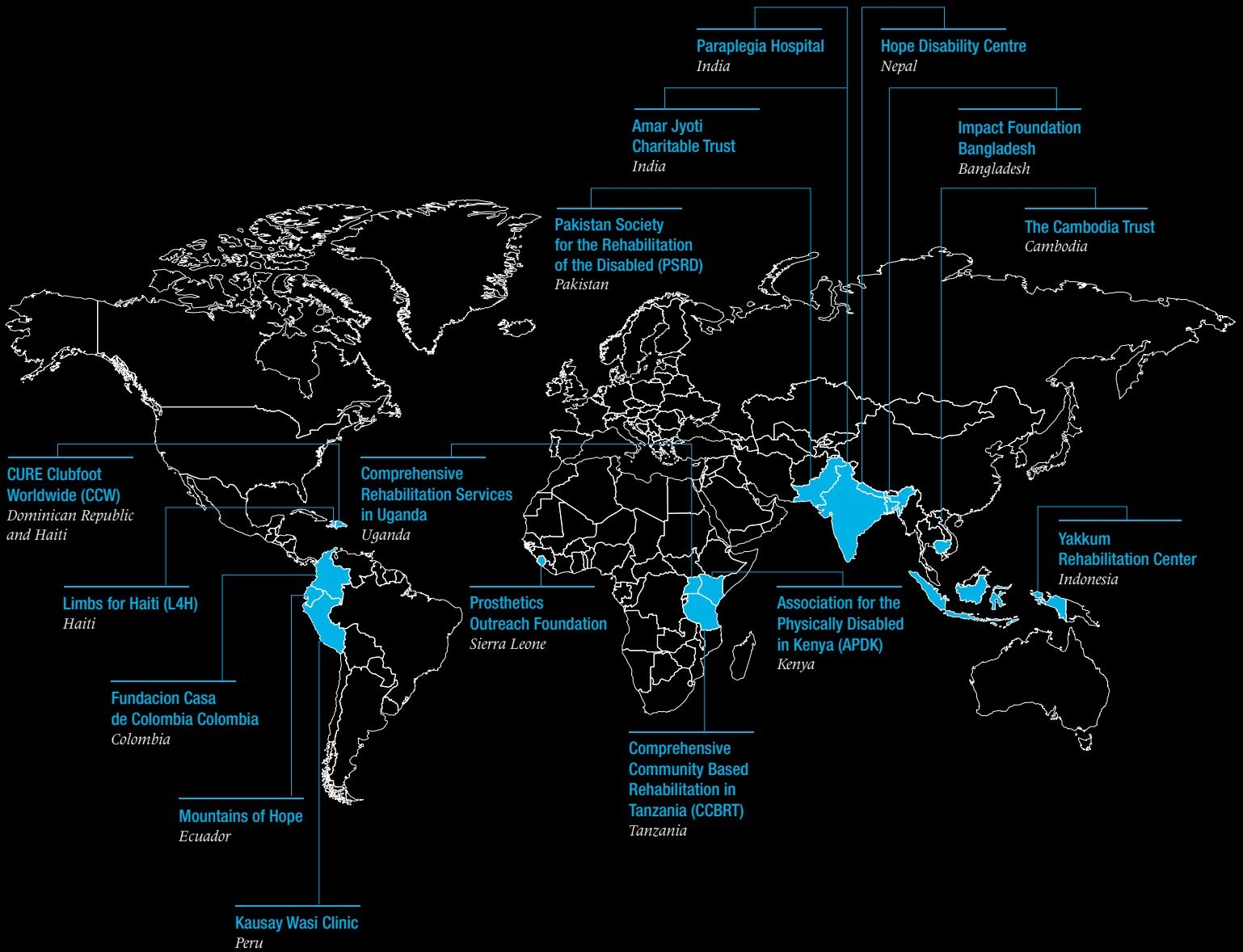
Association for the Physically
Disabled in Kenya (APDK)
Kenya



ALTSO

A LEG TO STAND ON

PARTNER COUNTRIES



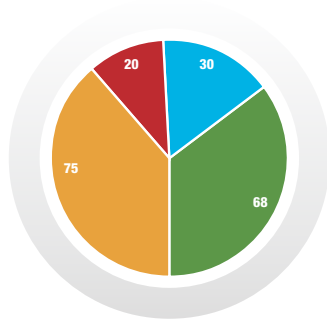


A LEG TO STAND ON

2011 PROGRAM DATA

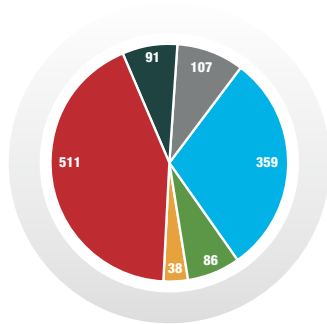
Country	Children Treated	ACPP	Prostheses	Orthoses	Ponseti Technique of Clubfoot Correction	Corrective Surgery	Physiotherapy	Mobility Aids	TOTAL SERVICES
Bangladesh	359	\$95.00	1	276	44	123	134	0	578
Cambodia	86	\$209.00	16	123	2	0	81	8	235
Indonesia	38	\$196.00	16	15	0	0	233	48	302
India	511	\$105.00	76	184	4	35	69	307	675
Nepal	91	\$110.00	18	14	1	20	44	0	122
Pakistan	107	\$94.00	7	87	0	23	6	21	144
Kenya	30	\$300.00	0	0	0	30	0	0	30
Sierra Leone	68	\$147.00	0	68	68	0	0	0	136
Tanzania	75	\$200.00	0	0	0	75	0	0	75
Uganda	20	\$752.00	0	3	0	40	20	0	63
Colombia	81	\$111.00	6	98	2	17	0	3	126
Haiti	149	\$354.00	49	100	0	0	0	0	149
Ecuador	26	\$215.00	26	0	0	0	0	0	26
Peru	1	N/A	0	1	0	0	0	0	1
Total	1642	\$224.92	215	969	121	363	587	387	2662

2011 PROGRAM RESULTS



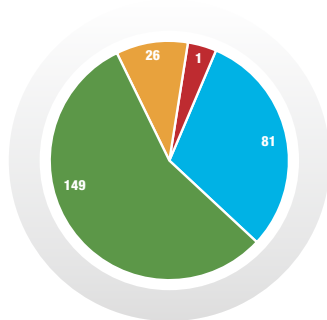
Number of Children Treated in Africa

- ▲ Kenya
- ▲ Sierra Leone
- ▲ Tanzania
- ▲ Uganda



Number of Children Treated in Asia

- ▲ Bangladesh
- ▲ Cambodia
- ▲ Indonesia
- ▲ India
- ▲ Nepal
- ▲ Pakistan



Number of Children Treated in Latin America

- ▲ Colombia
- ▲ Haiti
- ▲ Ecuador
- ▲ Peru

2011 PROGRAM RESULTS

BANGLADESH

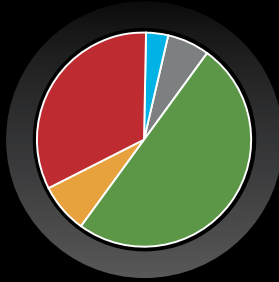
Devices, Procedures and Treatments Provided by ALTSO



- ▲ Prostheses
- ▲ Orthoses
- ▲ Ponseti Technique of Clubfoot Correction
- ▲ Corrective Surgery
- ▲ Physiotherapy
- ▲ Mobility Aids

CAMBODIA

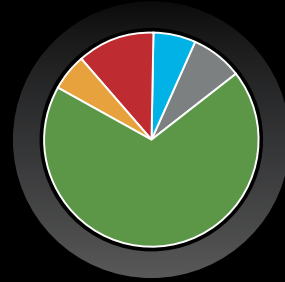
Devices, Procedures and Treatments Provided by ALTSO



- ▲ Prostheses
- ▲ Orthoses
- ▲ Ponseti Technique of Clubfoot Correction
- ▲ Corrective Surgery
- ▲ Physiotherapy
- ▲ Mobility Aids

COLOMBIA

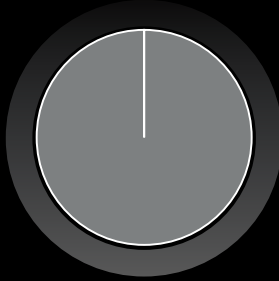
Devices, Procedures and Treatments Provided by ALTSO



- ▲ Prostheses
- ▲ Orthoses
- ▲ Ponseti Technique of Clubfoot Correction
- ▲ Corrective Surgery
- ▲ Physiotherapy
- ▲ Mobility Aids

ECUADOR

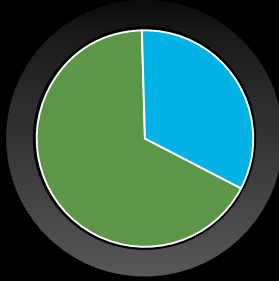
Devices, Procedures and Treatments Provided by ALTSO



- ▲ Prostheses
- ▲ Orthoses
- ▲ Ponseti Technique of Clubfoot Correction
- ▲ Corrective Surgery
- ▲ Physiotherapy
- ▲ Mobility Aids

HAITI

Devices, Procedures and Treatments Provided by ALTSO



- ▲ Prostheses
- ▲ Orthoses
- ▲ Ponseti Technique of Clubfoot Correction
- ▲ Corrective Surgery
- ▲ Physiotherapy
- ▲ Mobility Aids

INDIA

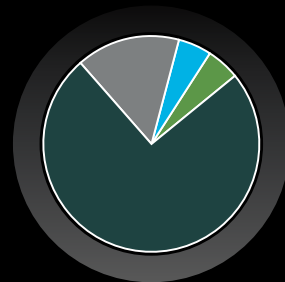
Devices, Procedures and Treatments Provided by ALTSO



- ▲ Prostheses
- ▲ Orthoses
- ▲ Ponseti Technique of Clubfoot Correction
- ▲ Corrective Surgery
- ▲ Physiotherapy
- ▲ Mobility Aids

INDONESIA

Devices, Procedures and Treatments Provided by ALTSO

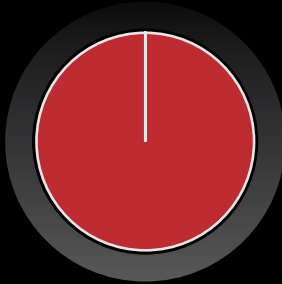


- ▲ Prostheses
- ▲ Orthoses
- ▲ Ponseti Technique of Clubfoot Correction
- ▲ Corrective Surgery
- ▲ Physiotherapy
- ▲ Mobility Aids

2011 PROGRAM RESULTS

KENYA

Devices, Procedures and Treatments Provided by ALTSO



- ▲ Prostheses
- ▲ Orthoses
- ▲ Ponseti Technique of Clubfoot Correction
- ▲ Corrective Surgery
- ▲ Physiotherapy
- ▲ Mobility Aids

NEPAL

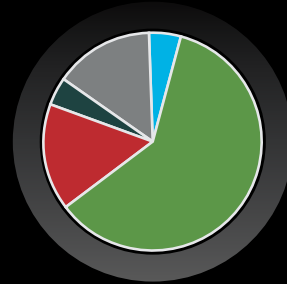
Devices, Procedures and Treatments Provided by ALTSO



- ▲ Prostheses
- ▲ Orthoses
- ▲ Ponseti Technique of Clubfoot Correction
- ▲ Corrective Surgery
- ▲ Physiotherapy
- ▲ Mobility Aids

PAKISTAN

Devices, Procedures and Treatments Provided by ALTSO



- ▲ Prostheses
- ▲ Orthoses
- ▲ Ponseti Technique of Clubfoot Correction
- ▲ Corrective Surgery
- ▲ Physiotherapy
- ▲ Mobility Aids

PERU

Devices, Procedures and Treatments Provided by ALTSO



- ▲ Prostheses
- ▲ Orthoses
- ▲ Ponseti Technique of Clubfoot Correction
- ▲ Corrective Surgery
- ▲ Physiotherapy
- ▲ Mobility Aids

SIERRA LEONE

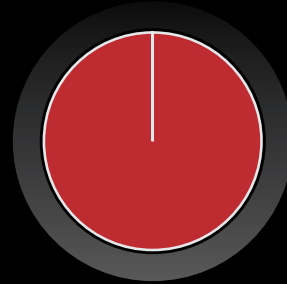
Devices, Procedures and Treatments Provided by ALTSO



- ▲ Prostheses
- ▲ Orthoses
- ▲ Ponseti Technique of Clubfoot Correction
- ▲ Corrective Surgery
- ▲ Physiotherapy
- ▲ Mobility Aids

TANZANIA

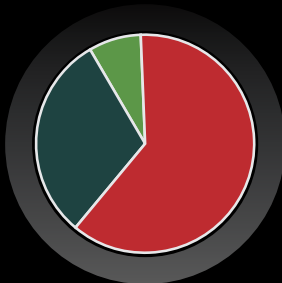
Devices, Procedures and Treatments Provided by ALTSO



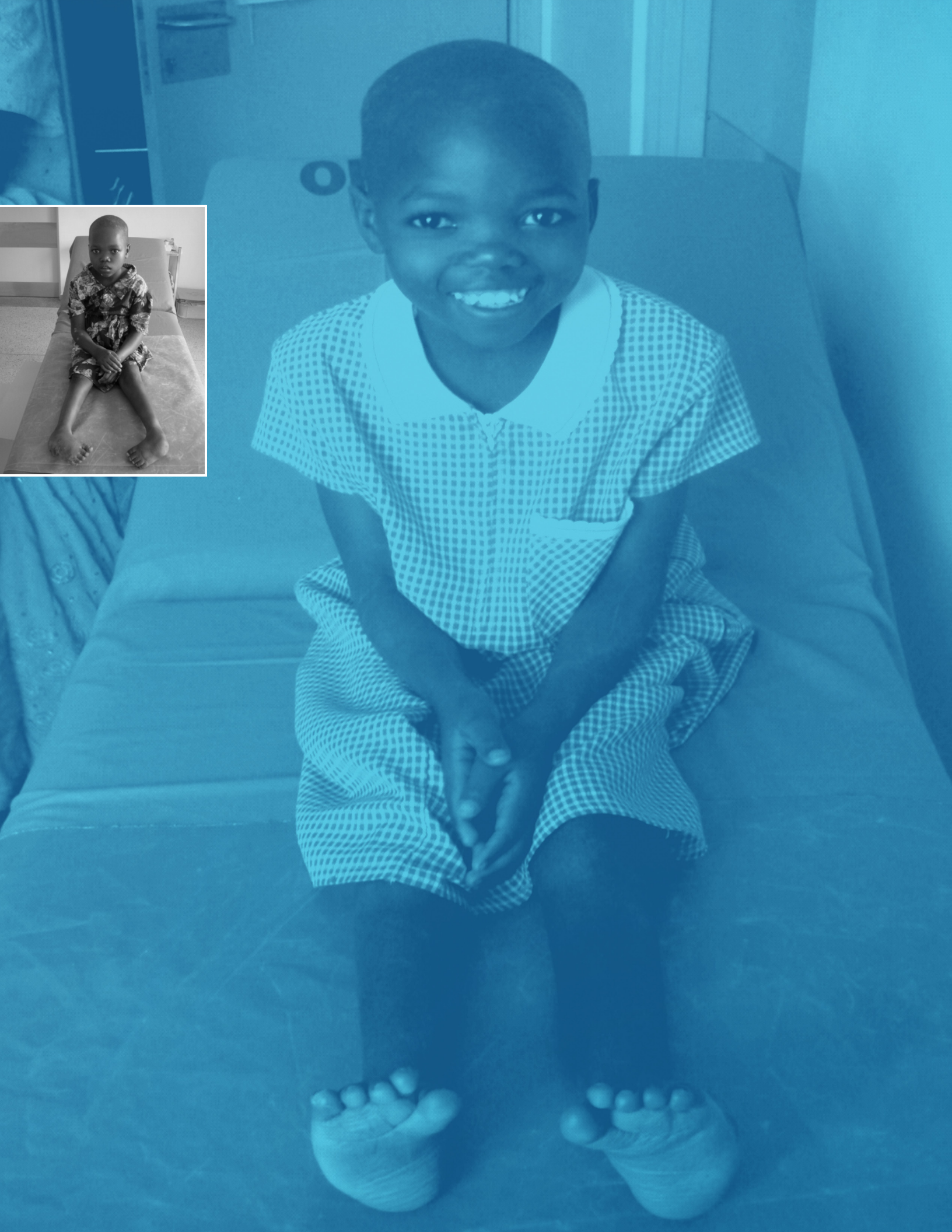
- ▲ Prostheses
- ▲ Orthoses
- ▲ Ponseti Technique of Clubfoot Correction
- ▲ Corrective Surgery
- ▲ Physiotherapy
- ▲ Mobility Aids

UGANDA

Devices, Procedures and Treatments Provided by ALTSO



- ▲ Prostheses
- ▲ Orthoses
- ▲ Ponseti Technique of Clubfoot Correction
- ▲ Corrective Surgery
- ▲ Physiotherapy
- ▲ Mobility Aids





EIGHTH ANNUAL Rocktoberfest



Bankers Roll, Rock for Charity

When it comes to participating in Hedge Fund Rocktoberfest, an annual music fund raiser that takes place at the banquet hall 583 Park Avenue, the amateur bands, comprising, generally, members of the local financial community, tend to request three songs in their set lists.

They are “What I Like About You,” by the Romantics, “Message in a Bottle” by the Police and “Sweet Child O’ Mine” by Guns N’ Roses. Other songs you are likely to hear in this crowd: Tom Petty’s “Mary Jane’s Last Dance,” “Mr. Jones” by the Counting Crows,” and, for the more ambitious players, “Teenage Wasteland” by the Who.

The person who makes sure that the various groups, with names like The Cause, Big Dog Party and Flash Crash, don’t play these songs over and over and over again is C. Mead Welles, the president of Octagon Asset Management. Mr. Welles is also the cofounder of A Leg to Stand On (Altso), an organization that provides prosthetic limbs, corrective surgeries and rehabilitation to disabled children in the developing world.

Mr. Welles describes himself as a “closet musician.” This is how Rocktoberfest began: “In my office I had a guitar and a drum set and I started jamming with some of my investors,” Mr. Welles said, at this year’s party, the eighth. Separately, he wanted to find a way to raise money for Altso. The two hobby slash passions clicked: Why not do a rock show for charity? The first, held in Chelsea sold out, and has grown exponentially since. “Now,” Mr. Welles explained, “the demand for playing has exceeded our time slots.” There are so many requests, he added, that even he didn’t play this year. “I’ll play next year. I don’t need the limelight.”

THE MISSION

A LEG TO STAND ON ("ALTSO") IS A NON-PROFIT ORGANIZATION PROVIDING FREE ORTHOPEDIC CARE - INCLUDING PROSTHETIC LIMBS, ORTHOTIC DEVICES, MOBILITY AIDS, CORRECTIVE SURGERY AND REHABILITATIVE CARE - TO CHILDREN IN THE DEVELOPING WORLD.

OUR MISSION IS TO OFFER CHILDREN WHO HAVE LOST THEIR LIMBS IN TRAUMATIC ACCIDENTS OR SUFFER FROM CONGENITAL DISABILITIES THE PHYSICAL CAPABILITIES TO ACCESS THE OPPORTUNITIES AND SELF-ESTEEM EARNED THROUGH EDUCATION, WORK AND MOBILITY.

FINANCIALS

For Year Ended December 31, 2011

	Program Services	Supporting Services		Total Expenses
		Management and General	Fundraising	
Salaries	\$ 59,375	\$ 19,792	\$ 19,792	\$ 98,959
Payroll taxes and employee benefits	19,621	6,540	6,540	32,701
Grant expense	215,315	-	-	215,315
Mailing campaign	-	-	174,616	174,616
Rocktoberfest	-	-	149,596	149,596
Program supplies In-Kind	123,571	-	-	123,571
Accounting fees	-	26,517	-	26,517
Occupancy	5,527	7,896	2,369	15,792
Travel	12,430	2,681	86	15,197
Professional fundraiser	-	-	15,000	15,000
Office expense	370	10,817	2,704	13,891
State registrations	-	10,310	-	10,310
Bank and credit card processing fees	-	4,273	4,274	8,547
Telephone	76	3,525	1,511	5,112
Computer expense	-	3,350	-	3,350
Insurance	-	2,107	-	2,107
Postage and delivery	-	1,219	406	1,625
Payroll processing fees	-	1,449	-	1,449
Business meeting expense	-	883	-	883
Advertising	697	-	-	697
Training	588	-	-	588
Miscellaneous	-	302	-	302
Depreciation	-	69	-	69
Subtotal	437,570	101,730	376,894	916,194
Less: Costs of direct benefits to donors reflected on the statement of activities	-	-	(149,596)	(149,596)
Total Expenses	\$ 437,570	\$ 101,730	\$ 227,298	\$ 766,598

The accompanying notes are an integral part of these financial statements.

For Year Ended December 31, 2011

	Unrestricted	Temporarily restricted	Total
Support and Revenue:			
Special Events, net of costs of direct benefit to donors of \$ 149,596	\$ 217,324	\$ -	\$ 217,324
Direct mailing campaign	208,695	-	208,695
Contributions - In-Kind	123,571	-	123,571
Grants	14,494	-	14,494
Individuals	9,486	-	9,486
Foundations	8,420	-	8,420
Corporations contributions	1,120	-	1,120
Dividends and interest	223	-	223
Unrealized loss on marketable securities	(12)	-	(12)
Released from temporarily restricted revenue	37,186	(37,186)	-
TOTAL SUPPORT AND REVENUE	620,507	(37,186)	583,321
Expenses:			
Program services	437,570	-	437,570
Management and general	101,730	-	101,730
Fundraising	227,298	-	227,298
TOTAL EXPENSES	766,598	-	766,598
CHANGE IN NET ASSETS	(146,091)	(37,186)	(183,277)
Net Assets, beginning of year	444,424	37,186	481,610
Net Assets, end of year	\$ 298,333	\$ -	\$ 298,333



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