Form	990-E	ZI

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# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000



Inspection

Department of the Treasury Internal Revenue Service

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

B Creck supplicable:       C Name of organization       D Employer identification number         Marea surges       Mumber and street gor P.O. too, if mail is not delivered to street address)       HOOTVSULE       E Telephone number         Marea surges       Object of the organization is not delivered to street address)       HOOTVSULE       E Telephone number         Marea surges       Object of the organization is not delivered to street address)       H Check >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	Α	For the	2011 calenda	ar year, or tax year beginning , 2011, and ending		, 20	
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Image: Network       Image: Network       Image: Network         Image: Network       City or town, state or country, and 2IP + 4       Image: Network       Number >         Avectoriation preding       City or town, state or country, and 2IP + 4       Image: Network       Number >         Vebsite: >       Call       Accounting Method:       Call       Accounting Method:       Call       If the organization is not a section 5096(a)\$ supporting organization and its gross receipts are normally not more than \$50,000. A Form \$90-City or mose 90-City or more \$20,000 or more, or if total assets Part II.         Into cost that \$50,000. A Form ones, file Form 900 instead of Form 90-Lity or more \$20,000 or more, or if total assets Part II.       Image: State St		Address c	hange				
□       Transition       Oty or town, state or country, and 2 P + 4       F       F       Group Exemption         Avantation senting       Oty or town, state or country, and 2 P + 4       F       Group Exemption         Avantation senting       Cash       Accounting Method:       Cash       H       Check ►       If the organization is not a section 509(0)       H       Check ►       H       Check ►       If the organization is not a section 509(0)       4947(0)(1) or 1002 C arganization and its gross receipts are normally not more than \$50,000. A Form 990 - E2 or form 900 return is not required through Form 900 - Record may be required (see instructions). But if the organization checkes to the if a complete return.       L       Add these 5b, 6c, and 7b, to line 8 to determing gross receipts are form 900 - E2 or septont or more, or if total asset [04 11].       Image: Souther organization used 5 Checklue 0 1 form 900 - E2 or septont or any question in this Part 1       .         Check if the organization used 5 Checklue 0 for respond to any question in this Part 1       .       .       .       .         Check if the organization used 5 Checklue 0 for respond to any question in this Part 1       .	Ц		•	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	Telephone r	number	
Image: real prioring       (ii) or town, state or country, and 20+4       IF Group Exemption         Number >       Number >         Websites >       Cascountrig Method:       Cast         Tax-exempt status (sheek only one) -       501(c)(3)       501(c)(3)       4 (insert no.)       4447(a)(1) or       5277         K Check >       If the organization is not a section 509(a)(3) supporting organization not 27 organization and its gross receipts are normally not more than S0.000. A Form 090-2C or Form 090-4 (e-pocard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.       L Add lines 50, and 7b, to line 8 to determine gross receipts are 300,000 or more, or if total assets (Part II).         Lead Lines 50, and 7b, to line 8 to determine gross receipts are 300,000 or more, file Form 900 instaud or form 900-LZ       Second Table S	Н						
Implement         Number ▶           Accounting Method:         Cash   Accountil Other (specify) ▶         H         Check II the organization is not required to attach Schedule B           Tox-exempt status (check only one) – [ 501(c)(3) = 501(c)(3) = 01(c)(3)	Н			F Group Exemption			
I Website: -	П				Number		
I Website: -	G			Cash Accrual Other (specify)	heck 🕨 🗌	if the organization is <b>not</b>	
K       Check ▶       if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-E2 or Form 990 return is not required though Form 990-N (e-postard) may be required (see instructions). But if the organization choces to file a return, be sure to file a complete return.         L       Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts at \$200,000 or more, or if total assets (Part II, line 25, oclume (B) below are \$500,000 or more, file form 900-files of form 900-files.         I       Contributions, grits, grants, and similar amounts received.       1         2       Program service revenue including government fees and contracts       2         3       Membership dues and assessments.       3         4       Investment income       4         5a       Gross anount from sale of assets other than inventory       5a         6       Gaming and fundraising events       6a         b       Gross income from gaming (attach Schedule G if greater than \$15,000)       6b         6       Gaming and fundraising events       6a         b       Less: direct orgeneses from gaming and fundraising events       6a         6       Gross aleo of inventory, less returns and allowances       7a         7a       Cross sales of inventory, less returns and allowances       7a         7a       Gross sales of inventory, less			0				
K       Check ▶       If the organization is not a section 590 (sql)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990 EX or Form 990 NL (e-postand) may be required (see instructions). But if the organization choces to file a return, be sure to file a complete return.         L       Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II, Inte 25, column (B) belavia are \$500,000 or more, if line 25, column (B) belavia are \$500,000 or more, or if total assets (Part II, Inte 25, column (B) belavia are \$500,000 or more, if line 25, column (B) belavia are \$500,000 or more, or if total assets (Part II, Inte 25, column (B) belavia are \$500,000 or more, or if total assets (Part II, Inte 25, column (B) belavia are \$500,000 or more, or if total assets (Part II, Inte 25, column (B) belavia are \$500,000 or more, or if total assets (Part II, Inte 25, column (B) belavia are \$100,000 or more, or if total assets (Part II, Inte 25, column (B) belavia are \$100,000 or more, or if total assets (Part II, Inte 25, column (B) belavia are \$100,000 or more, or if total assets (Part II, Inte 25, column (B) belavia are \$100,000 or more, or if total assets are \$100,000 or more, or if total assets \$100,000 or more, and contracts \$100,000 or more, and contracts \$100,000 or more, and are \$100,000 or more, and contracts \$100,000 or more, and fundraising events \$100,000 or more, and	J.	Tax-exen	npt status (che	eck only one) — 501(c)(3) 501(c) ( ) ◄ (insert no.) 4947(a)(1) or 527 (F	orm 990, 99	0-EZ, or 990-PF).	
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L Add lines B; 6c, and 7b, to line 9 to determine gross receipts are \$200,000 or more, or If total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 rest or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I						. ,	
Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I       .         1       Contributions, gifts, grants, and similar amounts received.       1       1         2       Program service revenue including government fees and contracts       3         4       Investment income       4         5a       Gross amount from sale of assets other than inventory       5a         6       Gaming and fundraising events       5b         6       Gaming and fundraising events       5c         6       Gaming and fundraising events       6a         b       Gross income from gaming (attach Schedule G if greater than \$15,000)       6b         c       Less: client expenses from gaming and fundraising events       6b         d       Net income or (loss) from gaming and fundraising events       6c         7a       Gross sincome from gaming and fundraising events       7a         7b       C       6d         7a       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         7a       Gross sincome and contributions evends \$15,000)       6d         7a       Gross sprofit or (loss) from sales of inventory (Subtract line 7b	L.	Add lines	5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (I	Part II,		
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10       Grants and similar amounts paid (list in Schedule O)       10         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       12         14       Occupancy, rent, utilities, and maintenance       14         15       Printing, publications, postage, and shipping       15         16       Other expenses (describe in Schedule O)       16         17       Total expenses. Add lines 10 through 16       17         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19         20       Other changes in net assets or fund balances (explain in Schedule O)       20	_	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9		
set       12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13         14       Occupancy, rent, utilities, and maintenance       14         15       Printing, publications, postage, and shipping       15         16       Other expenses (describe in Schedule O)       16         17       Total expenses. Add lines 10 through 16       17         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19         20       Other changes in net assets or fund balances (explain in Schedule O)       20		10	Grants and	I similar amounts paid (list in Schedule O)	. 10		
13       Professional fees and other payments to independent contractors       13         14       Occupancy, rent, utilities, and maintenance       14         15       Printing, publications, postage, and shipping       15         16       Other expenses (describe in Schedule O)       16         17       Total expenses. Add lines 10 through 16       17         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19         20       Other changes in net assets or fund balances (explain in Schedule O)       20		11	Benefits pa	aid to or for members	. 11		
16       Other expenses (describe in Schedule O)       16       16         17       Total expenses. Add lines 10 through 16       17         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19         20       Other changes in net assets or fund balances (explain in Schedule O)       20	se	12	Salaries, of	ther compensation, and employee benefits	. 12		
16       Other expenses (describe in Schedule O)       16       16         17       Total expenses. Add lines 10 through 16       17         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19         20       Other changes in net assets or fund balances (explain in Schedule O)       20	nsi	13	Profession	al fees and other payments to independent contractors	. 13		
16       Other expenses (describe in Schedule O)       16       16         17       Total expenses. Add lines 10 through 16       17         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19         20       Other changes in net assets or fund balances (explain in Schedule O)       20	be	. 14	Occupancy	y, rent, utilities, and maintenance	. 14		
17       Total expenses. Add lines 10 through 16       17         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19         20       Other changes in net assets or fund balances (explain in Schedule O)       10	ш	15	Printing, pu	ublications, postage, and shipping	. 15		
18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19         20       Other changes in net assets or fund balances (explain in Schedule O)       10		16	Other expe	enses (describe in Schedule O)	. 16		
18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19         20       Other changes in net assets or fund balances (explain in Schedule O)       10		17	Total expe	e <b>nses.</b> Add lines 10 through 16	▶ 17		
in Section 19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19         in Section 20       Other changes in net assets or fund balances (explain in Schedule O)       19         in Section 21       Net assets or fund balances at end of year. Combine lines 18 through 20       1	Ś	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	. 18		
end-of-year figure reported on prior year's return)       19         20       Other changes in net assets or fund balances (explain in Schedule O)       20         21       Net assets or fund balances at end of year. Combine lines 18 through 20       20       21	set	19					
20       Other changes in net assets or fund balances (explain in Schedule O)       20         21       Net assets or fund balances at end of year. Combine lines 18 through 20       20	As		end-of-yea	r figure reported on prior year's return)	· 19		
∠    21    Net assets or fund balances at end of year. Combine lines 18 through 20    .    .    ▶    21	et	20					
	Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	▶ 21		

Form	990-EZ (2011)					Page <b>2</b>
Pa	rt II Balance Sheets. (see the instructions	for Part II.)				
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part II....		🗆
				(A) Beginning of year	(	B) End of year
22	Cash, savings, and investments		[		22	
23	Land and buildings		[		23	
24	Other assets (describe in Schedule O)		[		24	
25	Total assets .		[		25	
26	Total liabilities (describe in Schedule O)		[		26	
27	Net assets or fund balances (line 27 of column	n (B) <b>must</b> agree with	n line 21)		27	
Par	t III Statement of Program Service Accom	nplishments (see th	e instructions for F	Part III.)		Expenses
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part III 🛛 . 🗌	(Requ	lired for section
Wha	t is the organization's primary exempt purpose?					)(3) and 501(c)(4)
as n	cribe the organization's program service accomplineasured by expenses. In a clear and concise n	nanner, describe the				izations and section a)(1) trusts; optional hers.)
28	ons benefited, and other relevant information for e	ach program title.				
20						
	(Grants \$ ) If this amount	t includes foreign gra	unts check here	▶ □	28a	
29		includes foreign gra	into, check here .	🕨 🗖	200	
20						
	(Grants \$ ) If this amount	t includes foreign gra	ints, check here	► 🗆	29a	
30						
	(Grants \$ ) If this amount	t includes foreign gra	ints, check here .	► 🗌	30a	
31	Other program services (describe in Schedule O)					
		t includes foreign gra	ints, check here .	🕨 🗌	31a	
_	Total program service expenses (add lines 28a				32	
Par	<b>t IV</b> List of Officers, Directors, Trustees, and Ke					<u>,</u>
	Check if the organization used Schedule	e O to respond to al	(c) Reportable	(d) Health benefits,	· ·	<u> </u>
	(a) Name and address	(b) Title and average hours per week devoted to position	(Forms W-2/1099-MISC) (ff not paid, enter -0-)	contributions to employ	ot	Estimated amount of her compensation
					_	
					_	
		-				
	/					
		_				
					_	
		-				
		1	1	1	1	

Form 99	90-EZ (2011)		Р	age 3
Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		V	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b> Did the organization file Form 1120-POL for this year?         Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	37b		
b 39 a b 40a b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?         If "Yes," complete Schedule L, Part II and enter the total amount involved       38b         Section 501(c)(7) organizations. Enter:       39a         Initiation fees and capital contributions included on line 9       39a         Gross receipts, included on line 9, for public use of club facilities       39b         Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:         section 4911 ▶       ; section 4912 ▶         Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	<u>38a</u>		
c	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
d	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41 42a	List the states with which a copy of this return is filed. ►         The organization's books are in care of ►         Located at ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	Yes	No
с 43	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ►	42c		
-0	and enter the amount of tax-exempt interest received or accrued during the tax year $\ldots$ $\blacktriangleright$ 43	· ·	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		-
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a 45b		

Form 990-EZ (2011)

46       Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	No
to candidates for public office? If "Yes," complete Schedule C, Part I	b
Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49	b
Check if the organization used Schedule O to respond to any question in this Part VI	
	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	
<ul> <li>48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E</li></ul>	
(a) Name and address of each employee paid more than \$100,000       (b) Title and average hours per week devoted to position       (c) Reportable compensation (Forms W-2/1099-MISC)       (d) Health benefits, contributions to employee benefit plans, and deferred compensation       (e) Estimated amo other compensation	unt of
<ul> <li>f Total number of other employees paid over \$100,000 ▶</li> <li>51 Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None."</li> </ul>	e than
(a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation	
d Total number of other independent contractors each receiving over \$100,000 ▶ 52 Did the organization complete Schedule A? <b>Note</b> : All section 501(c)(3) organizations and 4947(a)(1)	
nonexempt charitable trusts must attach a completed Schedule A	No , it is
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Signature of officer Date	
Paid     Print/Type preparer's name     Preparer's signature     Date     Check if self-employed     PTIN	
Use Only Firm's name Firm's EIN F	
Firm's address ▶       Phone no.         May the IRS discuss this return with the preparer shown above? See instructions       • • • • • • • • • • • • • • • • • • •	No

SCHI	EDL	JL	ΕA	۱.
(Form	990	or	990	)-EZ

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Pa	rt I Reason	for Public Cha	rity Status (All orga	anization	s must c	omplete	this pa	rt.) See i	nstructio	ons.	
The	organization is not	a private founda	ation because it is: (Fo	or lines 1	through 1	1, check	only one	box.)			
1	🗌 A church, cor	vention of churc	hes, or association of	churche	s describ	ed in <b>sec</b>	tion 170	(b)(1)(A)(i	i).		
2	A school desc	cribed in <b>section</b>	170(b)(1)(A)(ii). (Attao	ch Sched	ule E.)						
3		•	spital service organiza								
4		earch organization e, city, and stat	on operated in conjun e:	ction with	n a hospit	al descri	bed in <b>se</b>	ction 17	0(b)(1)(A)	(iii). Ente	r the
5		on operated for <b>b)(1)(A)(iv).</b> (Com	the benefit of a colle plete Part II.)	ge or uni	iversity o	wned or	operated	by a go	vernment	al unit d	escribed in
6 7	🗌 An organizati	on that normally	or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b> that normally receives a substantial part of its support from a governmental unit or from the general public <b>tion 170(b)(1)(A)(vi).</b> (Complete Part II.)								
8	🗌 A community	A community trust described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II.)									
9	receipts from support from	activities relate gross investme	receives: (1) more that d to its exempt funct ent income and unre after June 30, 1975. So	tions-su lated bus	bject to o siness ta	certain e xable ind	xceptions come (les	s, and (2) ss sectio	) no more	e than 33	<sup>3</sup> <sup>1</sup> / <sub>3</sub> % of its
10	🗌 An organizatio	on organized and	d operated exclusively	v to test fo	or public s	safety. Se	ee <b>sectio</b>	n 509(a)(	(4).		
11	purposes of 0 509(a)(3). Che	one or more put eck the box that	nd operated exclusiv blicly supported organ describes the type of	nizations supportir	describe ng organiz	d in sect zation an	ion 509(a d comple	a)(1) or se	ection 50	9(a)(2). S gh 11h.	ee section
	🔤 a 📋 Type I			🗌 Туре		,	0			] Type II	
e		undation manage	that the organization ers and other than on								
f	If the organiz		a written determinatio	on from	the IRS t	that it is	a Type	I, Type	II, or Typ	e III sup	porting
ç	g Since August following pers		he organization acce	pted any	gift or co	ontributic	on from a	ny of the	e		
			indirectly controls, eit ody of the supported							nd 11g(i)	Yes No
	(ii) A family m	nember of a pers	on described in (i) abo	ove?						11g(ii)	
			a person described ir							11g(iii)	
ł	n Provide the fo	llowing informat	ion about the support	ed organ	ization(s).						L
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) li	organization sted in your document?	the organ col. (i)	ou notify nization in of your port?	organizat (i) organi	ls the tion in col. ized in the S.?		mount of pport
				Yes	No	Yes	No	Yes	No		
(A)											
(B)											
(C)											
(D)											
(E)											
Tota	al										

Schedule A (Fo	form 990 or 990-EZ) 2011
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

	(Complete only if you checked the Part III. If the organization fails to				-		alify under
	on A. Public Support			1		1	
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Secti	on B. Total Support		•				
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	<b>(f)</b> Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	. (see instructi	ons)			12	
13	First five years. If the Form 990 is for the	0	n's first, secon	id, third, fourth	n, or fifth tax y	ear as a sectio	on 501(c)(3)
	organization, check this box and stop he						🕨 🗌
Secti	on C. Computation of Public Suppor	-				1 1	
14	Public support percentage for 2011 (line 6	, , , , , , , , , , , , , , , , , , , ,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		14	%
15	Public support percentage from 2010 Sch	,				15	%
16a	33 <sup>1</sup> / <sub>3</sub> % support test – 2011. If the organiz						
h	box and <b>stop here.</b> The organization qua	-		-			
b	33 <sup>1</sup> / <sub>3</sub> % support test-2010. If the organ check this box and stop here. The organi						· · _
	· · ·	-			-		
17a	<b>10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	<b>10%-facts-and-circumstances test</b> — <b>20</b> 15 is 10% or more, and if the organizat Explain in Part IV how the organization m supported organization	ion meets the eets the "facts	e "facts-and-ci s-and-circums	ircumstances" tances" test. T	test, check th	nis box and <b>st</b>	op here.
18	Private foundation. If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 17a			see . ► □

Schedule A (Form 990 or 990-EZ) 2011

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
U	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
74	received from disqualified persons .						
la la							
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
с 8	Public support (Subtract line 7c from						-
0							
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	(a) 2007	(b) 2000	(0) 2009	(u) 2010	(e) 2011	
10a	Gross income from interest, dividends,						
IUa	payments received on securities loans, rents,						
	royalties and income from similar sources .						
<b>b</b>	-	<u> </u>					
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
-	•						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on						
40							
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
44	-		n'a firat again	d third fourth			=
14	<b>First five years.</b> If the Form 990 is for the	•					
<b>Sooti</b>	organization, check this box and <b>stop he</b>					· · · ·	· · · •
	on C. Computation of Public Suppor	-				45	0/
15	Public support percentage for 2011 (line 8	, , , , , , , , , , , , , , , , , , , ,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		15	%
$\frac{16}{\text{Souti}}$	Public support percentage from 2010 Sch					16	%
-	on D. Computation of Investment Inc		-	vino 12 och	mn (fl)	17	07
17 19	Investment income percentage for 2011 (			-		17	%
18 10a	Investment income percentage from <b>2010</b>					18	%
19a							
Ь		-	-	-		-	
b	<b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support tests</b> — <b>2010.</b> If the organiz line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this I						
00		-	-	-			
20	Private foundation. If the organization di	u not check a	box on line 14	, 19a, or 19b, (	CHECK THIS DOX	and see inst	ructions 🕨 🗌

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Page 2011					
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).				
	·				

### Schedule B (Form 990, 990-EZ,

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Employer identification number

Filers of:	Section:
Form 990 or 990-EZ	501(c)( ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

#### **Special Rules**

- □ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- □ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II if there is a noncash contribution.)

\_\_\_\_\_

**Employer identification number** 

Name of organization Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) \_\_\_\_\_ \$ \_\_\_\_\_ (a) No. (c) (b) (d) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I \_\_\_\_\_ \$ (c) FMV (or estimate) (a) No. (b) (d) from Description of noncash property given **Date received** (see instructions) Part I \_\_\_\_\_ \$ (a) No. (c) (b) (d) from FMV (or estimate) **Date received** Description of noncash property given Part I (see instructions) -----\$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (see instructions) \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions)

\$\_\_\_\_

Name of or	ganization			Employer identification number			
Part III	<i>Exclusively</i> religious, charitable, etc., that total more than \$1,000 for the yea For organizations completing Part III, en contributions of \$1,000 or less for the y	<b>ar.</b> Complete columns ter the total of <i>exclusiv</i> ear. (Enter this informa	(a) through (e) and vely religious, char	d the following line entry. table, etc.,			
	Use duplicate copies of Part III if additio	nal space is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	: (d	) Description of how gift is held			
		(e) Transfer of	  aift				
_	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		) Description of how gift is held			
		(e) Transfer of	  gift				
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d	) Description of how gift is held			
		(-) T					
-	Transferee's name, address, and Z	(e) Transfer of (IP + 4		of transferor to transferee			

Page 4

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	OMB No. 1545-0047
Name of the organization	Employer id	entification number