Department of the Treasury Internal Revenue Service

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)

OMB No. 1545-0047 Open to Public

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

ΑF	For the	2012 calendar year, or tax year beginning and	ending					
B	Check if applicable	C Name of organization		D Employer identific	cation number			
X	Addres change Name	50CAN, INC.						
L	change	9		27-3	069592			
	Initial return Termin ated	,	Room/suite	E Telephone number 646-710-4176				
F	Ameno		G Gross receipts \$	6,214,394.				
F	⊒return □Applic			H(a) Is this a group re				
	⊥tion pendin	F Name and address of principal officer:MARC MAGEE		for affiliates?	Yes X No			
		SAME AS C ABOVE		H(b) Are all affiliates inc				
_	Γον ονα	empt status: X 501(c)(3)	or 527	` '	list. (see instructions)			
		e: NWW.50CAN.ORG	021	H(c) Group exemption				
_		organization: X Corporation	I Vear		State of legal domicile: CT			
	art I	Summary	L Toal	or formation. ZOTO IV	Otate of legal dofficile.			
		Briefly describe the organization's mission or most significant activities: 50CA	N TNC	TS A NOT-	FOR - PROFTT			
Activities & Governance	'	ORGANIZATION COMMITTED TO CLOSING AMERICA	A'S AC	HIEVEMENT G	AP RY			
nar		Check this box if the organization discontinued its operations or dispose						
Ver				1 1	6			
ၓ		Number of voting members of the governing body (Fart VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			5			
ళ		Total number of individuals employed in calendar year 2012 (Part V, line 2a)			48			
itie		Total number of volunteers (estimate if necessary)			0			
ŧ		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
ĕ		Net unrelated business taxable income from Form 990-T, line 34			0.			
	5	vet differenced business taxable income from 1 offi 930-1, life 54		Prior Year	Current Year			
_	8	Contributions and grants (Part VIII, line 1h)		5,076,594.	6,213,276.			
Jue	1	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,007.	1,118.			
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,077,601.	6,214,394.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	18,900.			
				0.	0.			
"		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,327,305.	3,639,499.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	87,465.			
þer	h.	Total fundraising expenses (Part IX, column (D), line 25) 806,8	06.	Ç.	0.,200			
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,717,792.	2,105,446.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,045,097.	5,851,310.			
		Revenue less expenses. Subtract line 18 from line 12		1,032,504.	363,084.			
es es		Teveride 1633 experises. Oubtract line 10 from line 12	Be	ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	 	3,365,178.	3,695,189.			
Ass J Ba	21	Total liabilities (Part X, line 26)		163,484.	130,411.			
Net	22	Net assets or fund balances. Subtract line 21 from line 20		3,201,694.	3,564,778.			
	art II	Signature Block		0, = 0 = 7 = 0				
		Ities of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the best of my	/ knowledge and belief, it is			
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of wh			,,,			
	,	k		1				
Sig	n	Signature of officer		Date				
Her		MARC MAGEE, PRESIDENT AND FOUNDER						
	•	Type or print name and title						
		Print/Type preparer's name Preparer's signature] [Date Check	PTIN			
Paid	d	ROBIN STRONG ROBIN STRONG	1	1/13/13 if self-employed	P00713382			
	parer	Firm's name O'CONNOR DAVIES, LLP		Firm's EIN	27-1728945			
	Only	Firm's address ONE STAMFORD LANDING						
		STAMFORD, CT 06902		Phone no. 2	03-323-2400			
May	v the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$

Total program service expenses ▶ 4,423,973.

Form **990** (2012)

) (Revenue \$

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Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		Х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
7	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
Ū	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	44.		х
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		Λ
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	ıö		
.0	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		Х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
U	ii 155 to iiilo 20a, ulu tilio organization attaon a copy oi ito additicu iiilanolai otatemento to tilio retum?	200	000	

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2012)

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Form 990 (2012) 5 0 CAN , INC . Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	73			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	48			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year? $$			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►					
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial			_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		—
оa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did than y contributions that were not tax deductible as charitable contributions?			6a		х
h	any contributions that were not tax deductible as charitable contributions?			ua		
b	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices p	rovided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ot?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		X
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, a			7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D					
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any un	ie during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?			9a 9b		
10	Section 501(c)(7) organizations. Enter:			30		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041′	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ا مدا				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		140		Х
	Did the organization receive any payments for indoor tanning services during the tax year?			14a 14b		- 25
U	ii 165, Has it lieu a 1 0111 / 20 to report these payments? II 170, provide an explanation in Schedul	· · · · · · · · · · · · · · · · · · ·			990	(2012)

50CAN, INC. 27-3069592 Form 990 (2012) Page 6

Pai	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th			a "No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C					77
	Check if Schedule O contains a response to any question in this Part VI					X
Sec	tion A. Governing Body and Management					1
		Ι.	1	-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		2		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	۱		_		
	Enter the number of voting members included in line 1a, above, who are independent	1b		<u> </u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi					v
_	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the		· · · · · · · · · · · · · · · · · · ·			Х
4	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			5		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			6		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or a			-		22
7a				7a		Х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, s			1 a		22
D				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			70		22
а		-	-	8a	Х	
b	The governing body? Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			0.0		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	ici ica i	at tile	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e Code)			
	Total Division Control of the manufacture and				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such c					
_	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•	Ü			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe			
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approve	al by ir	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's			
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure		O 111 D2 D			
17	List the states with which a copy of this Form 990 is required to be filed NY, CT, MN, RI, M				_	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	(Sect	ion 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict	of interest policy, a	nd finar	ncial	
00	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books a	na rec	oras ot the organiz	ation: 🕨		

102 WEST 38TH STREET, 6TH FLOOR, 232006 12-10-12

NEW YORK, NY

10018

INGRID REYNOSO - 646-710-4176

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average	(do		Posi	ition	than	one	Reportable	Reportable	Estimated
	hours per week	box,	unle: cer an	ss pei d a di	rson i irecto	is bot or/trus	h an tee)	compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r direc	43			ted		organization	(W-2/1099-MISC)	from the
	related	ıstee (truste		يو	pensa		(W-2/1099-MISC)		organization
	organizations below	lual trı	nstitutional trustee		Key employee	st com yee	_			and related organizations
	line)	Individual trustee or director	Institu	Officer	Key en	Highest compensated employee	Former			organizations
(1) MATTHEW KRAMER	2.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(2) RICHARD BARTH	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(3) DELIA POMPA	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(4) REBECA NIEVES HUFFMAN	1.00	.,							0	0
BOARD MEMBER (5) DACIA TOLL	1.00	Х						0.	0.	0.
(5) DACIA TOLL BOARD MEMBER	1.00	х						0.	0.	0.
(6) MARC MAGEE	50.00	Δ						0.	0.	0.
PRESIDENT AND TREASURER	30.00	х		х				220,000.	0.	11,000.
(7) CHRISTINA GRANT	50.00							220,000	0.	11,000.
NYCAN EXECUTIVE DIRECTOR	30.00					х		132,713.	0.	5,289.
(8) JULIE MARLETTE	50.00									
VICE PRESIDENT OF POLITICAL STRATEGY						Х		131,488.	0.	6,635.
(9) ADENA SILBERSTEIN	50.00									
SENIOR VICE PRESIDENT OF GROWTH						Х		140,063.	0.	7,003.
(10) CURTIS VALENTINE	50.00									
MARYLANDCAN EXECUTIVE DIRECTOR						Х		128,850.	0.	0.
(11) VALLAY-LATH VARRO	50.00									
SENIOR VICE PRESIDENT OF STATES						Х		130,627.	0.	6,588.

Form **990** (2012)

27-3069592

			_							<u>Z 1 - 3</u>	003	J J Z	Pa	age c
Га	rt VII Section A. Officers, Directors, Trus	tees, Key Em (B)	ploy	ees/		<u>d Hi</u> C)	ghe	st C					/ F\	
	(A) Name and title	Average hours per week	box	not c	Pos heck ss pe	itior more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	am	(F) timate ount o other	
		(list any hours for related organizations	Individual trustee or director	Institutional trustee		oyee	High est compensated employee		the organization (W-2/1099-MISC)	organization (W-2/1099-MI	ıs	comp fro orga and	oensa om the anizati d relate	e ion ed
		below line)	Individua	Institutio	Officer	Key employee	Highest of employe	Former				orga	nizatio	ons ——
	Sub-total						<u> </u>		883,741.		0.	3 (5,5	15
С	Total from continuation sheets to Part V Total (add lines 1b and 1c) Total number of individuals (including but r	II, Section A					>	20 r	0. 883,741.	000 of reportab	0.	3	6,5	0 15
_	compensation from the organization	iot iii iiited to ti	1030	, 11310	- C		C) WI	10 1	eccived more triair proc	,,000 01 100011410			V	Na
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	•			•	•	•		highest compensated e			3	Yes	No X
4 5	For any individual listed on line 1a, is the stand related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J i	for such individual			4	Х	
	Did any person listed on line 1a receive or rendered to the organization? If "Yes," com	•				-			_			5		X
1	ction B. Independent Contractors Complete this table for your five highest co										npens	ation f	rom	
	the organization. Report compensation for (A) Name and business		ear	endi	ng v	vith	or w	rithir	n the organization's tax (B) Description of s		С	(C comper		 n
	RAH KHAN, 4-4525 RUE S' EBEC, CANADA H2TIT7	T., MON	ľRI	EAI					GRAPHIC DESI	GN		10	5,1	42
2	Total number of independent contractors (\$100,000 of compensation from the organi		ot li	mite	d to	tho	se lis 1	stec	d above) who received n	nore than		Eorm (200 (

27-3069592 Page **9**

Pa	rt VII				5			
		Check if Schedule O cont	ains a response	to any question	in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue actions 512, 513, or 514
Gifts, Grants lar Amounts	b c	Federated campaigns Membership dues Fundraising events Related organizations	1b					
Contributions, Gifts, Grants and Other Similar Amounts	f g	Government grants (contribut All other contributions, gifts, gran similar amounts not included abor Noncash contributions included in lines	ts, and ve 1f 6 ,	213,276.	c 212 276			
a C	h	Total. Add lines 1a-1f			6,213,276.			
Program Service Revenue	2 a b c			Business Code				
Be	e							
Pro	f	All other program service reverses Total. Add lines 2a-2f						
	<u>9</u> 3	Investment income (including						
	4	other similar amounts)	x-exempt bond p	oroceeds >	1,118.			1,118.
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
nue		Net gain or (loss) Gross income from fundraisinincluding \$	g events (not	>				
Other Revenue	h	contributions reported on line Part IV, line 18 Less: direct expenses	1c). See a					
Ò		Net income or (loss) from fund		>				
		Gross income from gaming ac	ctivities. See					
	b	Less: direct expenses	b					
		Net income or (loss) from gam	-	····· •				
	10 a	Gross sales of inventory, less and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale						
		Miscellaneous Revenu	е	Business Code				
	11 a							
	b							
	q C	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			6,214,394.	0.	0.	1,118.
23200 12-10	9 ·12							Form 990 (2012)

Form 990 (2012) 5 0 CAN , INC . Part IX Statement of Functional Expenses

Secu	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon	se to any question in th	is Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	18,900.	18,900.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	-			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	231,000.	138,600.	46,200.	46,200.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,773,315.	2,019,341.	317,761.	436,213.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	105,845.	77,069.	12,128.	16,648.
9	Other employee benefits	280,804.	204,463.	32,174.	44,167.
10	Payroll taxes	248,535.	180,966.	28,477.	39,092.
11	Fees for services (non-employees):				
а	Management				
b	Legal	31,400.	6,280.	25,120.	
С	Accounting	76,845.	15,369.	61,476.	
d	Lobbying	391,447.	391,447.		
е	Professional fundraising services. See Part IV, line 17	87,465.			87,465.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	207,991.	205,229.	1,184.	1,578.
12	Advertising and promotion	499,662.	486,060.	2,714.	10,888.
13	Office expenses	117,209.	89,762.	8,146.	19,301.
14	Information technology	232,290.	191,273.	17,578.	23,439.
15	Royalties				
16	Occupancy	255,731.	184,126.	30,688.	40,917.
17	Travel	214,651.	155,531.	27,731.	31,389.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	38,356.	30,855.	4,370.	3,131.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,751.	14,941.	2,490.	3,320.
23	Insurance	19,113.	13,761.	2,294.	3,058.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,851,310.	4,423,973.	620,531.	806,806.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2012)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response to any	y quest	ion in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,056,728.	1	1,183,757.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			998,475.	3	2,274,351.
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens.	ated en	nployees. Complete			
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
		employees' beneficiary organizations (see instr)		6			
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
`	9	B			45,794.	9	52,090.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	110,299.			
	b	Less: accumulated depreciation	10b	31,308.	84,044.	10c	78,991.
	11	Investments - publicly traded securities		·	-	11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		180,137.	15	106,000.	
	16	Total assets. Add lines 1 through 15 (must equ			3,365,178.	16	3,695,189.
	17	Accounts payable and accrued expenses			163,484.	17	130,411.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to current and forme	r officer	s, directors, trustees,			
abi		key employees, highest compensated employee	es, and	disqualified persons.			
		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			163,484.	26	130,411.
		Organizations that follow SFAS 117 (ASC 958	3), chec	k here 🕨 🐰 and			
es		complete lines 27 through 29, and lines 33 ar	nd 34.				
anc	27	Unrestricted net assets			106,451.	27	82,191.
Bali	28	Temporarily restricted net assets			3,095,243.	28	3,482,587.
<u> </u>	29	*				29	
Ξ		Organizations that do not follow SFAS 117 (A	SC 958	B), check here ▶└─			
ō		and complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			2 004 604	32	2 564 552
~	33	Total net assets or fund balances			3,201,694.	33	3,564,778.
	34	Total liabilities and net assets/fund balances			3,365,178.	34	3,695,189.

Form **990** (2012)

Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
		i	_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,21		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	,85		
3	Revenue less expenses. Subtract line 2 from line 1	3				84.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	,20	1,6	94.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	3	,56	<u>4,7</u>	78.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in School	edule O).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	dit			
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	dit			

2012.04030 50CAN, INC.

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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

Open to Public Inspection

Name of the organization

50CAN, INC. Employer identification number 27-3069592

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	:.) See inst	tructions.					
The organ	•		because it is: (For lines 1										
1 🗂	A church, co	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).					
2	•		'0(b)(1)(A)(ii). (Attach Sc				(-/(-/(-/(-/(-/	,-					
3 🗔			tal service organization of			170(b)(1)	(Δ)(iii)						
4 🔲	•	•	operated in conjunction				. ,. ,	/h)/1\/Δ\/ii	i) Enter	the hospit	al's nan	ne.	
- —	city, and stat				pital acco		00	(~)(-)() -	.,. L. 1101	ino noopii	ar o man	.0,	
5 🔲	•		benefit of a college or ur	niversity o	wned or or	perated by	2 GOVERN	mental uni	t describ	od in			
5	-	·	-	iiversity O	wried or op	Derated Dy	a govern	inental uni	t describ	in in			
ر ا	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
6 ∟ 7 X								6 41		and the state of			
7 <u>X</u>	•	•	eives a substantial part	of its supp	ort from a	governme	entai unit c	or from the	generai	public des	cribea	ın	
• 🗀	section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8													
9 📖	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from												
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment												
			axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınization	after June	30, 19	75.	
	See section	509(a)(2). (Complete	e Part III.)										
10	-	-	perated exclusively to tes		-			-					
11 📖	An organizat	ion organized and op	perated exclusively for th	ne benefit	of, to perfo	orm the fur	nctions of	, or to carr	y out the	purposes	of one	or	
	more publicly	y supported organiza	ations described in section	on 509(a)(⁻	1) or section	on 509(a)(2	2). See se o	ction 509(a)(3). Ch	eck the bo	x that		
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	11h.							
	a LLL Type	I b	/pe II c L Ty	/pe III - Fu	nctionally	integrated	C	і 📖 Тур	e III - No	n-function	ally inte	grated	
е 📖	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified	persons o	ther tha	an	
	foundation m	nanagers and other t	han one or more publicly	/ supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 50)9(a)(2).		
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III					
	supporting o	rganization, check th	nis box									. Ш	
g	Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	from any	of the foll	owing per	sons?				
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	lescribed	in (ii) and (iii) below	,	Yes	No	
	the gov	erning body of the su	upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
	(iii) A 35% (controlled entity of a	person described in (i) o	or (ii) above	e?					11g(ii	i)		
h	Provide the f	ollowing information	about the supported org	ganization	(s).								
(i) Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Did you	ı notify the	(yi) ls	the	(vii) Amou	nt of mo	netary	
	anization	(, =	(described on lines 1-9		sted in your		ion in col.	organizátio (i) organiz	ed in the		pport		
·				governing	document?	(i) of your	support?	U.S	.?				
			(see instructions))	Yes	No	Yes	No	Yes	No				
Total													
			·									_	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

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

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

Section	on A. Public Support						
Calenda	r year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gif	fts, grants, contributions, and						
me	embership fees received. (Do not						
inc	clude any "unusual grants.")			2225003.	5076594.	6213276.	13514873.
2 Ta	x revenues levied for the organ-						
iza	tion's benefit and either paid to						
or	expended on its behalf						
3 Th	e value of services or facilities						
fur	nished by a governmental unit to						
the	e organization without charge						
4 To	tal. Add lines 1 through 3			2225003.	5076594.	6213276.	13514873.
5 Th	e portion of total contributions						
by	each person (other than a						
go	vernmental unit or publicly						
su	pported organization) included						
on	line 1 that exceeds 2% of the						
am	nount shown on line 11,						
со	lumn (f)						7645356.
6 Pu	iblic support. Subtract line 5 from line 4.						5869517.
Section	on B. Total Support						
Calenda	r year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 An	nounts from line 4			2225003.	5076594.	6213276.	13514873.
8 Gr	oss income from interest,						
div	vidends, payments received on						
se	curities loans, rents, royalties						
an	d income from similar sources						
9 Ne	et income from unrelated business						
ac	tivities, whether or not the						
	siness is regularly carried on						
10 Ot	her income. Do not include gain						
or	loss from the sale of capital						
	sets (Explain in Part IV.)						
	tal support. Add lines 7 through 10						13514873.
12 Gr	oss receipts from related activities,	etc. (see instructi	ons)			12	
13 Fir	st five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
org	ganization, check this box and stop	here					▶ X
Section	ganization, check this box and <mark>stop</mark> on C. Computation of Publ	ic Support Pe	rcentage				
14 Pu	ıblic support percentage for 2012 (I	ine 6, column (f) d	ivided by line 11,	column (f))		14	%
	blic support percentage from 2011					15	%
16a 33	1/3% support test - 2012. If the o	organization did no	t check the box o	on line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
sto	op here. The organization qualifies	as a publicly supp	orted organizatio	n			▶□
b 33	1/3% support test - 2011. If the o	organization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check the	nis box
an	d stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶□
17a 10	% -facts-and-circumstances tes	t - 2012. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	d if the organization meets the "fac						
me	eets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b 10	% -facts-and-circumstances tes	t - 2011. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
mo	ore, and if the organization meets th	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explain	in Part IV how the	
org	ganization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publi	cly supported orga	anization	
19 Dr	ivate foundation. If the organizatio	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17b	o, check this box a	ınd see instruction	s ▶

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support	iow, piedoc comp	oloto i art II.,				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨 🔼	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c 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						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for the	the organization's	l e firet eacond thir	d fourth or fifth t	av vear as a sectio	n 501(c)(3) organiz	ration
check this box and stop here	-			•		
Section C. Computation of Public						
15 Public support percentage for 2012 (lir			column (f))		15	%
16 Public support percentage from 2011 s					16	%
Section D. Computation of Inves					•	
17 Investment income percentage for 201			ne 13, column (f))		17	%
18 Investment income percentage from 20					18	%
19a 33 1/3% support tests - 2012. If the o					<u> </u>	
more than 33 1/3%, check this box an	•		•		•	
b 33 1/3% support tests - 2011. If the c						
line 18 is not more than 33 1/3%, chec	-					
20 Private foundation. If the organization			•		•	
Lo invate roundation. If the organization	ala not oneon a	DUA UIT III IC 14, 19	a, or 130, offect li	ins but and see Ins	uou0113	P

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service •

Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization **Employer identification number** 27-3069592 50CAN, INC. Organization type (check one): Filers of Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not 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 1/3% 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

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).

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization			E	mployer identification number
	50CAN,	INC.			27-3069592
Pa	art I-A Complete if the org	ganization is exempt unde	r section 501(c) o	or is a section 52	?7 organization.
2	Provide a description of the organiz Political expenditures Volunteer hours	·			
Pa	art I-B Complete if the org	ganization is exempt unde	r section 501(c)(3	3).	
	Enter the amount of any excise tax				▶\$
2	Enter the amount of any excise tax	incurred by organization manager	s under section 4955		▶ \$
3	If the organization incurred a section	on 4955 tax, did it file Form 4720 fo	or this year?		Yes No
	Was a correction made?				
k	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	ganization is exempt unde	r section 501(c),	•	` '` '
1	Enter the amount directly expended	d by the filing organization for sect	ion 527 exempt functi	on activities	> \$
2	Enter the amount of the filing organ		•		_
	exempt function activities				> \$
3	Total exempt function expenditures				_
	line 17b				S
4	Did the filing organization file Form				
5	Enter the names, addresses and er		•	-	
	made payments. For each organiza				·
	contributions received that were pr political action committee (PAC). If	' '		,	eparate segregated fund or a
	· , ,		1	1	1 () 4 () 5 () 11 ()
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization	
				funds. If none, enter	-0 promptly and directly
					delivered to a separate
					political organization. If none, enter -0
					,
				1	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2012

LHA

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Part II-A Complete if the org	JUCAN	, INC.	mnt under seetis	n E01(a)(2) and 41	4 1 - 3	009394 Page 2
Part II-A Complete if the org			mpt under sectio		lea Form 5766	
		• • • • • • • • • • • • • • • • • • • •	liated group (and list ir	Part IV each affiliated	l group mombor's nam	o addross EIN
expenses, and shall				Trait IV Each annialed	r group member s nam	e, address, Liiv,
			nd "limited control" pro	visions apply.		
Limi	ts on Lobb	ying Expe	•		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence publ	ic opinion (grass roots lobbying)		99,379.	
b Total lobbying expenditures to influ					316,991.	
c Total lobbying expenditures (add li					416,370.	
d Other exempt purpose expenditure					5,032,370.	
e Total exempt purpose expenditure	s (add line	s 1c and 1c	d)		5,448,740.	
f Lobbying nontaxable amount. Enter	er the amo	unt from the	e following table in bot	h columns.	422,437.	
If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17	,000,000		00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (er	tor 25% of	· lino 1f)			105,609.	
h Subtract line 1g from line 1a. If zer					0.	
i Subtract line 1f from line 1c. If zero	,				0.	
j If there is an amount other than ze						
reporting section 4911 tax for this						Yes No
			eraging Period Under			
			ection 501(h) election e instructions for line			
			nditures During 4-Yea		19e +. <i>)</i>	
	LODE	ying Exper	lartares Daring 4-1ea	i Averaging Feriou		
Calendar year (or fiscal year beginning in)	(a) 2	2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount			15,724.	352,255.	422,437.	790,416.
b Lobbying ceiling amount (150% of line 2a, column(e))						1,185,624.
c Total lobbying expenditures				166,610.	416,370.	582,980.
d Grassroots nontaxable amount			3,931.	88,064.	105,609.	197,604.
e Grassroots ceiling amount (150% of line 2d, column (e))						296,406.
f Grassroots lobbying expenditures				68,770.	99,379.	168,149.

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 $\,50\,\text{CAN}$, INC. $\,27-306959$ Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a) (b)		o)	
of th	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	5047.77	- \		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(:	o), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				ne 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I-C,	art II-A (affilia	ted group	list); Part II	-A, line 2;
and I	Part II-B, line 1. Also, complete this part for any additional information.				
					. <u></u>

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization

50CAN, INC. Employer identification number 27-3069592

Pai	rt I	Organizations Maintaining Donor Advised		s or A	ccounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	6. (a) Donor advised funds		b) Funds and other accounts
	-	 	(a) Dorior advised lurids	(1	b) Furius and other accounts
1		number at end of year			
2		gate contributions to (during year)			
3		gate grants from (during year)			
4	-	gate value at end of year			
5		e organization inform all donors and donor advisors in w	_		
		e organization's property, subject to the organization's e			
6		e organization inform all grantees, donors, and donor ad			
		aritable purposes and not for the benefit of the donor or			
Dav	imperi	missible private benefit?			
Pai		Conservation Easements. Complete if the orga		Part IV,	line 7.
1	_	se(s) of conservation easements held by the organization	`		
		Preservation of land for public use (e.g., recreation or ed	· —		
		Protection of natural habitat	Preservation of a cert	tified his	storic structure
		Preservation of open space			
2		lete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a co	nservation easement on the last
	day of	the tax year.		1	
					Held at the End of the Tax Year
а		number of conservation easements			2a
b		acreage restricted by conservation easements			2b
С		er of conservation easements on a certified historic struc			2c
d		er of conservation easements included in (c) acquired af	•		
		in the National Register			2d
3	Numb	er of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	e organ	ization during the tax
	year 🕨				
4		er of states where property subject to conservation ease			
5		the organization have a written policy regarding the perio			
		ons, and enforcement of the conservation easements it h			
6		and volunteer hours devoted to monitoring, inspecting, a			
7		nt of expenses incurred in monitoring, inspecting, and er			
8	Does	each conservation easement reported on line 2(d) above	satisfy the requirements of section 170)(h)(4)(B	
					Yes No
9		t XIII, describe how the organization reports conservation	•		· ·
		e, if applicable, the text of the footnote to the organization	on's financial statements that describes	the org	ganization's accounting for
Dav		rvation easements.	Ant Historical Transcrups on O	\ .	Oinciles Accepts
Pai	τIII	Organizations Maintaining Collections of		tner	Similar Assets.
		Complete if the organization answered "Yes" to Form 9			
1a		organization elected, as permitted under SFAS 116 (ASC	•		•
		cal treasures, or other similar assets held for public exhil		ance of	public service, provide, in Part XIII,
		xt of the footnote to its financial statements that describ			
b		organization elected, as permitted under SFAS 116 (ASC			
		res, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pu	ıblic ser	rvice, provide the following amounts
		g to these items:			
		evenues included in Form 990, Part VIII, line 1			\$
2		organization received or held works of art, historical treas		al gain,	provide
		llowing amounts required to be reported under SFAS 110			
а		ues included in Form 990, Part VIII, line 1			
b	Asset	s included in Form 990, Part X			> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	dule D (Form 990) 2012 5 0 CAN,									2 Page 2
Par	t III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	at are a s	ignificant	use of its	collectio	n items
	(check all that apply):									
а	Public exhibition	c	ı 🖳	Loan or exc	hange progra	ams				
b	Scholarly research	e	, 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how th	ney further tl	he organizati	ion's exe	mpt purpo	ose in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or oth	er simila	r assets		_	
	to be sold to raise funds rather than to be ma								Yes	└─ No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" to	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other as	ssets not	included		_	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
									Amount	<u> </u>
С	Beginning balance						1c			
	Additions during the year									
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					L	Yes	∟ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	f the organization ar	swered	"Yes" to Fo						
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years back
	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	<u></u> %								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou	uld equal 100%.								
3а	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for t	he organiz	zation	-	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	nent. See Form 990), Part X	, line 10.						
	Description of property	(a) Cost or o basis (investr		(b) Cost basis	or other (other)		ccumulate preciation	ed	(d) Bool	< value
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment			11	0,299.		31,3	08.	78	3,991.
	Other									
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0(c).)			•	73	8,991.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total.	Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

27-3069592 Page 4 50CAN, INC. Schedule D (Form 990) 2012 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 6,214,394. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990. Part VIII. line 12: a Net unrealized gains on investments **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c 2d Other (Describe in Part XIII.) Add lines 2a through 2d 2e 6,214,394 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) 4c 6,214,394 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 5,851,310. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990. Part IX. line 25: a Donated services and use of facilities 2b **b** Prior year adjustments c Other losses 2c 2d Other (Describe in Part XIII.) Add lines 2a through 2d 2e 5.851 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) 4c Total expenses, Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: 50CAN RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part

ONLY WHEN THEY ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT 50CAN HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. 50CAN IS SUBJECT TO EXAMINATION BY APPLICABLE TAX JURISDICTIONS SINCE INCEPTION IN 2010.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open To Public Inspection

Name of the organization 50CAN,	INC.				27-3069	entification number
Part I Fundraising Activities required to complete this part	6. Complete if the organization answert.	ered "Y	'es" to	Form 990, Part IV, li	ne 17. Form 990-EZ	filers are not
Indicate whether the organization rai	e X Solicitate s f Solicitate g Special or oral agreement with any individual Part VII) or entity in connection with publicity sides of the solicity of the solicity sides of	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	ustody	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
ANNE TRAVERS CONSULTING, LLC	CONDUCTED LANDSCAPE	Yes	No			
- 64 GOOSE HOLE ROAD, NEW	ANALYSIS AND DRAFTED A SET		Х	0.	27,000.	0.
ACCESS PHILANTHROPY - 2100	PERFORMED FOUNDATION					
STEVENS AVE., SOUTH,	PROSPECT RESEARCH,		Х	0.	19,000.	0.
GAIL E. WORTHINGTON - 332	PROVIDED HIGH-LEVEL					
NOTTINGHAM DRIVE, CHAPEL	INTRODUCTORY MEETING		Х	0.	8,293.	0.
HANNAH STREET CONSULTING -	CONSULTED ON PROSPECT					
302 PEARL STREET, #108,	IDENTIFICATION AND		Х	0.	18,817.	0.
PITCH,LLC - 2238 WASHINGTON	PERFORMED PROSPECT					
AVE., SUITE 202, SILVER	RESEARCH, GRANT WRITING		X	0.	12,780.	0.
Total 3 List all states in which the organization	on is registered or licensed to solicit			s or has been notified	85,890.	egistration
or licensing. NY,CT,MN,RI,MD,NC,NJ,					2 10 0 000 11 0 11 0 11	

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2012

		of fundraising event contributions and gr	oss income on Form 990)-EZ, lines 1 and 6b. List	events with gross receip	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Φ			(event type)	(event type)	(total number)	- col. (c))
Revenue						
Ŗ	1	Gross receipts				+
	2	Less: Contributions				
_	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
benses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	,				()
Pa	11 rt	Net income summary. Combine line 3, colum III Gaming. Complete if the organization	n (d), and line 10 answered "Yes" to Form	990. Part IV. line 19. or ı	reported more than	<u> </u>
		\$15,000 on Form 990-EZ, line 6a.		, , ,	•	
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			., 3	bingo/progressive bingo	., 3 3	col. (a) through col. (c))
Be	1	Gross revenue				
_						
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	()
	8	Net gaming income summary. Combine line 1	I, column d, and line 7		>	
9		ter the state(s) in which the organization opera the organization licensed to operate gaming ac	_	states?		Yes No
		No," explain:	ctivities in each of these	states :		
	_					
		ere any of the organization's gaming licenses re Yes," explain:	evoked, suspended or te	erminated during the tax	year?	Yes No
	_					
2320	92.0	1-07-13			Schedule G (Fo	rm 990 or 990-EZ) 2012

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Sch	edule G (Form 990 or 990-EZ) 2012 5 UCAN , INC . 2 1 - 3	3069:	<u>592</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?	\	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	13a		%
	An outside facility			<u>%</u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 \Upsilon	Yes	☐ No
h	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
_	of gaming revenue retained by the third party \blacktriangleright \$			
	: If "Yes," enter name and address of the third party:			
Ī	The first that address of the time party.			
	Name			
	Address ►			
16	Gaming manager information:			
	Name ▶			
	Name P			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	🔲 ነ	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v)	, and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	n (see ir	nstruc	tions).
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	<u> </u>		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
<u>(I</u>) NAME OF FUNDRAISER: ANNE TRAVERS CONSULTING, LLC			
<u>(I</u>) ADDRESS OF FUNDRAISER: 64 GOOSE HOLE ROAD, NEW LONDON, NH (0235	7	
/ T	T) ACMITITMY. CONDICEMED INNECADE ANALYCIC AND DEAEMED A CEM OF	G DE(~∩M	WENTO X
<u>(I</u>	I) ACTIVITY: CONDUCTED LANDSCAPE ANALYSIS AND DRAFTED A SET OF	· KE	COM	MENDA
_				
(I) NAME OF FUNDRAISER: ACCESS PHILANTHROPY			
<u> </u>	/ WELL OF FUNDIALDER. ACCEDS FITTHANTIINOFT			
(I) ADDRESS OF FUNDRAISER: 2100 STEVENS AVE., SOUTH, MINNEAPOLIS	5, MI	N	55404
7 T	 ACTIVITY: PERFORMED FOUNDATION PROSPECT RESEARCH, CONDUCTED) A (STA	TEWID

Schedule G (Form 990 or 990-EZ) 2012

232083 01-07-13

Part IV Supplemental Information (continued)
(I) NAME OF FUNDRAISER: GAIL E. WORTHINGTON
(I) ADDRESS OF FUNDRAISER: 332 NOTTINGHAM DRIVE, CHAPEL HILL, NC 27517
(II) ACTIVITY: PROVIDED HIGH-LEVEL INTRODUCTORY MEETING SUPPORT AND PROSPEC
(I) NAME OF FUNDRAISER: HANNAH STREET CONSULTING
(I) ADDRESS OF FUNDRAISER: 302 PEARL STREET, #108, PROVIDENCE, RI 02907
(II) ACTIVITY: CONSULTED ON PROSPECT IDENTIFICATION AND CULTIVATION.
(I) NAME OF FUNDRAISER: PITCH, LLC
(I) ADDRESS OF FUNDRAISER:
2238 WASHINGTON AVE., SUITE 202, SILVER SPRING, MD 20910
(II) ACTIVITY: PERFORMED PROSPECT RESEARCH, GRANT WRITING SUPPORT AND DEVEL

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

50CAN, IN	27-30695							
Part I General Information on Grants a	and Assistance					-		
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pro 	stance?] No
2 Describe in Part IV the organization's properties Part II Grants and Other Assistance to					anization answored "	Vos" to Form 000 Part	IV line 21 for any	—
recipient that received more than		-			anization answered	res to rollinggo, Fait	IV, IIIIe 21, IOI arry	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
50CAN ACTION FUND, INC								
115 E 23RD STREET, 3F NEW YORK, NY 10010	45-4698768	501(C)4	18,900.	0.			TO SUPPORT OPERATIONS	•
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in t	he line 1 table		<u> </u>	ı	>	0.
3 Enter total number of other organization							>	1.

27-3069592 50CAN, INC. Schedule I (Form 990) (2012) Page 2 Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990. Part IV. line 22. Part III can be duplicated if additional space is needed. (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (a) Type of grant or assistance (f) Description of non-cash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. SCHEDULE I, PART I, LINE 2: THE ORGANIZATION MONITORS ITS GRANTS TO ENSURE THAT SUCH GRANTS ARE USED FOR PROPER PURPOSES AND ARE NOT OTHERWISE DIVERTED FROM THE INTENDED USE BY REQUIRING PERIODIC REPORTS TO THE GRANTOR. THE ORGANIZATION'S GRANT AGREEMENTS ALSO INCLUDES THAT THE GRANTEE MAINTAIN RECORDS IN ACCORDANCE WITH SOUND AND RECOGNIZED ACCOUNTING PRACTICES DOCUMENTING PERFORMANCE OF THE GRANT AGREEMENT.

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

50CAN, INC.

Part I | Questions Regarding Compensation

Employer identification number 27 – 3069592

			Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,				
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2			
_					
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to				
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee Written employment contract				
	Independent compensation consultant Compensation survey or study				
	Form 990 of other organizations Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing				
7	organization or a related organization:				
2		4a		х	
h	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X	
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.				
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:				
а	The organization?	5a		X	
	Any related organization?	5b		Х	
	If "Yes" to line 5a or 5b, describe in Part III.				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:				
а	The organization?	6a		X	
b	Any related organization?	6b		Х	
	If "Yes" to line 6a or 6b, describe in Part III.				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments				
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			<u>-</u> -	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?	9	1	1	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990	
(1) MARC MAGEE	(i)	220,000.	0.	0.	11,000.	0.	231,000.	0.	
	ii)	0.	0.	0.	0.	0.			
	(i)								
	ii)								
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l,	ii)								

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

2012
Open to Public Inspection

Name of the organization

50CAN, INC.

Employer identification number 27 – 3069592

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BUILDING PUBLIC SUPPORT FOR PROVEN MODELS OF EFFECTIVE PUBLIC

EDUCATION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND FLEXIBILITY IN PUBLIC EDUCATION. ELEMENTS OF THESE PROGRAMS

INCLUDE: RESEARCH ON AND DEVELOPMENT OF EFFECTIVE EDUCATIONAL REFORM

POLICIES; DEVELOPMENT AND USE OF INFORMATION TECHNOLOGY, DATA GATHERING

AND OUTCOME MEASUREMENTS DESIGNED TO INFORM, EVALUATE AND STRENGTHEN

PUBLIC EDUCATION; PRODUCTION OF COMMUNICATIONS MATERIALS AND THE USE OF

OUTREACH STRATEGIES TO EDUCATE THE GENERAL PUBLIC, ELECTED OFFICIALS,

SCHOOL ADMINISTRATORS AND TEACHERS, CIVIC AND COMMUNITY GROUPS AND

OTHER INTERESTED PARTIES ABOUT THE STATE OF PUBLIC EDUCATION AND THE

POTENTIAL OF EDUCATION REFORM POLICIES AND PROGRAMS; AND EDUCATIONAL

AND FELLOWSHIP PROGRAMS TO TRAIN INDIVIDUALS AS EFFECTIVE EDUCATIONAL

REFORM LEADERS.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WILL BE COMPLETED

ANNUALLY AND COPIES WILL BE PROVIDED TO THE ENTIRE BOARD OF DIRECTORS AS

WELL AS THE PRESIDENT OF THE ORGANIZATION. AT THAT TIME THE PRESIDENT WILL

REVIEW THE FORM 990 WITH THE BOARD'S AUDIT/FINANCE COMMITTEE. ANY NECESSARY

CHANGES WILL THEN BE UPDATED ON THE FORM. ONCE ALL NECESSARY CHANGES ARE

MADE AND THE PRESIDENT IS IN AGREEMENT WITH THE AUDIT COMMITTEE ON THE

FINISHED FORM 990, IT WILL BE SIGNED BY THE PRESIDENT, DATED AND SUBMITTED

BY THE FILING DEADLINE. A COPY OF THE APPROVED FORM 990 WILL BE PROVIDED TO

ALL OF THE OFFICERS, DIRECTORS AND TRUSTEES BEFORE THE RETURN IS FILED.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2012)

50CAN, INC.

Employer identification number 27-3069592

FORM 990, PART VI, SECTION B, LINE 12C: ANY DIRECTOR, PRINCIPAL OFFICER,

OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS A

DIRECT OR INDIRECT FINANCIAL INTEREST, AS DEFINED BELOW, IS AN INTERESTED

PERSON.

A PERSON HAS A FINANCIAL INTEREST IF THE PERSON HAS, DIRECTLY OR

INDIRECTLY, THROUGH BUSINESS, INVESTMENT, OR FAMILY: (A) AN OWNERSHIP OR INVESTMENT INTEREST IN ANY ENTITY WITH WHICH THE ORGANIZATION HAS A TRANSACTION OR ARRANGEMENT, (B) A COMPENSATION ARRANGEMENT WITH THE ORGANIZATION OR WITH ANY ENTITY OR INDIVIDUAL WITH WHICH THE ORGANIZATION HAS A TRANSACTION OR ARRANGEMENT, OR (C) A POTENTIAL OWNERSHIP OR INVESTMENT INTEREST IN, OR COMPENSATION ARRANGEMENT WITH, ANY ENTITY OR INDIVIDUAL WITH WHICH THE ORGANIZATION IS NEGOTIATING A TRANSACTION OR ARRANGEMENT. COMPENSATION INCLUDES DIRECT AND INDIRECT REMUNERATION AS WELL AS GIFTS OR FAVORS THAT ARE NOT INSUBSTANTIAL. A FINANCIAL INTEREST IS NOT NECESSARILY A CONFLICT OF INTEREST. A PERSON WHO HAS A FINANCIAL INTEREST MAY HAVE A CONFLICT OF INTEREST ONLY IF THE APPROPRIATE GOVERNING BOARD OR COMMITTEE DECIDES THAT A CONFLICT OF INTEREST EXISTS.

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN

INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND

BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS

AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING

THE PROPOSED TRANSACTION OR ARRANGEMENT.

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND

AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE

GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT

OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE

MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

232212 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

INC. Employer identification number 27-3069592

PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST:

A.AN INTERESTED PARTY MAY MAKE A PRESENTATION AT THE GOVERNING BOARD OR

COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE

MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR

ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST.

B.THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE SHALL, IF

APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE

ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.

C.AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL

DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A

MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT

WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.

D.IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY

POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE

GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE

DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE

ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR

AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL MAKE

ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.

IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A

MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT

SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER

AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER

HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS

WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES

THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF

INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

Schedule O (Form 990 or 990-EZ) (2012)

EACH DIRECTOR. PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH **PERSON**

A.HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY,

B.HAS READ AND UNDERSTANDS THE POLICY,

C.HAS AGREED TO COMPLY WITH THE POLICY, AND

D.UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC REVIEWS SHALL BE CONDUCTED. THE PERIODIC REVIEWS SHALL, AT A MINIMUM, INCLUDE THE FOLLOWING SUBJECTS:

A.WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON A COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARM'S LENGTH BARGAINING. B.WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS CONFORM TO THE ORGANIZATION'S WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15: FOR ALL POSITIONS, 50CAN LOOKED AT NON-PROFIT COMPENSATION ACROSS OUR VARIOUS STATES TO ENSURE THAT OUR COMPENSATION WAS COMPETITIVE TO RETAIN THE BEST TALENT. THE YEAR THIS WAS LAST UNDERTAKEN WAS 2011 FOR 2012 SALARIES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC BY PROVIDING COPIES UPON 232212 01-04-13