OMB No 1545-0047

Form **990** 囫

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)

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

Open to Public Inspection

A Fo	rthe 2	012 cal <mark>endar year, or tax year beginning 01-01-2012 , 2012, and endi</mark>	g 12-31	-2012		
B Che	ck if ap	plicable C Name of organization		D Emplo	yer ide	ntification number
☐ Add	ress cha					
☐ Nar	ne char					
┌ Init	al retur	multiple entities, for use as an	oom/suit	e E Telepho	ne num	her
┌ Ter	minated	informational tool only.		Генерие	ne nan	Ser
┌ Am	ended r					
┌ App	lication	pending		G Gross n	eceints (817,586
				H(a) Is this a group	-	
				affiliates?	recuiii	r Yes r No
				11/13		F., F.,
				H(b) Are all affiliate		ded? Yes No (see instructions)
I Ta:	-exem	ot status	7	II NO, attacii	a IISC	(see ilistructions)
J W	ebsite	:► WWW CASCADESMANOR COM		H(c) Group exempt	ion nui	mber ►
				1		
		anization Corporation Trust Association Other		L Year of formation 19	93 M	State of legal domicile MI
Pa	rt I	Summary				
		riefly describe the organization's mission or most significant activities O SUPPORT AND PRESERVE THE HISTORICAL CASCADES CLUBHO	OUSE (THE "MANOR HOUSE	") TH	F SPARKS
		OUNDATION COUNTY PARK, AND THE OTHER JACKSON COUNTY			,,	
ဥ	_					
Ē	-					
<u>§</u>	2 0	heck this box 🚩 if the organization discontinued its operations or disp	osed of	more than 25% of its	net as	sets
Activities & Governance		•				
න් ග	3 N	lumber of voting members of the governing body (Part VI, line 1a) \cdot			3	7
Ħ.	4 1	lumber of independent voting members of the governing body (Part VI, I	ne 1b)		4	7
CE:		otal number of individuals employed in calendar year 2012 (Part V, line			5	32
đ		otal number of volunteers (estimate if necessary)			6	
		otal unrelated business revenue from Part VIII, column (C), line 12 .			7a	784,465
	ЬΝ	let unrelated business taxable income from Form 990-T, line 34	• •		7b	79,272
		Control of the contro		Prior Year	,,,,	Current Year
ā	8 9	Contributions and grants (Part VIII, line 1h)		20,8 793,4		31,814
Revenue	10	Program service revenue (Part VIII, line 2g)			309	784,465 1,307
ě	11	Other revenue (Part VIII, column (A), lines 5, 4, and 7d)		1,0	,09	1,307
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (_	
	12	12)		816,0	38	817,586
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3) $$.				0
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0
Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), $5-10$)	lines	278,6	500	281,893
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		270,0		0
⊕ ⊕	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶122				
Ф	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		413,6	50.7	422,592
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line		692,2	-	704,485
	19	Revenue less expenses Subtract line 18 from line 12				113,101
Net Assets or Fund Balances				Beginning of Curre		End of Year
5 E	20	Total assets (Part X, line 16)		1,325,9	87	1,467,832
4.B	21	Total liabilities (Part X, line 26)		78,		100,310
22	22	Net assets or fund balances Subtract line 21 from line 20		1,247,2	-	1,367,522
Pai	t II	Signature Block				
		ties of perjury, I declare that I have examined this return, including				
mv kr	owled	ge and belief, it is true, correct, and complete Declaration of prepar				

preparer has any knowledge

	**	****						
Sign	Sig	gnature of officer						
Here		RALD J MCDEVITT TREASURER						
	Ту	pe or print name and title						
Paid		Print/Type preparer's name DOUGLAS E ATKINS	Preparer's signature					
Prepare	r	Firm's name MARKOWSKI & COMPANY CPAS						
Use Onl		Firm's address ► 2880 SPRING ARBOR ROAD						
		JACKSON, MI 49203						

May the IRS discuss this return with the preparer shown above? (see instruction

Form	Form 990 (2012)
Par	Partiti Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
10 S COU	1 Briefly describe the organization's mission TO SUPPORT AND PRESERVE THE HISTORICAL CASCADES CLUBHOUSE (THE "MANOR HOUSE"), THE SPARKS FOUNDATION COUNTY PARK, AND THE OTHER JACKSON COUNTY PARKS
7	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
m	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
8	(Code) (Expenses \$ 42,722 including grants of \$) (Revenue \$) MAINTENANCE AND IMPROVEMENT OF THE HISTORIC MANOR HOUSE, INCLUDING PAYMENTS TO THE JACKSON COUNTY PARKS DEPARTMENT TO SUPPORT MAINTENANCE AND IMPROVEMENT
4	(Code (C
4	(Code) (Expenses \$ including grants of \$) (Revenue \$)
<u>4</u>	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$)
4	Total program service expenses ► 704,193

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Par	t 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^{22}	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f z}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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^{\bullet}	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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^{\square}	9		No
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 $\sqrt[6]{2}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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		No
	· · · · · · · · · · · · · · · · · · ·			

-	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		No
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 $\sqrt{2}$	10	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
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		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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		Νo
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Νo
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
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 $11e^{2}$ If "Yes," complete Schedule G, Part I (see instructions)	17		Νo
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		F	orm 990	(201

Form 990 (2012)

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Par	t IV Checklist of Required Schedules (continued)			
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 1^7 If "Yes," complete Schedule I, Parts I and II	21		No
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		No
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? If "Yes," complete Schedule J	23		No
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		No
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		No
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		No
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		No
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		No
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		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	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? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

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 4			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0		. [
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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 Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
c -	Does the organization have applied gross receipts that are normally gross-to-their \$100,000, and did the	5c 6a		No
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	оа		IN O
_	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 services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," Indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states			
	In which the organization is licensed to issue qualified health plans			
	[]	4.4-	 	NI -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

6

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

30	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9		9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	e.)
			Yes	No
10a				
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	No
11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	No
11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		No
11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	10b 11a 12a		
11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b		No
11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10b 11a 12a 12b	Yes	No
11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes	No
11a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	10b 11a 12a 12b 12c 13	Yes	No
11a b 12a b c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No
11a b 12a b c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No
11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No
11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No
11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed►MI
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available Check all that apply
 - Own website Another's website 🔽 Upon request Cother (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 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 and records of the organization ►GERALD J MCDEVITT 1970 KIBBY RD JACKSON, MI (517)788-4320

Form 990 (2012) Page **7**

art 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
- ◆ List all of the organization's **former** officers, key employees, or 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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ect	not box h ar or/tr	c uffice Highest compensated	ss er	Reportable compensation from the organization (W- 2/1099-MISC)		Reportable compensation from the organization (W- 2/1099-		Reportable compensation from the organization (W- 2/1099-		Reportable compensation from the organization (W- 2/1099-		Reportable compensation from the organization (W- 2/1099-		Reportable compensation from the organization (W- 2/1099-		Reportable compensation from the organization (W- 2/1099-		Reportable compensation from the organization (W- 2/1099-		Reportable compensation from the organization (W- 2/1099-		compensation from the organization (W- 2/1099-		Reportable compensation from the organization (W- 2/1099-		(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations										
(1) MARGARET MYERS PRESIDENT	5 00	х		х					0	0	0																														
(2) JUDY SAVAGEAU	2 00																																								
SECRETARY		Х		X					0	0	0																														
(3) GERALD J MCDEVITT	5 00	х		х					0	0	0																														
TREASURER		^		_^					Ü	0																															
(4) PAT DOHER	1 00	х							0	0	0																														
DIRECTOR		^							ű	Ĭ																															
(5) RUSS YOUNGDAHL	1 00	х							0	0	0																														
DIRECTOR (6) JAMES GUERRIERO	1.00																																								
•	1 00	х		х					0	0	0																														
VICE PRESIDE	1.00																																								
(7) NANCY SEYDELL	1 00	х							0	0	0																														
DIRECTOR																																									
Cusio O. Creart Even Director	r 40			X				105	. 000	0	F F00																														
Susie Q. Smart, Exec. Director (See Sched J for addl info)	40			^				100	5,000	U	5,500																														
					\vdash		$\vdash\vdash$																																		
	1			l	ı	l	ıl	l																																	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	Name and Title	A verage hours per week (list any hours	more t perso and	tion (han d on is	one l both ector	an o	heck unless officer stee)		Repor comper from organiza	table nsation the tion (W-	Reportable compensation from related organizations (W-	- c	Estima mount o ompens from t	ited f other sation :he	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-M15C)	2/1099-MISC)		ganizati relato organiza	ed	
												igapha			-
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												丄			-
1b c	Sub-Total							►				+			$\frac{1}{1}$
d	Total (add lines 1b and 1c) .							١				+			1
2	Total number of individuals (in \$100,000 of reportable compe	-				ıste	d abov	e) w	ho receive	d more th	ian				•
													Yes	No	-
3	Did the organization list any f oon line 1a? <i>If</i> "Yes," complete S					key •	emplo	yee, •	or highes.	t compen	sated employee	3		No	
4	For any individual listed on line organization and related organ												1		_
	ındıvıdual				•	•		•				4	V	No	
5	Did any person listed on line 1 services rendered to the organ								_	anızatıon • • •	or individual for	5		No	
Se	ection B. Independent Co	ntractors													-
1	Complete this table for your fix compensation from the organiz												ax year		
	N	(A) lame and business	address							Des	(B) cription of services		(C Comper		_
												\pm			-
												\pm			-
	Total number of independent co			not	lımıt	ed t	o thos	e lıst	ted above)	who rece	ıved more than				-

9

		Check if Schedi	ule O contains a respor	nse to any question	in this Part VIII .			<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or
	_							514
χŞ	1a	Federated cam	paigns 1a					
ant	b	Membership du	es 1b					
Contributions, Giffs, Grants and Other Similar Amounts	С	Fundraising eve	ents 1c					
ξĀ								
Gif ilai	d		zations 1d					
S.E	е	Government grants	s (contributions) 1e					
e S	f	All other contribution	ons, gifts, grants, and 1f	31,814			İ	i
hei	_	sımılar amounts no	ot included above					
필딩	g	Noncash contribution 1a-1f \$	ons included in lines					
ng u	h		s 1 a - 1 f		31,814			
<u>o</u> e		Total. Add lilles	3 1d-11	· · · · •				
<u>e</u>				Business Code				
Program Serwice Revenue	2a	MANOR HOUSE RE	STAURANT	722513	784,465		784,465	
Be	b							
- e	С							
ř.	d							
<u>%</u>	e							
E		All other present	am service revenue	 				
₽Do.	f	An other progra	am service revenue					
₹.	g	Total. Add lines	s 2a-2f		784,465			
	3	Investment inc	ome (including dividen	ds, interest,	1,307			1,307
			aramounts)		1,307			1,307
	4		stment of tax-exempt bond	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties						
			(ı) Real	(II) Personal				
	6a	Gross rents						
	Ь	Less rental expenses						
	С	Rental income						
	d	or (loss) Net rental inco	me or (loss)					
	_		(ı) Securities	(II) Other				
	7a	Gross amount	(1) Securities	(II) O their				
	/ u	from sales of assets other						
		than inventory						
	ь	Less cost or other basis and						
		sales expenses						
	С	Gain or (loss)						
	d	Net gain or (los	ss)					
ne	8a	Gross income f						
Other Revenue		\$ of contributions	reported on line 1c)					
ě		See Part IV, lin						
<u>-</u>			а					
į.	Ь		penses b					
0	С	Net income or ((loss) from fundraising	events 🛌				
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19					
			a					
	ь	Less direct ex	penses b					
	С	Net income or ((loss) from gamıng actı	vities 🕨				
	10a	Gross sales of						
		returns and allo						
			a					
		=	oods sold b	<u> </u>				
	С		(loss) from sales of inve					
		Miscellaneous	s Kevenue	Business Code				
	11a							
	b							
	С							
	d	All other reven	ue					
	e		s 11a-11d	🕨				
				-				
	12	rotal revenue.	See Instructions .	· · · · •	817,586		784,465	1,307

Form 990 (2012) Page **10**

	t IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All			olete column (A)	
	Check if Schedule O contains a response to any question in this Pa	rt IX I	(B)	(C)	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21			\wedge	Λ
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				
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	255,238	255,238		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	26,655	26,655		
11	Fees for services (non-employees)				
а	Management				
ь	Legal				
С	Accounting	9,735	9,735		
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	14,709	14,709		
13	Office expenses	7,070	7,070		
	·	7,070	7,070		
14	Information technology				
15	Royalties				
16	Occupancy	49,000	49,000		
17	Travel	42	42		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	70,012	70,012		
23	Insurance	12,871	12,871		
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 O)				
а	COGS	162,727	162,727		
b	REPAIRS AND MAINTENANCE	44,388	44,388		
c	LAUNDRY AND LINENS	16,632	16,632		
d	SUPPLIES	12,614	12,614		_
e	All other expenses	22,792	22,500	170	122
25	Total functional expenses. Add lines 1 through 24e	704,485	704,193	170	122
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) Page **11**

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) (B) End of year Beginning of year 110,045 1 1 113,405 275.503 2 248,896 2 Savings and temporary cash investments . 3 3 34.612 4 Accounts receivable, net . 4 12 777 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets 6 7 6 224 8 8,101 9 8.079 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete 1,751,258 10a Part VI of Schedule D 674,684 10b 868,531 10c 1,076,574 b Less accumulated depreciation . . 11 Investments—publicly traded securities . . . 11 31,072 12 Investments—other securities See Part IV, line 11 . 12 13 Investments—program-related See Part IV, line 11 . . . 13 14 14 Intangible assets 15 15 1.325.987 16 Total assets. Add lines 1 through 15 (must equal line 34) . 16 1,467,832 33,686 46,096 17 17 Grants payable 18 18 19 26.881 19 28.564 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 18 200 25 25,650 78,767 100.310 26 26 **Total liabilities.** Add lines 17 through 25 . Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 1,227,069 27 Unrestricted net assets 27 1,342,522 20,151 28 28 Temporarily restricted net assets 29 29 25,000 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 1,247,220 33 1,367,522 Total liabilities and net assets/fund balances 1,467,832 34 1.325.987 34

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There kill Schedule of contains a response to any question in this Part XI There kill Schedule of contains a response to any question in this Part XI Total expenses (must equal Part XIII, column (A), line 12) Revenue less expenses Subtract line 2 from line I Revenue less expenses Subtract line 2 from line I Revenue less expenses Subtract line 2 from line I Revenue less expenses Subtract line 2 from line I Revenue less expenses Subtract line 2 from line I Revenue less expenses Subtract line 2 from line I Revenue less expenses Subtract line 2 from line I Revenue less expenses Subtract line 2 from line I Revenue less expenses Subtract line 2 from line I Revenue less expenses Subtract line 2 from line I Revenue repairs subtract Revenue Rev	Forn	Form 990 (2012)			Page 12
expenses (must equal Part VIII, column (A), line 12)	Pa	XI Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			
expenses (must equal Part IX, column (A), line 25)	-	Total revenue (must equal Part VIII, column (A), line 12)			!
release expenses. Subtract line 2 from line 1	~	mn (A) Ine 2			817,586
seets or fund balances at beginning of year (must equal Part X, line 33, column (A))	١	7 2 1 1 1 (C) 1 1 1 1 1	2		704,485
recalized gains (losses) on investments	m	expenses Subtract line 2 from line	3		113,101
red services and use of facilities	4	et assets or fund balances at beginning of year (must equal Part X, line $33,$	4		1,247,220
ted services and use of facilities	10	Net unrealized gains (losses) on investments	75		
rchanges in net assets or fund balances (explain in Schedule O)	9	Donated services and use of facilities	9		
rechanges in net assets or fund balances (explain in Schedule O)	7	Investment expenses	7		
rchanges in net assets or fund balances (explain in Schedule O)	œ	Prior period adjustments	80		
resets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 10 1,367) Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII	6	or fund bala	a		7 201
Check if Schedule O contains a response to any question in this Part XII	10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 3	, c		367
Accounting method used to prepare the Form 990	Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			
Accounting method used to prepare the Form 990				×	oN S
Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Separate basis Consolidated basis Death consolidated and separate basis Separate basis, consolidated basis, or both Separate basis Consolidated basis Death consolidated and separate basis Separate basis Consolidated basis Death consolidated and separate basis Separate basis Consolidated basis Death consolidated and separate basis Separate basis Consolidated basis Death consolidated and separate basis Separate basis Consolidated basis Death consolidated and separate basis Separate basis Consolidated basis Death consolidated and separate basis Separate basis Death consolidated basis Death consolidated and separate basis Death consolidated basis Death consolidated and separate basis Death consolidated by and describe any stars taken to undergo such and to randits Death consolidated by and describe any stars taken to undergo such and to and describe any stars taken to undergo such and the required Death consolidated by and describe any stars taken to undergo such and the required Death consolidated by and describe any stars taken to undergo such and describe any stars taken to undergo such and describe any stars taken to undergo such and describe any stars taken to undergo and describe any stars taken	=	orm 990			
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.	28	Were the organization's financial stateme		2a	No
Were the organization's financial statements audited by an independent accountant? Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both Separate basis Consolidated basis Both consolidated and separate basis		If Yes,'check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both	wed on		
Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both Separate basis Consolidated basis Deth consolidated and separate basis	•	Separate basis Consolidated basis			:
If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			arate	g 7	0 2
If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		olidated basis			
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits explain why in Schedule O and describe any steps taken to undergo such audits.	U	If "Yes," to line 2a or 2b, does the organization have audit, review, or compilation of its financial statemen	nt of the	- Sc	$\sqrt{}$
As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required 3b audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		o v e	-		
If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ñ	As a result of a federal award, was the organization required to undergo an audit or audits as Single Audit Act and OMB Circular A-133?	υ υ		
	đ	If "Yes," did the organization undergo the	required	3b	

SCHEDULE A (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.

2012

Department of the Treasury

► Attach to Form 990 or Form 990-F7 ► See separate instructions

Open to Public

OMB No 1545-0047

$\overline{}$	of the organization		111111111111111111111111111111111111111		2. 7 000	<u>separate</u>		Employer id	dentification		ecuo	سبسانا
Wate	rWatch of Oregon									88158		
Pa			rity Status (All orga									
The 6	☐ A church, con☐ A school deso	vention of churc cribed in section	ation because it is. (For hes, or association of 170(b)(1)(A)(ii). (Attack spital service organiza	churches ch Sched	s describ lule E.)	ed in sec	tion 170	(b)(1)(A)(i).			
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6 7	An organization	on that normally	nment or government receives a substantia I (A)(vi). (Complete Par	al part of					nit or fron	n the ge	neral į	public
8			n section 170(b)(1)(A		-		•					
9	receipts from support from	activities related gross investment	receives: (1) more that d to its exempt funct ent income and unre- after June 30, 1975 Se	ions—su lated bu:	bject to o	certain e xable ind	xceptions come (les	s, and (2) ss sectio	no more	e than 3	31/3%	of its
10			l operated exclusively									
11	purposes of c	one or more pub	nd operated exclusive olicly supported organ describes the type of	nizations	describe	d in sect	ion 509(a	a)(1) or se	ection 50	9(a)(2). S		
	a 🗌 Type I	b 🗌 Type	II c Type II	I-Functio	nally inte	grated	d 🔲	Type III-N	Non-funct	tionally in	itegra	ted
е		ındatıon manage	that the organization ers and other than one									
f	If the organiz organization, o	ation received a								e III sup	oportii	ng
g	following pers	ons?	he organization accep					-				
			ndirectly controls, eitlody of the supported of				persons	describe	d ın (iı) aı 	nd 11g(ı	Yes	No
	(iii) A 35% cor	ntrolled entity of	on described in (i) abo a person described in	ı (ı) or (ıı) a						11g(ii 11g(ii	·	
_ <u>h</u>		,	on about the supporte	T	<u> </u>			, 				
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	s the tion in col zed in the S?	(vii) Amou	nt of mo	onetary
				Yes	No	Yes	No	Yes	No			
(A)	,											
(B)												
(C)												
(D)												
(E)												
Total												

Part	(Complete only if you checked th	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	
	Part III. If the organization fails to	qualify unde	r the tests lis	<u>ted</u> below, pl	ease comple	te Part III.)	
$\overline{}$	on A. Public Support		# \ 0000 T		(1) 004		
Calen	dar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	295,942	344,376	252,090	499,513	200 000	1,778,606
2	Tax revenues levied for the	233,342	344,370	232,030	455,513	386,685	1,778,808
_	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge		-				
4	Total. Add lines 1 through 3	295,942	344,376	252,090	499,513	386,685	1,778,606
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount					-	
	shown on line 11, column (f)			-			500,990
6	Public support. Subtract line 5 from line 4						1,277,616
	on B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	295,942	344,376	252,090	499,513	386,685	1,778,606
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,459	40	549	173	109	2,330
9	Net income from unrelated business			343	173	103	2,330
	activities, whether or not the business						
	ıs regularly carried on	0	o	o	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	42	910	2495	3703	22,215	29,365
12	Gross receipts from related activities, etc.	(see instruction	ns)			12	1,810,301
13	First five years. If the Form 990 is for the		•	d. third. fourth	or fifth tax ve		n 501(c)(3)
	organization, check this box and stop her	-	•		•		
Secti	on C. Computation of Public Suppor					•	
14	Public support percentage for 2012 (line 6	6, column (f) div	rided by line 1	1, column (f))		14	71 %
15 16a	Public support percentage from 2011 Sch 331/3% support test — 2012. If the organiz	zation did not d	heck the box	on line 13, and	l line 14 is 33 ¹ /		
_	box and stop here . The organization qual						
b	331/3% support test—2011. If the organ check this box and stop here. The organi					15 is 33 ¹ / ₃ %	or more, . ► □
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization meets the "factorganization	ets the "facts-a acts-and-circui	nd-circumstar nstances" tes	nces" test, che t. The organiza	ck this box an ation qualifies	id stop here. E as a publicly s	Explain in upported
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m supported organization	on meets the eets the	"facts-and-cir -and-circumst	cumstances"	test, check th ne organization	is box and st	op here.
18	Private foundation. If the organization did instructions	d not check a b	oox on line 13,	16a, 16b, 17a	, or 17b, checl	k this box and	see
							

Part III	Support Schedule for Organizati	ons 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.)

	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	II.)		
	on A. Public Support	,						
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 201	2 (f) To	otal
1	Gifts, grants, contributions, and membership fees							
	received (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities furnished in any activity that is related to the	$\vdash \longleftarrow$				\		
	organization's tax-exempt purpose .							
3	Gross receipts from activities that are not an		-					
-	unrelated trade or business under section 513	1	1		1			
4	Tax revenues levied for the				,	 		
•	organization's benefit and either paid				·			
	to or expended on its behalf	1])]		
5	The value of services or facilities				 	 	_	
J	furnished by a governmental unit to the]					
	organization without charge	1	}		Ì])	
c	-			 		 	- 	
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3		 			<u> </u>		
14	received from disqualified persons .		1			1		
	· · · · · · · · · · · · · · · · · · ·		-					
þ	Amounts included on lines 2 and 3		1					
	received from other than disqualified]	
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year	ļ	ļ ———			 		
	Add lines 7a and 7b		ļ	 	ļ	_		
8	Public support (Subtract line 7c from						-	
	line 6.)	!	L	L.,	<u>'-</u>	L		
	on B. Total Support	T	T					
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 201	2 (f) To	otal
9	Amounts from line 6					<u> </u>		
10a	Gross income from interest, dividends,]			1		
	payments received on securities loans, rents,		1			}		
	royalties and income from similar sources .							
b	Unrelated business taxable income (less					,		
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b, whether		İ	 				
	or not the business is regularly carried on					1		
12	Other income. Do not include gain or							
-	loss from the sale of capital assets	-				}	ļ	
	(Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11,							
**	and 12.)				\	}		
14	First five years. If the Form 990 is for the	ne organization	ı's first, secon	d. third. fourth	or fifth tax v	ear as a s	ection 501/c)(3)
• •	organization, check this box and stop he	_		-	•			,~, ▶ □
Secti	on C. Computation of Public Suppor					<u>-</u>	<u> </u>	<u></u>
15	Public support percentage for 2012 (line			3 column (fl)		15		%
	Public support percentage from 2011 Sch							
16 Secti	on D. Computation of Investment In					1 10		70
				ulino 10!		47		0/
17	Investment income percentage for 2012 (-	* * *			<u>%</u>
18	Investment income percentage from 2011					18	001.0/	<u>%</u>
19a	331/3% support tests—2012. If the organ							
	17 is not more than 331/2%, check this box		-					<u>▶</u> □
b	331/3% support tests—2011. If the organiz							
	line 18 is not more than 331/3%, check this		_	•				▶ □
20	Private foundation. If the organization di	d not check a	box on line 14,	19a, or 19b, o	check this box	and see in	nstructions	▶ □

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No. 1545-0047

Employer identification number

Organiz	zation type (check on	e):							
Filers o	f:	Section:							
Form 99	90 or 990-EZ	✓ 501(c)(3) (enter number) organization							
		4947(a)(1) nonexempt charitable trust not treated as a private foundation							
		☐ 527 political organization							
Form 99	90-PF	501(c)(3) exempt private foundation							
		4947(a)(1) nonexempt charitable trust treated as a private foundation							
		☐ 501(c)(3) taxable private foundation							
instructi Genera									
	_	iling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or ne contributor. Complete Parts I and II.							
Special	Rules								
V	For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33½% 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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions of \$5,000 or more during the year								

Employer identification number

Name of organization

Part I	Contributors (see instructions). Use duplicate cop	es of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	John Smith 123 Main St Anywhere, CA 99999	\$ 100,000	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Mary Green 456 Another Street MyTown, CA 99999	¢ 675 263	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$ 	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		s	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		 \$	Person				

Page **3**

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
2	10 Acres of woodland Note: donor should provide his/her basis (cost) for the organization's	ф. С7F 0C0	December 04, 4040					
(a) No.	internal financial records. (b)	\$ 675,263 (c) FMV (or estimate)	December 31, 1040 (d)					
Part I	Description of noncash property given	(see instructions)	Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		Φ.						
		\$						

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2012

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

	f the or	ganization		Employ	er identification number
WaterV	Vatch (of Oregon			93-0888158
Part		Organizations Maintaining Dono	r Advised Funds or Other Similar Fu	nds or	
		organization answered "Yes" to Fo	rm 990, Part IV, line 6.	<u> </u>	
			(a) Donor advised funds		(b) Funds and other accounts
1		number at end of year			
2		egate contributions to (during year) .			
3		egate grants from (during year)			
4		egate value at end of year			
5			donor advisors in writing that the assets to the organization's exclusive legal cont		
6	Did t	ne organization inform all grantees, dor	ors, and donor advisors in writing that gr	ant funds	s can be used
		for charitable purposes and not for the erring impermissible private benefit?	benefit of the donor or donor advisor, or	_	
Part		Conservation Easements. Comp	ete if the organization answered "Yes	" to Fori	m 990, Part IV, line 7.
1	Purp	ose(s) of conservation easements held b	by the organization (check all that apply).		
	□ P	reservation of land for public use (e.g , r	ecreation or education) Preservation	of an his	torically important land area
	□ P	rotection of natural habitat	☐ Preservation	of a certi	fied historic structure
	□ P	reservation of open space			
2			tion held a qualified conservation contribut	tion in the	e form of a conservation
	ease	ment on the last day of the tax year.			
		•			Held at the End of the Tax Year
а		number of conservation easements .			2a
b		acreage restricted by conservation eas		. [2b
C .		per of conservation easements on a cer			2c
d			ed in (c) acquired after 8/17/06, and no		
•			er		2d
3	tax y		l, transferred, released, extinguished, or te	rminated	by the organization during the
4	_	per of states where property subject to	concentation accoment is leasted		
5			cy regarding the periodic monitoring, in	enection	 handling of
Ū		ions, and enforcement of the conservat		ispection	· ·
6			ing, inspecting, and enforcing conservation	n essem	
·	•	and voluntees hours devoted to monitor	ing, inspecting, and emorang conservation	ni casciii	citis during the year
7	Amou	unt of expenses incurred in monitoring	nspecting, and enforcing conservation ea	sements	during the year
	▶\$,	riopodinig, and omoromig conscitation od	3011101110	daming the year
8	Does	each conservation easement reported	on line 2(d) above satisfy the requirements	of section	on 170(h)(4)(B)
		d section 170(h)(4)(B)(ıı)?			· · · · · TYes T No
9	In Pa	rt XIII, describe how the organization rei	ports conservation easements in its revenu	e and ex	opense statement, and
			text of the footnote to the organization's f		
		iization's accounting for conservation ea			
Part	Ш	Organizations Maintaining Colle	ctions of Art, Historical Treasures, o	or Other	Similar Assets.
		Complete if the organization answer	ered "Yes" to Form 990, Part IV, line 8	. <u> </u>	
			er SFAS 116 (ASC 958), not to report in I		
	works	s of art, historical treasures, or other s	similar assets held for public exhibition, e	education	n, or research in furthérance o
	public	service, provide, in Part XIII, the text o	f the footnote to its financial statements th	at descr	ibes these items.
	works	s of art, historical treasures, or other s	der SFAS 116 (ASC 958), to report in its similar assets held for public exhibition, e		
		service, provide the following amounts	9		
	(i) Re	evenues included in Form 990, Part VIII,	line 1		. • \$
	(ii) As	sets included in Form 990, Part X			. • \$
			of art, historical treasures, or other similar		s for financial gain, provide the
			der SFAS 116 (ASC 958) relating to these		
			:1		
b	Asset	s included in Form 990, Part X			. ▶ \$

Part	III Organizations Maintaining	Collections of	Art. His	torical T	reasures.	or Oth	er Similar Ass	ets (con	tinued)
3	Using the organization's acquisition, a collection items (check all that apply):								
а	☐ Public exhibition		d	☐ Loan	or exchang	e progra	ams		
b	☐ Scholarly research		е						
С	Preservation for future generations								*******
4	Provide a description of the organizat		and expla	ain how th	ney further	the orga	anızation's exem _l	ot purpos	e in Part
_	XIII		_						
5	During the year, did the organization								_
	assets to be sold to raise funds rather							☐ Yes	
Part					anization a	answer	ed "Yes" to For	m 990, P	art IV,
	line 9, or reported an amoun								
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or oth						_	C N-
L								∐ Yes	⊔ №
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the to	ollowing ta	abie.	Γ	Δm	ount	
_	Paginning halanga					4.0			
c d	Beginning balance	• • •	•			1c			
e	Additions during the year Distributions during the year					1e			
f						1f	 ·		
2a	Did the organization include an amoun					L.:-	<u> </u>	☐ Yes	□No
	If "Yes," explain the arrangement in Pa		•			nrovide	d in Part XIII		_
Par									
		(a) Current year		or year	(c) Two year		(d) Three years back		ars back
1a	Beginning of year balance	6,000		5,000		4,000	2,000		2,000
b	Contributions	1,000		1,000		1,000	2,000		0
C	Net investment earnings, gains, and								
	losses	0		0		o	0		_0
d	Grants or scholarships [0		0		0	_ 0		0
е	Other expenditures for facilities and								
	programs	0		0		0	0		0
f	Administrative expenses	0		0		0	0		0
g	End of year balance [7,000		6,000		5,000	4,000		2,000
2	Provide the estimated percentage of the			e (line 1g	, column (a))) held a	s:		
a	Board designated or quasi-endowmen		%		•				
b		100%							
С	Temporarily restricted endowment	%	.00/						
20	The percentages in lines 2a, 2b, and 2 Are there endowment funds not in the			-ation tha	st ara hald i		nunctored for the		
За	organization by:	possession or th	e organi	zauon ma	at are nero	anu aui	ministered for the	_	es No
	(i) unrelated organizations								es No
	(ii) related organizations	• • • •	• • •	•				3a(i) 3a(ii)	+
b	If "Yes" to 3a(ii), are the related organizations	 zatione lietod as ri	 anurad c	 on Schedi	 22 مار		• •	3b	- • -
4	Describe in Part XIII the intended uses							<u> </u>	
Part									
	Description of property	(a) Cost or ot			r other basis	(c) A	ccumulated	(d) Book	/alue
		(investm		1 ' '	ther)		preciation	• •	
1a	Land								
b	Buildings								
С	Leasehold improvements		•						
d	Equipment		22,335		0		20,457		1,878
е	Other								
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form 99	90, Part 2	K, column	(B), line 10	(c).)	>		1,878
							Sched	ule D (Form	990) 2012

Part VII Investments—Other Securities.	. See Form 990, Part X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F) (G)		
(H)		
(i)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments—Program Related	See Form 990 Part Y	line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) book value	Cost or end-of-year market value
(1)		
(2)		,
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶		1
Part IX Other Assets. See Form 990, Pa		
	n) Description	(b) Book value
(1) Deposits Landlord		3,8
(2)		·
(3)		
(4)		
(5)		
(6) (7)		
(8)		
(9)		
10)		
Total. (Column (b) must equal Form 990, Part X, co	ol. (B) line 15.)	,
Part X Other Liabilities. See Form 990,		
1. (a) Description of liability	(b) Book value	1
(1) Federal income taxes		7
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		7
10)		
11)		7
otal. (Column (b) must equal Form 990, Part X, col (B) line 25)		7
		ganization's financial statements that reports the organization
ability for uncertain tax positions under FIN 48 (ASC 7	40) Check here if the text of	f the footnote has been provided in Part XIII

Schedul	e D (Form 990) 2012				Page 4
Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents \	With Revenue per l	Retu	rn
1	Total revenue, gains, and other support per audited financial statements	-		1	435,860
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	12,367		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	12,367
3	Subtract line 2e from line 1			3	423,493
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	423,493
Part	XII Reconciliation of Expenses per Audited Financial Statem	nents	With Expenses pe	r Re	turn
1	Total expenses and losses per audited financial statements			1	427,479
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
а	Donated services and use of facilities	2a	12,367		
b	Prior year adjustments	2b		^	
c	Other losses	2c		, , , , , , , , , , , , , , , , , , ,	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	12,367
3	Subtract line 2e from line 1			3	415,112
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			, ,	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		, ,	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	<u>.</u>	5	415,112
Part	XIII Supplemental Information				
	lete this part to provide the descriptions required for Part II, lines 3, 5, and				
	, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b	Also	complete this part to	prov	ide any additional
inform	ation				
Part V	Line 4 Endowment funds are permanently restricted with the interest unrestric	ted for	r operating expenses.		
Part XI	Line 2b and Part XII line 2a amount of 12,367 Difference from Statement of Re	venue	Inkind 13,457 is ınclud	ed in	special event direct
costs.					
			·····		
					chedule D (Form 990) 2012
				30	Medule D (FOITH 990) 2012

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

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. Department of the Treasury Internal Revenue Service Name of the organization Employer identification number WaterWatch of Oregon 93-0888158 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants ☐ Internet and email solicitations Solicitation of government grants □ Phone solicitations g

Special fundraising events **d** In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (or retained by) fundraiser listed in col (i) (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (II) Activity custody or control of contributions? (or retained by) organization or entity (fundraiser) from activity Yes No 1 3 5 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Рa	rt II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions			
		ground reaction the	(a) Event #1 Auction (event type)	(b) Event #2 House Party (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	134,002	6,250	5,350	145,602
œ ,	2	Less: Contributions Gross income (line 1 minus	76,021	6,250	2,834	85,105
		line 2)	57,981	0	2,516	60,497
	4	Cash prizes				
	5	Noncash prizes				
sesue	6	Rent/facility costs			415	415
Direct Expenses	7	Food and beverages .	9,860		2,516	12,376
Direc	8	Entertainment				
	9	Other direct expenses .	31,007		2,515	33,522
Pa	10 11 rt III	Direct expense summary Ac Net income summary. Comb Gaming. Complete if the	oine line 3, column (d), a e organization answe	and line 10	▶ │	(46,313) 14,184 reported more
—		than \$15,000 on Form 9		(b) Pull tabs/instant	4.1.00	(d) Total gaming (add
Revenue	1		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Re	1	Gross revenue				
ses	2	Cash prizes				,
Expen	3	Noncash prizes .				
Direct Expenses	4	Rent/facility costs				
	5_	Other direct expenses .				
l	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes% ☐ No	☐ Yes %	
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)	>	()
	8	Net gaming income summar	y Combine line 1, colur	nn d, and line 7		
10:	a Ist b If " a We	ere any of the organization's g	perate gaming activities	s in each of these states'	ed during the tax year?	Yes No
						e G (Form 990 or 990-EZ) 2012

Schedu	ale G.(Form 990 or 990-EZ) 2012			Page	3
11 12	Does the organization operate gaming activities with nonmembers?			□ No	
13	Indicate the percentage of gaming activity operated in:				
а	The organization's facility			%	_
b	An outside facility			%	<u>}</u>
14	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?		es (□ No	0
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	_		_	
С	If "Yes," enter name and address of the third party:				
	Name ►				
	Address ▶				
16	Gaming manager information				
	Name				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	□ Director/officer □ Employee □ Independent contractor				
17 a	Mandatory distributions. Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		/es	□ N	o
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 ▶ \$	-			
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also co part to provide any additional information (see instructions).			IIS	_
	·				

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Part	Questions Regarding Compensation			
			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 directors, trustees, and officers, including 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			
0	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 organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	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:	_		
a	The organization?	5a		
b	Any related organization?	5b		
	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			
6	compensation contingent on the net earnings of:			
а	The organization?	6a		
a b	Any related organization?	6b		
~	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		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			
	IIII CALCIII	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
9	Regulations section 53.4958-6(c)?	9		

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II 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.

NOTE: THE SULL OF COUNTIES (PIV)—(III) TO EACH ISSEN HIGH HIGH HIGH EQUAL THE FORM SHOWING THE FORM AND THE SULL OF COUNTIES OF THE SULL OF THE SULL O	במבו	i iisted iiidividaal iiid	st equal tile total affi	Juni di Fonn 390, Fa	L VII, Section A, IIIIe	a, applicable colull	I (D) alid (E) aliioulis	lor triat individual.
		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable		(
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
Susie Q. Smart, Executive	E	145,000	5,000	3,000	12,000	5,500	165,000	NONE
1 Director	E E							
c	: 6							
1	€ (
က	E							
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5	(E)							
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	=							
12	€							
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13	€							
	=							
14	€							
	=							
15	€							
	=							
16	€							

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

(8) (9) (10) **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

OMB No. 1545-0047

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

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

Name o	of the organization		-					Emplo	yer ider	ntificat	ion nui	mber		
Par	Excess Bene Complete if th							anizations only) ao or 25b, or Fo		0-EZ,	Part '	V, line	40b.	
1	(a) Name of disqualified	porcon	(b) Relationship be			person and		(c) Descriptio	n of tran	acactic	n		(d) Corr	ected?
1	(a) Name of disqualified	person		organiza	tion			(c) Descriptio	n oi trai	isactio	п		Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
2	Enter the amount		d by the orgar	nization	n manag	gers or disc	qualif	ied persons du	ıring tl	he ye	ar			
	under section 4958										\$	·		
3	Enter the amount o	f tax, if any, on	line 2, above,	reimbu	ursed by	the organi	zatio	ı		!	▶ \$	<u> </u>		
Part	Loans to and	or From Inter			-arm 00	0 EZ Dort 1	V line	200 or Form 0	00 00	ω . Ι\ /	lina O	G. 0" ;	f tha	
		ie organization eported an am						38a or Form 9	90, Pa	ırt IV,	iine 2	o; or i	i the	
	organization			1	, III	1			_					
(a) N	ame of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	an to or m the nization?	(e) Origin principal am		(f) Balance due	(g) In o	default?		proved pard or nittee?	(i) Wi agreei	
					Гиот	-			Vaa	N.	V	Na	V	Na
/1\				То	From				Yes	No	Yes	No	Yes	No
<u>(1)</u> (2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
Total				٠			. ▶	\$						
Part		sistance Bene le organization				0, Part IV, li	ine 27	7.			•			
(a)	Name of interested persor		ship between inter and the organization		c) Amount	of assistance		(d) Type of assistand	се	(e)) Purpo	se of a	ssistan	ce
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organia reve	zatior nuesí
				Yes	N
					Ь.
Supplemental Information		l			

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DLN: 93493129015253

SCHEDULE M (Form 990)

NonCash Contributions

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Inspection

OMB No 1545-0047

Nam	e of the organization				Employer ident if icat	ion nu	mber	
Pa	Types of Property							
		(a) Check ıf applıcable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d contribution	etermı	_	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	14	107,118	FAIR MARKET VAL	UE		
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts OFFICE							
25	Other (EQUIPMENT)	X	1	1,806				
	Other ►()		_	_,,,,,				
	O ther ►()							
	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization compl				29			
20	5				4 20 11 1 :		Yes	No
30a	During the year, did the organiza							
	must hold for at least three year				a to be used	_		Nic
	for exempt purposes for the entire	٠.				30a		No
	If "Yes," describe the arrangeme							
31	Does the organization have a gif	•				31	Yes	
<i>5</i> ∠a	Does the organization hire or use contributions?	e chird part	ies or related organizations		ion-casn	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

As Filed Data -

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

OMB No 1545-0047

DLN: 93493129015253

2011

Open to Public Inspection

Employer identification number

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 DRAFT IS REVIEWED BY MANAGEMENT, THE FINANCE AND INVESTMENT COMMITTEE, AND THE AUDIT COMMITTEE, AND IS REVISED IF NECESSARY THE FINAL DRAFT IS SENT TO THE FULL BOARD FOR REVIEW AND QUESTIONS
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REQUIRES BOARD MEMBERS AND OFFICERS TO COMPLETE A CONFLICT OF INTEREST STATEMENT EACH YEAR ALL SIGNIFICANT TRANSACTIONS ARE REVIEWED BY MANAGEMENT AND THE EXECUTIVE COMMITTEE TO ENSURE THAT NO CONFLICT OF INTEREST EXISTS IF THERE IS A CONFLICT OF INTEREST NOTED BY MANAGEMENT AND/OR THE BOARD, THE FULL BOARD WILL REVIEW AND DISCUSS THE MATTER AND DETERMINE IF THE TRANSACTION SHOULD BE EXECUTED
	FORM 990, PART VI, SECTION B, LINE 15	MANAGEMENT CONTRACTS WITH INDEPENDENT COMPENSATION SPECIALISTS, WHO PROVIDE DOCUMENTATION OF COMPENSATION FOR COMPARABLE POSITIONS IN THE ORGANIZATION'S GEOGRAPHICAL AREA THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS THIS INFORMATION IN EXECUTIVE SESSION AND APPROVES THE COMPENSATION LEVELS ON AN ANNUAL BASIS
	FORM 990, PART THE AUDITED VI, SECTION C, GOVERNING ILINE 19	THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES		FORM 990, PART NET UNREALIZED LOSSES ON INVESTMENTS -267,326 XI, LINE 5

Sched O, Example 2.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Employer identification number

2012

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection

OMB No 1545-0047

WaterWatch of Oregon	93-0888158
Part VI Line 11 b The document was emailed to the board for input and approval.	
Part VI Line 15 a and b Compensation was reviewed by the board with input from the executive directo	r on comparable compensation
and benefit levels in our industry. Any changes are approved by the board.	
Part VI Line 19 These documents are available in the WaterWatch office upon request.	
·	
	'
	

SCHEDULE 0

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(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 to provide any additional information.

P Attach to Form 990 or 990-EZ.

2012

DLN: 93493123000133

OMB No 1545-0047

Open to Public Inspection

Employer identification number 38-3095120 Name of the organization CASCADES PARK FOUNDATION

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	CURRENT MEMBERS OF THE BOARD ELECT MEMBERS TO THE BOARD
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	THE BOARD APPROVES ALL MAJOR DECISIONS REGARDING THE CASCADES PARK FOUNDATION ACTIVITIES
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE RETURN PREPARER REVIEWED THIS RETURN WITH THE FOUNDATION TREASURER THE TREASURER PRESENTED THE RETURN FOR APPROVAL AT THE APRIL BOARD MEETING PRIOR TO FILING
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE FOUNDATION HAS NO PAID CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL THESE FUNCTIONS ARE HANDLED BY THE VOLUNTEER BOARD MEMBERS
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE BOARD REVIEWS THE COMPENSATION OF THE MANOR HOUSE MANAGER ANNUALLY THIS INCLUDES COMPARISON TO SALARIES PAID TO MANAGERS WITH SIMILAR DUTIES IN LOCAL FOR-PROFIT BUSINESSES, AS WELL AS WITH SIMILAR NONPROFIT AGENCIES
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE APPLICATION FOR RECOGNITION OF EXEMPTION (FORM 1023) AND ANNUAL 990 AND 990-T FORMS ARE AVAILABLE FOR REVIEW UPON REQUEST THE BOARD TREASURER PROVIDES COPIES IN RESPONSE TO ANY REQUESTS
RECONCILIATION OF CHANGES - OTHER	FORM 990, PART XI, LINE 9	BOOK / TAX DEPRECIATION DIFFERENCE 29,853
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 9	FEDERAL INCOME TAXES - CURRENT 15,202 FEDERAL INCOME TAXES - DEFERRED 7,450 THE CASCADES PARK FOUNDATION IS SUBJECT TO FEDERAL TAXES ON ITS UNRELATED BUSINESS INCOME THESE TAXES ARE NOT REPORTED AS AN EXPENSE IN THE SCHEDULE OF FUNCTIONAL EXPENSES CURRENT TAXES FOR 2012 TOTALED 15,202 BECAUSE THE CASCADES PARK FOUNDATION HAS ELECTED TO USE ACCELERATED DEPRECIATION METHODS TO REDUCE ITS FEDERAL INCOME TAX LIABILITY, IT HAS ESTABLISHED A RESERVE FOR THE DEFERRED FEDERAL INCOME TAXES DURING 2012, THIS RESERVE INCREASE BY 7,450

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Part I

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public

Employer identification number

	(a) Name, address, and EIN (if applicable) of disregarded entity	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
£							
(2)							
(3)							
(4)							
(5)							
(9)							
Part II	Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	ions Complete if the orginal considers if the second considers in the considers in the considers in the considers in the considers in the considers in the considers in the considers in the considers in the considers in the considers in the considers in the considers in the considers in the consideration in the consideratio	ne organization an	swered "Yes" on	Form 990, Part	IV, line 34 beca	use it had
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) S Direct controlling entity	g Section 512(b)(13) controlled entity?
			-				Yes No
(1)							
(2)							
(3)							
(4)							
(2)							
(9)							
(2)							
For Paper	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat. N	Cat. No. 50135Y		Schedule	Schedule R (Form 990) 2013

Schedule R (Form 990) 2013

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

(k) Percentage ownership									t IV,	(i) Section 512(b)(13) controlled entity?	oN S								Schedule R (Form 990) 2013
(j) General or managing partner?	Yes No								990, Pai	(h) Percentage Sect ownership	Yes								le R (Forn
Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)									"Yes" on Form	(g) Share of Perce end-of-year assets owne									Schedi
(h) lisproportionate allocations?	Yes No								answered										
(g) (h) Share of end-of- Disproportionate year assets allocations?									anization a	(f) Share of total income									
Share of total Sha income									te if the org ust during t	(e) Type of entity (C corp, S corp, or trust)									
									ust Comple tration or tr	(d) Direct controlling entity									
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)									ion or Tru as a corpo										
(d) Direct controlling entity									s a Corporations treated	(c) Legal domicile (state or foreign country)									
(c) Legal domicile (state or foreign country)									s Taxable as ed organizat	(b) Primary activity									
(b) Primary activity									Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.										
(a) Name, address, and EIN of related organization		(1)	(2)	(6)	(4)	(5)	(9)	(7)	Part IV Identification of R line 34 because it h	(a) Name, address, and EIN of related organization		(1)	(2)	(6)	(4)	(5)	(9)	(7)	

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Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

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Somp	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	Gift, grant, or capital contribution to related organization(s)	Gift, grant, or capital contribution from related organization(s)	Loans or loan quarantees to or for related organization(s)	Loans or loan quarantees by related organization(s)		Dividends from related organization(s)	Sale of assets to related organization(s)	Purchase of assets from related organization(s)	Exchange of assets with related organization(s)	lease of facilities, equipment, or other assets to related organization(s)		Lease of facilities, equipment, or other assets from related organization(s)	Performance of services or membership or fundraising solicitations	Performance of services or membership or fundraising solicitations by related organization(s)	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Sharing of paid employees with related organization(s) .		Reimbursement paid to related organization(s) for expenses	Reimbursement paid by related organization(s) for expenses	; ; ;	Other transfer of cash or property to related organization(s)	Uner transier of cash or property from related organization(s)	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.									
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	_ _	a Œ	д	ი ი		e F		→	Ö			<u> </u>		*	<u> </u>	E	S L	<u>o</u>		<u>م</u>		,		,	- -			_	_				_	
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Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (e) (f) (g) Name, address, and EIN of entity Primary activity Legal domicile Predominant Are all partners Share of end-of-yea (state or foreign income (related, excluded country) \$501(o)(3) assets from tax under organizations?	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	<u> </u>	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
			sections 512-514)	Yes No			Yes No		Yes No	
(1)										
(2)										
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Suggested Policies and Procedures

IRS Form 990 Line #	Purpose/Source	Policy
Part VI Q. 5	Transparency	Disclosure on Fraud
Part VI Q. 8	Good Governance	Committee Meetings
Part VI Q. 9b.	Good Governance	Local Branches, Affiliates
Part VI Q.10	Authorization of Form	Review of Form 990
Part VI Q.12	Governance, Sarbanes Oxley	Conflict of Interest
Part VI Q.13	Sarbanes Oxley	Whistle Blower
Part VI Q.14	Sarbanes Oxley	Document Destruction
Part VI Q.15	Pension Protection Act	Compensation Review
Part VI Q.16	UBTI	Monitoring of Investments
Part VI Q.19	Transparency	Disclosure of Documents
Part VII Q.5	Excess Benefit Transaction	Disclosure of Outside Income
Schedule J	Excess Benefit Transaction	Travel Policies
Schedule L	Excess Benefit Transaction	Loans to Board and staff
Schedule M	Pension Protection Act	Gift Acceptance Policy

	Raffles vs Drawings: A Comparison	son
Item	Raffles	Drawings
Ticket Purchase	Any number of paper tickets may be purchased specifically for the raffle without regard to attendance at the fundraising event, or other association with the nonprofit.	No purchase required for a chance to win. All admission ticket purchases may include a chance and/or all attendees have an equal chance to win prize (i.e.: a door prize).
Deductible as Charitable Donation?	NO: raffle ticket purchase is considered participation in a game of chance.	YES, with conditions: As long as no donation is 'required' for a chance to participate, voluntary purchase is considered participation in a contributions solicited in association with the drawing are eligible charitable donations.
Age limitation	Person who makes and/or supervises the ticket selection must be 18 years or older.	None
Receipts	At least 90% of the gross receipts must go directly to the nonprofit organization.	Unspecified
	Yes, Form CT-NRP-2 can be found here:	No
Registration Required?	http://oag.ca.gov/sites/all/files/agweb/pdfs/charities/raff_le/ct_nrp_1.pdf#xml=http://search.doj.ca.gov:8004/AGSe_arch/isysquery/312f5a6e-fbff-4426-a9df-bca6ecb07934/2/hilite/	
Governing Law (for both)	Penal Code §320.5	§320.5
FAQs	http://oag.ca.gov/charities/faq#raffles	arities/faq#raffle <u>s</u>