Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Α	For the	2012 cale	<u>ndar</u>	year, or tax yea	r beginn	ing		, 2	2012, ar	nd endi	ng			, 20	
В	Check if	applicable:	C Na	me of organization									D Employ	yer identification numb	ber
		change	Do	ing Business As											
П		J			P.O. box i	if mail is	not delivered to str	eet addres	(2)	Room/si	uite		F Telepho	one number	
Н	Name cl	•	''	Theor and othoot (of	1 .O. DOX	ii iiidii io	not donvoida to oti	001 444100		1100111/01	aito		= rolopho	one number	
Ц	Initial ref	turn													
Ш	Termina	ted	Cit	y, town or post offi	ce, state, a	and ZIP o	code								
	Amende	ended return											G Gross receipts \$		
	Applicat	ion pending	F Nar	me and address of	principal o	fficer:					Н	(a) Is this a	group return	n for affiliates? 🗌 Yes 🗌	No
	• •	, ,									l l			included? Yes	No
_	Tay aya	mnt status:		3501(c)(3)	501	(a) () ◀ (insert no.)	4947(a)	(1) or [527				a list. (see instructions)	
<u>'</u>	Website	mpt status:				(0) () 4 (III3CIT 110.)	4347 (a)	(1) 01 L	321					
<u></u>				🗆					1			(c) Group	T .	n number ►	
K				orporation Trust	Asso	ociation	Other ►		L Year	r of forma	ation:		M State	e of legal domicile:	
Ľ	art I	Summ													
	1	Briefly de	escrib	oe the organiza	tion's m	ission	or most signific	cant acti	vities:						
4															
ĕ															
nal															
Ve	2	Chook th	ic bo	y N if the or	aanizati	on dicc	continued its or	orations	or die	nocod	of mo	ro than	250/ of	its net assets.	
ő	2				_					-			1		
∞ ∞	3			_	_		g body (Part V						3		
es	4			•	•		f the governing				•		4		
¥	5	Total nur	nber	of individuals	employe	d in ca	lendar year 20	12 (Part '	V, line	2a)			5		
Activities & Governance	6	Total nur	nber	of volunteers (estimate	if nec	essary)						6		
⋖	7a	Total unr	elate	d business rev	enue fro	m Part	: VIII, column (0						7a		
	b						m Form 990-T,	,.					7b		
_	<u> </u>	TTOT GITTO	latoa	Duomicoo taxa	310 111001	110 1101				•	<u> </u>	Prior Yea		Current Year	
Revenue	8		rogram service revenue (Part VIII, line 1n)												
	9	•		•		•									
ě	10	Investme	ent in	come (Part VIII	, columr	າ (A), Iir	nes 3, 4, and 70	d)		[
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)													
	12	2 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)													
_	13														
	14		nts and similar amounts paid (Part IX, column (A), lines 1–3) efits paid to or for members (Part IX, column (A), line 4)												
	4-		s, other compensation, employee benefits (Part IX, column (A), lines 5–10)												
Expenses	15														
ens	16a			_			nn (A), line 11e								
ă	b						n (D), line 25) 🕨								
ш	17	Other ex	pens	es (Part IX, col	umn (A),	lines 1	1a-11d, 11f-2	4e) .		[
	18	Total exp	ense	es. Add lines 1	3–17 (mu	ust equ	al Part IX, colu	mn (A), I	ine 25)) .					
	19	Revenue	less	expenses. Sul	tract lin	e 18 fr	om line 12 .			[
- s	3	•		•							Beginn	ning of Cur	rent Year	End of Year	
Net Assets or Fund Balances	20	Total acc	ete (Part X, line 16)						t	_				
Asse	21		•	s (Part X, line 2											
e de	21			,	,										
_					Subtrac	ct line 2	21 from line 20								
P	art II	Signa	ture	Block											
														my knowledge and bel	lief, it is
tru	ie, correc	t, and comp	lete. D	eclaration of prepa	rer (other t	han offic	er) is based on all i	information	of whic	h prepare	er has a	ıny knowle	dge.		
Sig	an	Sign	ature	of officer								Dat	e		
-	ere														
	,1 G	T	0.00	int name and title											
		1,		int name and title		1_				I =			1	p=:	
Pa	aid	Print/Ty	pe pre	eparer's name		Pre	parer's signature			□	Date		Check	if PTIN	
	epare	r											self-em		
	-		name	•								Firm	's EIN ▶	,	
US	se On	ly							none no.						
Ma	av the IE				nrenar	er show	wn above? (see	instruct	tione)			Pilor	ie IIO.	Yes	No
1410	∡y ιι I C ΙΓ	io discus	் பா	FIGURE WILLER	, prepai	∵ 311U\	wii above: (586	ว แางแนบโ	10113)					165	140

Form 990 (2012) Page **2**

Part		rice Accomplishments s a response to any question in this F	Part III	
1	Briefly describe the organization's n			
2		significant program services during the	-	☐ Yes ☐ No
3		es on Schedule O. ucting, or make significant changes i	n how it conducts, any program	Yes □ No
4	expenses. Section 501(c)(3) and 50	Schedule O. n service accomplishments for each of 1(c)(4) organizations are required to reany, for each program service reported.	port the amount of grants and allocated	
4a		including grants of \$		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe in (Expenses \$ includi	n Schedule O.) ng grants of \$) (Reve	nue \$	
4e	Total program service expenses		,	

Checklist of Required Schedules

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	2		
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? If "Yes," complete Schedule C, Part II	3		
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		
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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		
	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		
	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? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		
	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		
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		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14 a		14a		
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		
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		
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
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		
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		
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
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		
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		
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		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		
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		
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		
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		
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):			
a b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV </i>	28a 28b		
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		
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," <i>complete Schedule R, Part I</i>	33		
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		
35a b	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	35a		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
37	related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		

Form 990 (20	12)
Part V	Statements Regarding Other IRS Filings and Tax Compliance
	Chack if Schodulo O contains a response to any question in this Part V

	Check if Schedule O Contains a response to any question in this part V	· ·		
4.			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4 -		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		
Za				
h	Statements, filed for the calendar year ending with or within the year covered by this return [2a] If at least one is reported on line 2a, did the expanization file all required foderal employment tay returns?	2b		
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 <i>e-file</i> (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	05		
··u	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		
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		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts 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		
С	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 h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	/11		
Ü	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.	3		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
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		
b	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.	46		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b				
^	the organization is licensed to issue qualified health plans			
C 1/12	Did the organization receive any payments for indoor tanning services during the tax year?	1/10		
14a h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a 14b		
D	ii res, has it lieu a roith rzo to report these payments? Il no, provide an explanation in schedule O	140		

Form 990 (2012) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Nο 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 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. Enter the number of voting members included in line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο **10a** Did the organization have local chapters, branches, or affiliates? 10a 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 14 14 Did the organization have a written document retention and destruction policy? 15 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 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 18

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) Own website Another's website ☐ Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: ▶

Form 990 (2012)	Page 7
-----------------	---------------

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

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

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

Check this box if neither the organization nor	any related	a orga	anız	atio	n c	ompe	nsa	ted any curren	t officer, directo	r, or trustee.
	-			(0	C)	-		-		
(A)	(B)	Position (do not check more than one					nne	(D)	(E)	(F)
Name and Title	Average	box, unless person is both an				is both	n an	Reportable	Reportable	Estimated amount of
	hours per week (list any					or/trust		compensation from	compensation from related	other
	hours for related	Individual trustee or director	nstit	Officer	Key employee	dighe	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	idual	utior	er	mpl	est co	ब्	(W-2/1099-MISC)	(** 2) 1000 Miles)	organization
	below dotted line)	l trus	nal tr		oyee	omp				and related organizations
	,	stee	Institutional trustee			Highest compensated employee				3
			Ф			ted				
(4)										
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(0)										
(8)										
(9)										
(10)										
(11)										
V1										
(12)										
(4.2)										
(13)										
(14)										
	T					1				

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(A) (B) (do not check r Name and title Average hours per officer and a di			more rson	is both	n an	(D) Reportable compensation	(E) Reportable compensation fron	(F) Estimated amount of		
		week (list any hours for related organizations below dotted line)	Individua or directo	a Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation
(15)							<u> </u>				
(16)											
(17)											
(18)											
(25)											
	Sub-total					<u> </u>					
c d	Total from continuation sheets to Part							>			
2	Total number of individuals (including but reportable compensation from the organic	t not limited					above	e) w	ho received m	ore than \$100,0	000 of
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete s</i>	ficer, direc						-		est compensat	
4	For any individual listed on line 1a, is the organization and related organizations individual										
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or individ	ual
Section	on B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization. Repyear.										
	(A) Name and business add	Iress							(B) Description of s	ervices	(C) Compensation
2	Total number of independent contractor	ors (includir	ng bu	t n	ot I	limit	ed to	⊥ th	ose listed abo	ove) who	

received more than \$100,000 of compensation from the organization ▶

	990 (201	•					Page 9				
Par	t VIII	Check if Schedule O contains a response to any question in this Part VIII									
		Check if Schedule O Contains a respon	ise to any ques	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514				
ıts	1a	Federated campaigns 1a									
irar oun	b	Membership dues 1b									
s, G	С	Fundraising events 1c									
Sift lar,	d	Related organizations 1d									
imi	е	Government grants (contributions) 1e									
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above									
d E	g	Noncash contributions included in lines 1a-1f: \$									
S u	h	Total. Add lines 1a-1f	🕨								
Program Service Revenue	2a b c		Business Code								
Ē	е										
ogr	f	All other program service revenue.									
<u> </u>	g	Total. Add lines 2a-2f	🕨								
	3	Investment income (including divide and other similar amounts)									
	4	Income from investment of tax-exempt bo	nd proceeds ►								
	5	Royalties	►								
		(i) Real	(ii) Personal								
	6a	Gross rents									
	b	Less: rental expenses									
	С	Rental income or (loss)									
	d	Net rental income or (loss)	<u> ▶</u>								
	7a	Gross amount from sales of (i) Securities assets other than inventory	(ii) Other								
	b	Less: cost or other basis									

ੜੂ ਲੁ	u	helated organizations Id			
Contributions, Gi and Other Simila	е	Government grants (contributions) 1e			
혈압	f	All other contributions, gifts, grants,			
is E		and similar amounts not included above 1f			
<u>ē</u> ē	g	Noncash contributions included in lines 1a-1f: \$			
i o					
	h	Total. Add lines 1a-1f	Business Code		
Program Service Revenue			Business Code		
Ş	2a				
æ	b				
8	С				
₹	d				
മ്					
ац	е				
БÔ	f	All other program service revenue.			
4	g	Total. Add lines 2a-2f	🕨		
	3	Investment income (including divid			
		and other similar amounts)			
	4	Income from investment of tax-exempt b			
	4				
	5	Royalties	▶		
		(i) Real	(ii) Personal		
	6a	Gross rents			
	b	Less: rental expenses			
	С	Rental income or (loss)			
			•		
	d	<u> </u>			
	7a	aroos amount from saise of	(ii) Other		
		assets other than inventory			
	b	Less: cost or other basis			
		and sales expenses .			
	С	Gain or (loss)			
		Net gain or (loss)	•		
	d	ivel gain or (loss)			
Φ	_				
2	8a	Gross income from fundraising			
Ş		events (not including \$			
æ		of contributions reported on line 1c).			
_		See Part IV, line 18	,		
Other Revenue	b	Less: direct expenses			
0		•			
	C	Net income or (loss) from fundraising	events . ►		
	9a	Gross income from gaming activities.			
		See Part IV, line 19	1		
	b	Less: direct expenses			
		Net income or (loss) from gaming ac			
		Gross sales of inventory, less			
		returns and allowances			
	_				
		Less: cost of goods sold k			
	С	Net income or (loss) from sales of inv	rentory ►		
		Miscellaneous Revenue	Business Code		
	11a				
	b				
	C	All II			
	d	All other revenue			
	е	Total. Add lines 11a-11d			
	12	Total revenue. See instructions	<u>.</u> . >		
					Form 990 (2012)
					(-3.2)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

300110	11 00 1(c)(o) and 00 1(c)(+) organizations mast con	•	•	•	. ,
	Check if Schedule O contains a respon	se to any question	in this Part IX .		
Do no	t include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C)	(D)
	, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
	-		expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
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 5	Benefits paid to or for members 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 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
·· a	Management		•		
_	_				
b	Legal				
C	Accounting				
d	Lobbying				
е	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				
13	Office expenses				
14	Information technology				
15	Royalties				
	=				
16	Occupancy				
17 18	Travel				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
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					
b					
C					
d	All other expenses				
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e				
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)				

Part X Balance Sheet

Form 990 (2012)

Check if Schedule O contains a response to any question in this Part X								
			(A) Beginning of year		(B) End of year			
	1	Cash—non-interest-bearing		1				
	2	Savings and temporary cash investments		2				
	3	Pledges and grants receivable, net		3				
	4	Accounts receivable, net		4				
	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				
	6	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						
əts		organizations (see instructions). Complete Part II of Schedule L		6				
Assets	7	Notes and loans receivable, net		7				
4	8	Inventories for sale or use		8				
	9	Prepaid expenses and deferred charges		9				
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D						
				10-				
	b	Less: accumulated depreciation		10c 11				
	11 12	Investments—publicly traded securities		12				
	13	Investments—program-related. See Part IV, line 11		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11		15				
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16				
	17	Accounts payable and accrued expenses		17	_			
	18	Grants payable		18				
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities		20				
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21				
es	22	Loans and other payables to current and former officers, directors,						
į		trustees, key employees, highest compensated employees, and						
Liabilities		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		24				
	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 D		25				
	26	Total liabilities. Add lines 17 through 25		26				
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and						
sec		complete lines 27 through 29, and lines 33 and 34.						
anc	27	Unrestricted net assets		27				
Net Assets or Fund Balances	28	Temporarily restricted net assets		28				
	29	Permanently restricted net assets		29				
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and						
ō		complete lines 30 through 34.						
ets	30	Capital stock or trust principal, or current funds		30				
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31				
et A	32	Retained earnings, endowment, accumulated income, or other funds .		32				
ž	33	Total net assets or fund balances		33 34				
	34	Total liabilities and net assets/fund balances		ა4				

Form 990 (2012) Page **12**

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI			<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1				
2	Total expenses (must equal Part IX, column (A), line 25)	2				
3	Revenue less expenses. Subtract line 2 from line 1	3				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10				
Part	XII Financial Statements and Reporting				_	
Check if Schedule O contains a response to any question in this Part XII						
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other		.			
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	pıaın	in			
•			. 2a			
2a	· · · · · · · · · · · · · · · · · · ·					
	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:					
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?					
D						
	separate basis, consolidated basis, or both:	,u 011	۵			
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	/ersia	ht			
Ū	of the audit, review, or compilation of its financial statements and selection of an independent account					
	If the organization changed either its oversight process or selection process during the tax year, ex	plain				
	Schedule O.	•				
3a	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?		. За			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		ne			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b			
			FC	rm 990	(2012)	

Form **990** (2012)