SHEPARD SCHWARTZ & HARRIS LLP

CERTIFIED PUBLIC ACCOUNTANTS 123 NORTH WACKER DRIVE - 14TH FLOOR CHICAGO, ILLINOIS 60606-1700

TELEPHONE: 312 726 8353 FACSIMILE: 312 726 2657 E-MAIL: mailbox@ssh-cpa.com WEB SITE: www.ssh-cpa.com

IRVING W. SHEPARD (1935-1983) MORRIS SCHWARTZ (1946-1983) SAUL M. BAKRINS (1967-1990)

IMD GUEST HOUSE FOUNDATION IN CARE OF: UNIVERSITY OF ILLINOIS AT CHICAGO 818 S. WOLCOTT ST. #303 CHICAGO, IL 60612

DEAR MIKE,

ENCLOSED ARE THE OLIGINAL AND ONE COPY OF YOUR INCOME TAX RETURNS FOR THE PERIOD LNDE LCF BER 31, 2012 FOR:

IMD GUEST HOUSE FOUND'IN AS FOLLOWS...

- 2012 990 RETURN O. ORGY IZATION EXEMPT FROM INCOME TAX
- 2012 SCHEDULE A PUBLI CHARITY STATUS AND PUBLIC SUPPORT
- 2012 SCHEDULE B SCHEDULE OF CONTRIBUTORS
- 2012 SCHEDULE D SUPPLEMENT'L F / ANCIAL STATEMENTS
- 2012 SCHEDULE G SUPPLEMENTAL IN FO. REGARDING FUNDRAISING/GAMING
- 2012 SCHEDULE O SUPPLEMENTIL INFOPE TION TO FORM 990 OR 990EZ 2012 ILLINOIS FORM AG990-IL (FERTERBLE) ORGANIZATION ANNUAL REP.

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FAED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

SINCERELY

GREGG WIRTSCHORECK SHEPARD SCHWARTZ & HARRIS



SHEPARD SCHWARTZ & HARRIS LLP

CERTIFIED PUBLIC ACCOUNTANTS 123 North Wacker Drive - 14^{TH} Floor CHICAGO, ILLINOIS 60606-1700

TELEPHONE: 312 726 8353 FACSIMILE: 312 726 2657 E-MAIL: mailbox@ssh-cpa.com WEB SITE: www.ssh-cpa.com

IRVING W. SHEPARD (1935-1983) MORRIS SCHWARTZ (1946-1983) SAUL M. BAKRINS (1967-1990)

INSTRUCTIONS FOR FILING IMD GUEST HOUSE FOUNDATION FORM 990 - EXEMPT ORGANIZATION FOR THE PERIOD ENDED DECEMBER 31, 2012

SIGNATURE...

THE ORIGINAL LIVEN HOULD BE SIGNED (USING FULL NAME AND TITLE) AND DATED BY AN ALLORIZED OFFICER OF THE ORGANIZATION.

FILING...

THE SIGNED RETURN HOUL BF FILED ON OR BEFORE AUGUST 15, 2013 WITH...

> DELARTMENT OF THE TREASURY INTERN. L F ZVEY L SERVICE CENTER OGD IN, 84201-0027

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.



Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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

Inspection

A F	or th	e 201	2 calendar year, or tax year begir	ning	, 2012,	, and end	ding			, 20			
ь.			C Name of organization					D Employer ide	entificatio	on number			
D C	heck if ap	oplicable:	IMD GUEST HOUSE FOUNDA	TION				36-4284	1387				
	Addre		Doing Business As										
	7	change	Number and street (or P.O. box if mail is	not delivered to street addres	ss)	Room/suit	е	E Telephone n	umber				
	Initial	itial return 818 S. WOLCOTT AVE. SRH BLDG 303 (312) 996-0958											
	Term	inated	City, town or post office, state, and ZIP co	de									
	Amer		CHICAGO, IL 60612					G Gross receip	ts \$	4 (60,228.		
		cation	F Name and address of principal officer:	MICHAEL MAYSE]			H(a) Is this a grou	up return fo	or Ye	s X No		
	_ pendi	ng	SAME AS C ABOVE ,					affiliates? H(b) Are all affilia	tes include	d? Ye	\vdash		
_	Tax-ex	empt sta	<u> </u>) ◀ (insert no.)	4947(a)(1)	or	527	If "No," attac					
			WWW.IMDGV ST QUSE.ORG) (IIISEIT IIO.)	4347 (a)(1) (<i>J</i> i	321	H(c) Group exem			-,		
				Association Other		I Vos	or of format	tion: 1999 M			ile: IL		
	rt I		mmary	Association Other		Litea	ii Oi ioiiiiai	HOII. 1999 IVI	State of I	egai donne	<u>IIC. 11</u>		
ГС													
	1	BLIGITA	y describe the organization's no sion o	r most significant activitie	'5: '5:777NC 1	ם אייי אים כיי	יייע אועב						
9		ILOCI	VIDE FAMILIE F D RIEI 13	OF FAILENIS REC		VEWILI							
Jan		HO21	PITALS WITH COMF(LE	AFFORDABLE ACC	OMMODATI								
Governance	_												
Ó	2			iscondinued its operation					1 1		4.0		
⋖ర	3	Numb	per of voting members of the verning	ody (P v VI, line 1a)					3		19.		
ties	4		per of independent voting membe of t						4		19.		
Activities	5		number of individuals employed in cale		ine 2a)				5		5.		
Act	6	Total ı	number of volunteers (estimate if necess	v)					6		50.		
	7a	Total ı	unrelated business revenue from Part V	III, c 'umn), line					7a				
	b	Net ur	nrelated business taxable income from	Form 95 -T, lir 34					7b		C		
								Prior Year		Curren	t Year		
Φ	8	Contri	ibutions and grants (Part VIII, line 1h)				_	15,49	92.	4	22,610.		
Ď	9	Progra	am service revenue (Part VIII, line 2g)					247,46	55.	3 -	70,397.		
Revenue	10	Invest	tment income (Part VIII, column (A), line		11	16.		65.					
œ	11		revenue (Part VIII, column (A), lines 5,		17,66	53.		31,674.					
	12		revenue - add lines 8 through 11 (must		280,73			24,746.					
	13		s and similar amounts paid (Part IX, colu						0				
	14		its paid to or for members (Part IX, colu						0				
			es, other compensation, employee bene		129,01	6	1 '	71 , 492.					
Expenses	15							123,01	0		11,452.		
oeu	16a	Profes	ssional fundraising fees (Part IX, column fundraising expenses (Part IX, column (I	(A), line TTe)	61 261		/ - - (<						
Ä								0.4 \ E.0	\C	2.	2.6 0.01		
	l		expenses (Part IX, column (A), lines 11				-	284 50			36,901.		
			expenses. Add lines 13-17 (must equal	. , , ,			-	313 52			08,393.		
	19	Reven	nue less expenses. Subtract line 18 from	line 12				-3′,78			16 , 353.		
Net Assets or Fund Balances							Begin	ning of (rent)		End of			
set	20		assets (Part X, line 16)					1,164,34			39 , 074.		
₽₽	21	Total I	liabilities (Part X, line 26)					11,05			19,432.		
ᇗ	22		ssets or fund balances. Subtract line 21					1,153,28	9.	1,16	59 , 642.		
Pa	rt II	Siç	gnature Block										
Und	der pei	nalties o	of perjury, I declare that I have examined the complete. Declaration of preparer (other than	is return, including accomp	anying schedu	les and sta	tements, a	and to the best of	my know	wledge and	I belief, it is		
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all into	rmation of which	on preparer	nas any ki	nowieage.					
Sig			Signature of officer					Date					
He	re												
			Type or print name and title										
			Type preparer's name	Preparer's signature		Date		Chook	if PTIN	1			
Paid	ı		GG WIRTSCHORECK	, 5				Checkself-employ	"	P00979	3335		
Pre	oarer		· GHEDADD GGHHADEE	C. HADDTC TTD						20454			
Use	Only		Thains p					,					
NA -	. 414 - 1		s address > 123 N. WACKER DRIVE - 14					Phone no.	J _ Z _ /	26-835			
мау	tne I	KS dis	cuss this return with the preparer show	n above? (see instruction	S)					Yes	X No		

Form 990 (2012) Page 2 Part III **Statement of Program Service Accomplishments** Briefly describe the organization's mission: PROVIDE FAMILY AND FRIENDS OF PATIENTS RECEIVING TREATMENT AT AREA HOSPITALS WITH COMFORTABLE, AFFORDABLE ACCOMMODATIONS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501/ (3, and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, ar revenue if any, for each program service reported. 306,289. including grants of \$ 4a (Code:) (Revenue \$ 370,397. TREATMENT AT AREA HOSPI: WITH COMFORTABLE, AFFORDABLE ACCOMMODATIONS BY LEASI 5 FACILITIES. IN 2012, THE FOUNDATION PROVIDED AN ESTIMATED 2 85° N GHTS OF GUEST SERVICES. **4b** (Code:) (Expenses \$ including gran of \$) (Revenue \$ 4c (Code:) (Expenses \$) (Revenue \$ including grants of \$ 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ 4e Total program service expenses ▶ 306,289.

JSA 2E1020 2.000 Form 990 (2012)
Part IV Page 3

Is the organization described in section \$01(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	Par	t IV Checklist of Required Schedules			
zongblete Schedule A. 2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 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. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes." complete Schedule C. Part II. 5 Is the organization a section 501(c)(4). 501(c)(5), or 501(c)(5) or 501(c)(5), or 501(c)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 89-197 If "Yes." complete Schedule C. Part II. 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provin' advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D. Part II. 7 Did the organization maintain odle is not of works of art, historical treasures, or other similar assets? If "Yes." complete Schedule D. Part II. 8 Did the organization maintain colle is not of works of art, historical treasures, or other similar assets? If "Yes." complete Schedule D. Part II. 9 Did the organization services? If "Yes." as forwide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes." as forwide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes." as forwide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes." as forwide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes." as forwide assets in temporarily restricted endowments? If "Yes." complete Schedule D. Part V. 9 Did the organization separate or conso		<u> </u>		Yes	No
zongblete Schedule A. 2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 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. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes." complete Schedule C. Part II. 5 Is the organization a section 501(c)(4). 501(c)(5), or 501(c)(5) or 501(c)(5), or 501(c)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 89-197 If "Yes." complete Schedule C. Part II. 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provin' advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D. Part II. 7 Did the organization maintain odle is not of works of art, historical treasures, or other similar assets? If "Yes." complete Schedule D. Part II. 8 Did the organization maintain colle is not of works of art, historical treasures, or other similar assets? If "Yes." complete Schedule D. Part II. 9 Did the organization services? If "Yes." as forwide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes." as forwide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes." as forwide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes." as forwide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes." as forwide assets in temporarily restricted endowments? If "Yes." complete Schedule D. Part V. 9 Did the organization separate or conso	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to cardidates for public office? If "Pes," complete Schedule C, Part I. 3 Section 501 (C)(3) organizations. Did the organization engage in loobying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 4 Section 501 (C)(3) organizations. Did the organization engage in loobying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 5 Is the organization assection 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99-19? If "Yes," complete Schedule C, Part II. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provin' advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7 Did the organization were or hold a conservation easement, including easements to preserve open space, the environment, histori, and a "s.or historical treasures, or other similar assess? If "Yes," complete Schedule D, Part II. 8 Did the organization maintain solle ions of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part II. 9 Did the organization report an invent it "art X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not list J in P X," provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," provide credit counseling, debt management, credit repair, or debt negotiation report an amount for more information in the provide Schedule D, Part V. 10 Did the or			1	Х	
andidates for public office? If "Yes," complete Schedule C, Part I. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n)(1) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 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. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provin advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule P. Part I. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provin advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule P. Part I. Did the organization maintain colle "one of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D. Part II. Did the organization report an In. and It "Sart X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not list J in P. IX. provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," any is Schedule D. Part V. Did the organization directly 0, through a related organization, hold assets in temporarily restricted endowments, permanent endowment, or que, endowment? If "Yes," complete Schedule D. Part V. Did the organization report an amount for and, uilding and equipment in Part X, line 10? If "Yes," complete Schedule D. Part V. Did the organization report an amount for investments, so er sec., ses 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 X V. Did the organization report an amount for other assets in Part X, line 2 * Yes," relet Schedule D. Part X V.	2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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 "Pes." complete Schedule C, Part II. 5 is the organization as excision 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 "Pes." complete Schedule C, Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Pes." complete Schedule D, Part II. 7 Yes," complete Schedule D, Part II. 8 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Pes," complete Schedule D, Part II. 9 Did the organization maintain colles ons of works of art, historical treasures, or other similar assets? If "Pes," complete Schedule D, Part III. 9 Did the organization maintain colles ons of works of art, historical treasures, or other similar assets? If "Pes," complete Schedule D, Part III. 9 Did the organization report an invanit in "Part X, line 21, for excrow or custodial account liability, serve as a custodian for amounts not list of in P. X., provide credit counseling, debt management, credit repair, or a custodian for amounts not list of in P. X., provide credit counseling, debt management, credit repair, or good and the part X in the 19 Apart X. In the 19 Apart	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
election in effect during the tax year/ If "Yes," complete Schedule C, Part II. Is the organization a section 501(c)(4), 5010(c)(5), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provin a dvice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule P, Part I. 7 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provin a dvice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 10 Did the organization firectly or through a pated organization, hold assets in temporarily restricted endowments, permanent endowment, or qus, endowments? If "Yes," complete Schedule D, Part V. 10 Did the organization services? If "Yes," in the Schedule D, Part V. 11 If the organization same to any of the unioning quentions is "Yes," it then complete Schedule D, Part V. 12 Did the organization report an amount for investments is "of six of a set of part X, line 10? If "Yes," complete Schedule D, Part V. 13 Did the organization report an amount for investments of the X and Y is or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule A, art VIII. 14 Did the organization report an amount for other liabilities in Part X, line 2 "Yes," or lets Schedule D, Part X is Did the organization report an amount for other liabilities in Part X, line 2 "Yes," or lets Schedule D, Part X is Did the organization as pearate,		candidates for public office? If "Yes," complete Schedule C, Part I	3		X
s the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 (if "Yes", "complete Schedule C, Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provir advise on the distribution or investment of amounts in such funds or accounts? If "Yes", "complete Schedule D, Part II. 7 Did the organization invested in section of the organization report an investment of a section of the organization report an investment of an organization organization report an investment of an organization and its did not a section of the organization report an amount for organization. For any and an amount for organization in the Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not list of in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not list of in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not list of in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not list of in Part X, line 12, for escrow or custodial account liability, serve as a custodian for amounts not list of in Part X, line 12, provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," provide credit counseling, debt management, credit prepair, or debt negotiation services? If "Yes," complete Schedule D, 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 X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, 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 X, line	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provine advised to the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule P art I. 7 Did the organization is provine advised to the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule P, Part I. 8 Did the organization maintais colle lons of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule P, Part I. 9 Did the organization report an insunt in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not list if in P x X, a provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," and "Yes," complete Schedule D, Part IV. 10 Did the organization directly 6, throug, a " steed organization, hold assets in temporarily restricted endowments, permanent endowment, or qus endowments? If "Yes," complete Schedule D, Part V. 11 If the organization report an amount for sind sulfir s," and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 12 Did the organization report an amount for investments so et as a sea in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schadule D, Part VIII. 13 Did the organization report an amount for investments proper in rel and in Part X, line 16? If "Yes," complete Schadule D, Part XIII. 14 Did the organization separate, independent audited financial statements for the tax year sude Schadule D, Part X State Did the organization shade of the organization in separate or consolidated financial statements for the tax year sude Schadule P, Part X III X X Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program			4		X
Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to proving advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Sche" uhe Part I. 2 Did the organization instead or accounts? If "Yes," complete Schedule D, Part II. 3 Did the organization report an invent in "Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts on tist in in P. X. "provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," mp. te Schedule D, Part V. 4 Did the organization report on its if in P. X. "provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," mp. te Schedule D, Part V. 5 Did the organization recett, or through a related organization, hold assets in temporarily restricted endowments, permanent endowment, or qual-endowments? If "Yes," complete Schedule D, Part V. 5 Did the organization report an amount for and suiding and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 5 Did the organization report an amount for investme so erso esso esso in Part X, line 10? If "Yes," complete Schedule D, Part V. 6 Did the organization report an amount for investments progran relation and the service of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X line 13 that is 5% or more of its total assets reported an amount for other assets in Part X, line 13 that is 5% or more of the total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X line 12 that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X line 12 that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X line 12 that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X line 12 that is 5% or more of list total assets report	5				
bid the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to proving advice on the distribution or investment of amounts in such funds or accounts? If Yes," complete Schredule P. Part I. 7 Did the organization, accessory or hold a conservation easement, including easements to preserve open space, the environment, histor, and a s. or historic structures? If "Yes," complete Schredule D. Part II. 8 Did the organization maintal colles ions of works of art, historical treasures, or other similar assets? If "Yes," complete Schredule D. Part II. 9 Did the organization maintal in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not list 1 in P. 1X. provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," care part of the complete Schedule D. Part V. 10 Did the organization directly of through a related organization, hold assets in temporarily restricted endowments, permanent endowment, or que sendowments? If "Yes," complete Schedule D. Part V. 11 If the organization report an amount for and unitides and equipment in Part X, line 10? If "Yes," complete Schedule D. Part V. 12 Did the organization report an amount for investments-proor in relation in Part X, line 10? If "Yes," complete Schedule D. Part XII. 13 A Did the organization report an amount for other assets 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 XII. 14 Did the organization report an amount for other assets in Part X, line 2; "Yes," lete Schedule D, Part X in the organization in selection 170(b) (IV) (IV) (IV) (IV) (IV) (IV) (IV) (IV		assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
have the right to provinit advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schr ule Part I Did the organization, and a "ss, or historic structures? If "Yes," complete Schedule D, Part II. Bid the organization maintain volle "lons of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. Did the organization or port an In-unit in "Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not list 3 in Pl. XX. provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," mp. de Schedule D, Part IV. Did the organization freetly of throug, a r lated organization, hold assets in temporarily restricted endowments, permanent endowment, or que "endowments" If "Yes," complete Schedule D, Part V. If the organization report an amount for and, vilidir if and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. Did the organization report an amount for investme size as seas 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 XI. Did the organization report an amount for investme size as seas 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 XI. Did the organization report an amount for other liabilities 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 XI. Did the organization separate or consolidated financial statements for the tax year and solidates and solidated in consolidated in Part X, line 12. Did the organization obtain separate, independent audited financial statements for the tax year and year. Did the organization and year and year. Did the organization maintain an office, employees, or agents outside the United States, or aggregate foreign investments		· •···	5		X
"Yes," complete Schr _ule Part I . Did the organization _eceiv or hold a conservation easement, including easements to preserve open space, the environment, historic _ule a _not historic structures? If "Yes," complete Schedule D, Part II . Did the organization maintair _colles ions of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II . Did the organization report an _invanit ir "art X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not list _J in _P _ i _X _ provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," _mp re Schedule D, Part IV . Did the organization, directly o, throug, a _r ated organization, hold assets in temporarily restricted endowments, permanent endowment, or _queendowments? If "Yes," complete Schedule D, Part V . If the organization's answer to any of the _illowing questions is "Yes," then complete Schedule D, Part VI . Did the organization report an amount for investments -progr in rel_ edit in "Part X, line 10? If "Yes," complete Schedule D, Part VI . Did the organization report an amount for investments -progr in rel_ edit in "Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," com /_e & _e dedul_ 2, Part VI . Did the organization report an amount for other liabilities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," com /_e & _e duto_ ? Part VI . Did the organization report an amount for other liabilities 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 VI . Did the organization orbital in part X line 16 (Part X, line 16) If "Yes," complete Schedule D, Part VI . Did the organization orbital in part X line 16 (Part X, line 16) If Yes, "complete Schedule D, Part VI . Did the organization orbital in separate, independent audited financial statements for the tax_ear? If "Yes," a	6				
7 Did the organization sective or hold a conservation easement, including easements to preserve open space, the environment, historic. Ind a sis or historic structures? If "Yes," complete Schedule D, Part II. 8 Did the organization maintair solle; nions of works of ant, historical treasures, or other similar assets? If "Yes," somplete Schedule D, Part II. 9 Did the organization report an invent ir "Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not list 3 in F x X, is provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," mp. the Savedule D, Part IV. 10 Did the organization directly of through a rise dorganization, hold assets in temporarily restricted endowments, permanent endowment, or qual-endowments? If "Yes," complete Schedule D, Part V. 11 If the organization's answer to any of the allowing queritions is "Yes," then complete Schedule D, Part V. 12 Did the organization report an amount for and unfulfier; and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 13 Did the organization report an amount for investments-proor in rel got in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 14 Did the organization report an amount for investments-proor in rel got 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. 15 Did the organization report an amount for other assets 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 X III. 16 Did the organization separate or consolidated financial statements for that year used footnote that addresses the organization shall be part and the part of the part X in the organization included in consolidated, independent audited financial statements for that year used footnote that addresses the organization included in consolidated, independent audited financial statements for that year used footnote that addres					V
the environment, histort It a "s, or historic structures? If "yes," complete Schedule D, Part II. 7 X 8 Did the organization maintai" collet "ons of works of art, historical treasures, or other similar assets? If "Yes," omplete Schedule D, Part II. 9 Did the organization report an invant ir "art X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not list i in P (X x) provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," in "the Schedule D, Part IV. 10 Did the organization, directly of throug, a rated organization, hold assets in temporarily restricted endowments, permanent endowmen, or que "endowments? If "Yes," complete Schedule D, Part V. 11 If the organization sanswer to any of the ullowing questions is "Yes," then complete Schedule D, Part V. 12 If the organization report an amount for and ulldir, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 13 Did the organization report an amount for investme, s-o er so ses in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VI. 2 Did the organization report an amount for investmens-progr in rel do 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 VI. 2 Did the organization report an amount for other assets in Part X, line 25 "Yes," conclete Schedule D, Part X. 1 Did the organization report an amount for other assets in Part X, line 25 "Yes," conclete Schedule D, Part X. 2 Did the organization organization amount for other inabilities in Part X, line 25 "Yes," conclete Schedule D, Part X. 1 Did the organization organization amount for other inabilities in Part X, line 25 "Yes," conclete Schedule D, Part X. 2 Did the organization organization and the sport and amount for other inabilities in Part X, line 25 "Yes," conclete Schedule D, Part X. 3 Did the organization organization and the sport and amount of	_		6		A
Bid the organization maintal colle* ons of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Par II. Did the organization report an inwant ir "2art X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not list 1 in B. X; so provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," mp. *te Schedule D, Part IV. Did the organization, directly 6, throug, a r alted organization, hold assets in temporarily restricted endowments, permanent endowmen, or que "endowments?" If "Yes," complete Schedule D, Part V. If the organization asswer to any of the "allowing quertions is "Yes," then complete Schedule D, Part V. If the organization report an amount for investme, s-o, er serves, es in Part X, line 10? If "Yes," complete Schedule D, Part VI. b Did the organization report an amount for investme, s-o, er serves, es in Part X, line 10? If "Yes," complete Schedule D, Part VI. c Did the organization report an amount for investments-progr in rel-ed in Part X, line 10? If "Yes," complete Schedule D, Part XI. d Did the organization report an amount for other assets in Part X, line 5 it at is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI. Did the organization report an amount for other liabilities in Part X, line 5 it at is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI. Did the organization obtain separate or consolidated financial statements for the tax yee" rude footnote that addresses the organization obtain separate or the servenues of the servenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments addressed at \$100,000 or more? If "Yes," complete Schedule F, Parts III and IV. It is bid the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or	7		_		v
somplete Schedule D, Par II 9 Did the organization report an invanit in 'Part X, line 21, for escrow or custodial account liability; serve as a custodial not amounts not list 1 in P 1 X; provide credit counseling, debt management, credit repair, or debt negotiation services? If "Vs.s." , mip. ste Schedule D, Part IV 10 Did the organization directly o throug a r sted organization, hold assets in temporarily restricted endowments, permanent endowment, or que "endowments? If "Yes," complete Schedule D, Part V 1, VII, VIII, X or X as applicable. 11 If the organization's answer to any of the "illowing quertions is "Yes," then complete Schedule D, Part V 1, VII, VIII, X or X as applicable. 12 Did the organization report an amount for investments programent in Part X, line 10? If "Yes," complete Schedule D, Part V 1, VII, VIII, X or X as applicable. 13 Did the organization report an amount for investments-programent of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 1, VIII, X or X as applicable. 14 Did the organization report an amount for other liabilities 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 X VIII 1, VIII, VIII, X III, X or X as applicable. 15 Did the organization oreport an amount for other liabilities in Part X, line 2: "Yes," relete Schedule D, Part X VII 1, VIII, X VIII	0				71
10 Did the organization report an inwant in "art X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not list 1 in P · X; " provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," mp_ re Schedule D, Part V	0		Q		X
custodian for amounts not list 3 in P. X.* provide credit counseling, debt management, credit repair, or debt negotiation services? If Yvs.* imp. 1st Schedule D, Part V 10 Did the organization, directly 6, through a r aled organization, hold assets in temporarily restricted endowments, permanent endowment, or qually a laded organization, hold assets in temporarily restricted endowments, permanent endowments, or qually a laded organization, hold assets in temporarily restricted endowments, permanent endowments, or qually a laded organization complete Schedule D, Part V 10 If the organization report an amount for investmely and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11	۵				
debt negotiation services? If "vs." mp. te Sc. ledule D, Part IV 10 Did the organization, directly 6, throug, a r lated organization, hold assets in temporarily restricted endowments, permanent endowment, or que endowments? If "yes," complete Schedule D, Part V 10 Lift the organization's answer to any of the pilowing questions is "Yes," then complete Schedule D, Part V 11 Lift the organization report an amount for and pullding and equipment in Part X, line 10? If "yes," complete Schedule D, Part V 11 Lift X 11 Lift X 11 Lift X 12 Lift Lift Lift Lift Lift Lift Lift Lift	9				
10 Did the organization, directly 6 throug, a r ated organization, hold assets in temporarily restricted endowments, permanent endowment, or que -endowments? If "Yes," complete Schedule D, Part V VII, VIII, IV, IV, IV, IV, IV, IV, IV			9		Х
endowments, permanent endowmen, or qual-endowments? If "Yes," complete Schedule D, Part V	10				
If the organization's answer to any of the plowing quertions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for and puilding and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investme. See are sees in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," com 'v. e S' sdule', Part VII. c Did the organization report an amount for investments-progranter ed 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 XI. d Did the organization report an amount for other assets 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 X in a 11d X e Did the organization report an amount for other assets in Part X, line 15 at is 10 for organization and the addresses the organization's selbrity for uncertain tax positions under FIN 48 (Sch 740)? If "Yes," complete Schedule D, Part X in and XII. b Was the organization obtain separate, independent audited financial statements for the tax year? under form that addresses the organization included in consolidated, independent audited financial statements or the tax year? If "Yes," complete Schedule D, Part X and XII. b Was the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule = 1. b Did the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E, Parts II and IV. 13	. •		10		Χ
VII, VIII, IX, or X as applicable. a Did the organization report an amount for and building and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investme is over some some sets 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 c Did the organization report an amount for investments-proof in relief of 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 d Did the organization report an amount for other assets in Part X, line 5 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X inc 5 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X inc 5 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X inc 5 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X inc 5 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X inc 5 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X inc 5 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X inc 5 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule Inc 10 that is 5% or more of its total assets reported in Part X, line 18 that is 5% or more of its total assets reported in Part X, line 18 that is 5% or more of its total assets reported in Part X inc 18 that is 5% or more of its total assets reported in Part X inc 18 that is 5% or more of its total assets reported in Part X inc 18 that is 5% or more of its total assets reported by a that is 5% or more of its total assets the organization and to a more than section Individual Schedule D, Part X inc 18 that i	11				
b Did the organization report an amount for investments of let so 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 XI III 110 X c Did the organization report an amount for investments proor in relied 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 XI III 110 X d Did the organization report an amount for other assets in Part X, line 15 at is "% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XX e Did the organization report an amount for other liabilities in Part X, line 25 "Yes," complete Schedule D, Part XX f Did the organization is separate or consolidated financial statements for the tax year and of footnote that addresses the organization included in consolidated financial statements or the tax year? If "Yes," complete Schedule D, Part X III X 110 X 111 X 110 X 111 X 111 X 112 X 113 W 114 Did the organization notation separate, independent audited financial statements or the tax year? If "Yes," complete Schedule D, Part X III III X 115 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization and included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization and included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization and included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization and included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization and included in consolidated independent audited financial statements for the tax year. If "Yes," and if the organization and included in consolidated, independent audited financial statements for the tax year. If "Yes," and if t					
b Did the organization report an amount for investme, is-o', ier so we sin Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule 7, Part VII. c Did the organization report an amount for investments-progr in rel. sd in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schodule 7, art VIII. d Did the organization report an amount for other assets in Part X, line 15 at is 7% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X in the organization report an amount for other liabilities in Part X, line 25 "Yes," or lete Schedule D, Part X in the organization's separate or consolidated financial statements for the tax year uside, footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X in the organization obtain separate, independent audited financial statements or the tax year? If "Yes," complete Schedule D, Part X in the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X in the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E in the organization as a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E in the organization as a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E in the Organization as a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E in the Organization as a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E in the Organization as a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E in the Organization as a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E in the Organization as a school described in section	а	Did the organization report an amount for and suildir of and equipment in Part X, line 10? If "Yes,"			
b Did the organization report an amount for investme, is-o', ier so we sin Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule 7, Part VII. c Did the organization report an amount for investments-progr in rel. sd in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schodule 7, art VIII. d Did the organization report an amount for other assets in Part X, line 15 at is 7% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X in the organization report an amount for other liabilities in Part X, line 25 "Yes," or lete Schedule D, Part X in the organization's separate or consolidated financial statements for the tax year uside, footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X in the organization obtain separate, independent audited financial statements or the tax year? If "Yes," complete Schedule D, Part X in the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X in the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E in the organization as a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E in the organization as a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E in the Organization as a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E in the Organization as a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E in the Organization as a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E in the Organization as a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E in the Organization as a school described in section			11a	Х	
c Did the organization report an amount for investments-progr in ref. 3d in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Sci." Jule , art VIII. d Did the organization report an amount for other assets in Part X, line 15 that is 7% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 15 the organization report an amount for other liabilities in Part X, line 25 "Yes," or lete Schedule D, Part X the organization report an amount for other liabilities in Part X, line 25 "Yes," or lete Schedule D, Part X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X and XI the organization obtain separate, independent audited financial statements or the tax year? If "Yes," complete Schedule D, Part X and XI and XI 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, Part X and XI is optional the organization maintain an office, employees, or agents outside of the United States? 13 X and XI and XI the organization maintain an office, employees, or agents outside of the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 14b X and XI 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 II and IV 15 X And 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 II and IV 15 X And The organization report at otal 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)	b	Did the organization report an amount for investme is-of let see in Part X, line 12 that is 5% or more			
of its total assets reported in Part X, line 16? If "Yes," complete Sci Julie , art VIII. d Did the organization report an amount for other assets in Part X, line , 5 t at is "% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25 "Yes," complete Schedule D, Part X f Did the organization report an amount for other liabilities in Part X, line 25 "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year aude in footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		of its total assets reported in Part X, line 16? If "Yes," com ' Le Sr edule), Part VII	11b		X
d Did the organization report an amount for other assets in Part X, line 15" "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 15" "Yes," concluded formation of the organization report an amount for other liabilities in Part X, line 25" "Yes," conclude footnote that addresses the organization's separate or consolidated financial statements for the tax year aude footnote that addresses the organization obtain separate, independent audited financial statements or the tax year? If "Yes," complete Schedule D, Part X 11f	С				
reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25. "Yes," conclude I Gothote that addresses the organization's separate or consolidated financial statements for the tax year under footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12 a Did the organization obtain separate, independent audited financial statements or the tax year under footnote that addresses the organization obtain separate, independent audited financial statements or the tax year? If "Yes," complete Schedule D, Parts XI and XII 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 the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 13 Is the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14 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? If "Yes," complete Schedule F, Parts I and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV. 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. 17 Is 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," complet			11c		X
e Did the organization report an amount for other liabilities in Part X, line 25 "Yes," conclete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year aude footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," comple of schedule D, Part X 1 11 11 12 2 12 2 Did the organization obtain separate, independent audited financial statements or the tax year? If "Yes," complete Schedule D, Part X 1 and XII 12 2 X 12 2 Did 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, Part X I and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	d			3.7	
f Did the organization's separate or consolidated financial statements for the tax year's dude, footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X				X	37
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete chedul Part X			11e		X
the organization obtain separate, independent audited financial statements or the tax lear? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax lear. If "Y ," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	t		445	v	
the organization included in consolidated, independent audited financial statements for the tax same if "Ye", " and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	40 -		111	- 1	
b Was the organization included in consolidated, independent audited financial statements for the tax same of "Ye" and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	ıza		122	x	
the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	h		124		
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule \$\frac{\pi}{2}\$			12b		Х
14a Did the organization maintain an office, employees, or agents outside of the United States?	13				Х
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV					Х
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					
foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV					
organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV			14b		Х
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	15				
to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
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)	16				
on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		·	16		X
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	17				37
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			17		X
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	18		40	v	
If "Yes," complete Schedule G, Part III	10	· · · · · · · · · · · · · · · · · · ·	18	Λ	
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	ıy		10		X
	20 ~				

Form 990 (2012) Page 4

Part	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		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		Х
	through 24d and complete Schedule K. If "No," go to line 25	24a 24b		21
D	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization m intain an escrow account other than a refunding escrow at any time during the year	0.4=		
	to defease any tax-e' mpi onds?	24c		
	Did the organization of as a "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and (c)/ organizations. Did the organization engage in an excess benefit transaction			3.7
	with a disqualified person dvig th. vear? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware nac't eng ged 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, F rt I.	25b		X
26	Was a loan to or by a current of for ereficer, wrector, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as f the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or of er assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee there i, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yer complete Schedule L, Part III	27		Х
28	Was the organization a party to a business rans ation and one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, condition, and exceptions):			
а	A current or former officer, director, trustee, or key e. ploy e? If " complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, dir cor, fustee or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, key it ployee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," remple e Schodule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions of If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures other in lar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? It 'Y s," cor vete Schedule N,			
•	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of solutions as its? If "Yes,"			
ŭ-	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under F egulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule , Part II, III,	- 00		
34	or IV, and Part V, line 1	34		Х
25.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35 a		33a		21
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		
••	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			v
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
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	X	

Form 990 (2012) Page 5

Par				37
	Check if Schedule O contains a response to any question in this Part V		Yes	. X
1.	Enter the number reported in Box 2 of Form 1006. Enter 0 if not applicable		Yes	NO
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	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 . 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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 plendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account, a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the namee for ign country: ▶			
_	See instructions for filing requested as for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	- -		Χ
	Was the organization a pay to a problem that it was an is a part to a problem to a	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the ganization. Form 8886-T?	5b 5c		21
	Does the organization have a nur gives receipts that are normally greater than \$100,000, and did the	30		
va	organization solicit any contribution, that were not ax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include vith every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible ontributions under section 170(c).			
а	Did the organization receive a payment in excess / \$75 vide partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the convergence provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise disr of angib personal property for which it was	_		3.7
_	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	70		Χ
	Did the organization receive any funds, directly or indirectly, to pay premium s on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly on a personal benefit contract?	7e 7f		X
	If the organization received a contribution of qualified intellectual property, did the contribution of qualified intellectual property, did the contribution of qualified intellectual property, and the contribution of qualified intellectual property.	7g		X
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds and sec. 509 \(\)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund mentair d by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
о 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	One as for any from manchine and boundaries			
	Gross income from members or snareholders Gross income from other sources (Do not net amounts due or paid to other sources			
~	against amounts due or received from them.)			
12 a	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 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		Χ
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44-		Х
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		
D	n res, has it lieu a rotti rzo to report these payments? It into, provide all explanation ill scriedule O	140		

IMD GUEST HOUSE FOUNDATION 36-4284387 Form 990 (2012) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 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............... Section A. Governing Body and Management Yes 19 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. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . Χ 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization became aware during the year of a significant diversion of the organization's assets?.... 6 6 7a Did the organization have bembers, stockholders, or other persons who had the power to elect or appoint Χ b Are any governance decirons of the organization reserved to (or subject to approval by) members, Did the organization contempo aneous document the meetings held or written actions undertaken during the year by the following: Χ **a** The governing body? Is there any officer, director, trustee, r key inployee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," vovide the names and addresses in Schedule O Χ Section B. Policies (This Section B requests rformation about policies not required by the Internal Revenue Code.) Nο Χ **b** If "Yes," did the organization have written policies and r oced are governing the activities of such chapters, affiliates, and branches to ensure their operations are conjuent into the organization's exempt purposes? 10b 11a 11a Has the organization provided a complete copy of this Form 990 to a members of it overning body before filing the form? . . b Describe in Schedule O the process, if any, used by the organization to a sw this Form 990. Χ 12a b Were officers, directors, or trustees, and key employees required to disc se innually interests that could give 12b c Did the organization regularly and consistently monitor and enforce communication in the policy? If "Yes," 12c describe in Schedule O how this was done 13 13 Χ Did the organization have a written document retention and destruction policy?. . \(\tau_{\text{.}} \) 14 14 Did the process for determining compensation of the following persons include a revie r and a proval by independent persons, comparability data, and contemporaneous substantiation of the delibe ation an decision? Χ 15a The organization's CEO, Executive Director, or top management official Χ 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 Χ 16a with a taxable entity during the year? 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 organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶_ ⊥⊥′ 17 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.

| X | Own website | Another's website | X | Upon request | Other (explain in Schedule O)

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: ► MICHAEL MAYSE 818 S. WOLCOTT AVE. SRH BLDG CHICAGO, IL 60612 312-996-0958

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

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

- 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 coreportable compensation from the organization and any related organizations.

List persons in the following or er: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and for persons.

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

(A) Name and Title	(B) Av rage hours per vicek (list	box,	Ponot checurates per and a	direc	n re than c n is both ctor/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hour of sted ganizations by w dotted	I G E	Institutiona, 'Sic	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) PAOLA CIESLAK	1.00								
DIRECTOR		X		1			0	0	
(2) JOHN A. JANICIK CHAIRMAN	1.00		X				0	0	
(3) ALFRED PATE DIRECTOR	1.00	X					0	0	
(4) LISA J. SAUL SECRETARY	1.00	Х	X					0	
(5) AMMIE RABICKE VICE CHAIR	1.00	Х	×					0	
(6) JAMES M. MCDONALD DIRECTOR	1.00	X					0	0	
(7) JOHN STRAUS DIRECTOR	1.00	Х					0	0	
(8) JO POSSELT DIRECTOR	1.00	Х					0	0	
(9) PETER TYOR DIRECTOR	1.00	X					0	0	
(10) BRIAN BAGINSKI DIRECTOR	1.00	X					0	0	
(11) PAUL SMITH TREASURER	1.00	Х	Х				0	0	
(12) MICHAEL ATIEH DIRECTOR	1.00	Х					0	0	
(13) CHARLES A. GAVZER DIRECTOR	1.00	X					0	0	
(14) MARY GAUWITZ DIRECTOR	1.00	Х					0	0	

Form **990** (2012)

JSA

Page 8 Form 990 (2012)

_	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	ıplo	ye	es,	and F	lig	hest Compensat	ed Employees (c	ontinued)
	(A) Name and title	(B) Average hours per week (list any hours for related	Average Position hours per eek (list any hours for Position (do not check more than box, unless person is bo officer and a director/tru		is both tor/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the		
		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
15)	JOEL KARMAN DIRECTOR	1.00	Х						(0	0
16)	STEPHEN ROSS DIRECTOR	1.00	X								0
17)	CATHY STARMANN	1.00									
18)	DIRECTOR RON VILLEJO, PHD DIRECTOR	1.00	X								0
19)	STEVEN WASHINGTON DIRECTOR	1.00	X							0	0
20)		40.00			Х				105,000.	0	0
				_							
			. (
			-		K			1			
С	Sub-total Total from continuation sheets to Part VII, So	-						•	105,000.	0	0
	Total (add lines 1b and 1c)	limited to t	hose		d a	bove	e) who	o re	eceive vore the	\$100,000 of	0
	reportable compensation from the organization		-	L							Yes No
3	Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Schedu</i>	er, directo ule J for suc	or, or ch ind	tru <i>livid</i>	uste ual	e,	key e	mp	oloyee, or high as	com ensated	3 X
4	For any individual listed on line 1a, is the sorganization and related organizations greated individual.	eater than	\$15	50,0	00?	. If	"Yes	,"	complete Schedu	le for such	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										5 X
Se	ction B. Independent Contractors	, , , , ,									
1	Complete this table for your five highest com compensation from the organization. Report c year.										

	(A) Name and business address	(B) Description of services	(C) Compensation
NONE			

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

Part VIII	Statement	of	Rev	enue
-----------	-----------	----	-----	------

		Check if Schedule O contains a respo	nse to any quest	tion in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Giffs, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	22,610.				
ಕ್ಷ ಬ	g h	Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f		22,610.			
<u> </u>	-"	Total. Add lilles 1a-	Business Code	22,610.			
enc							
Program Service Revenue	2a b c d	SERVICE AGREF 2N AND R M REVENUE	900099	370,397.	370,397.		
g	f	All other program service reve ue					
٦ 2	g			370,397.			
4	3	Investment income (including div. ands, inter other similar amounts).	est id	370,397.			65
	4	Income from investment of tax-exempt bor		0			
	5	Royalties · · · · · · · · · · · · · · · · · · ·		0			
	6a b	Gross rents	(ii) P sonal				
	d	Net rental income or (loss)	<u></u>	0			
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis	(ii) Other				
	С	and sales expenses Gain or (loss)					
	d	Net gain or (loss)	•	0	7-1		
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b					
뒫		Less: direct expenses		31,164.			31,164
0	9a	Gross income from gaming activities. See Part IV, line 19		31,104.			31,104
	b c	Less: direct expenses		0			
	10a	Gross sales of inventory, less returns and allowances					
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory	<u></u> ▶	0			
		Miscellaneous Revenue	Business Code				
	11a	OTHER INCOME	900099	510.			510
	b						
	C						
	d	All other revenue					
		Total. Add lines 11a-11d		510.			
	е 12	Total revenue. See instructions		424,746.	370,397.		31,739
				744,140.	J10, J51.		J1, 139.

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).

	Check if Schedule O contains a resp				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	105,000.	78,750.	10,500.	15,750.
6	Compensation not include abov to disqualified persons (as defined ur a section 958(f)(1)) and persons described in section 49s (B)	0			
7	Other salaries and wages	54,305.	40,728.	5,431.	8,146.
8	Pension plan accruals and contributions (in lude sition 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	12,187.	9,140.	1,219.	1,828.
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	0			
С	Accounting	,843.	7,382.	985.	1,476.
d	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	4,177.	3,132.	418.	627.
12	(A) amount, list line 11g expenses on Schedule O.)	21,819.	16,364.	2,182.	3,273.
13	Advertising and promotion Office expenses	19,299.	14,474.	1,930.	2,895.
14	Information technology	4,666.	3 499.	467.	700.
15	Royalties	0			
16	Occupancy	148,750.	111 52.	14,875.	22,313.
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	9,436.	7,077	344.	1,415.
20	Interest	0		-	
21	Payments to affiliates	0	5 005	725	
22	Depreciation, depletion, and amortization	7,049.	5,287.	705.	1,057.
23	Insurance	5,986.	4,489.	599.	898.
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.)	1 /50	1 002	116	210
	MEMBERSHIP DUES	1,458. 3,272.	1,093. 2,453.	146.	219. 492.
	MISCELLANEOUS EXPENSES PAYROLL FEES	1,146.	2,433. 859.	115.	172.
C		1,140.	0.7.	110.	1/2.
d	All other expenses				
	All other expenses	408,393.	306,289.	40,843.	61,261.
2 <u>5</u> 26	Total functional expenses. Add lines 1 through 24e 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)	400,333.	300,203.	10,040.	01,201.
JSA	Tollowing 501 90-2 (AGC 950-120)	U			Form 990 (2012)

JSA 2E1052 1.000

Form 990 (2012) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response	to an	vaugetion in this Dar	t Y		
		Check if Schedule O contains a response	io an	y question in this Par	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			106,952.	1	191,015.
	2	Savings and temporary cash investments			C	2	0
	3	Pledges and grants receivable, net			518,450.	3	523,377.
	4	Accounts receivable, net			C	4	0
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co	ompei	nsated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			C	5	0
	6						
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu					
		organizations (see instanctions). Complete Part II of Sche			C	6	0
Assets	7	Notes and loans cent ble, net			C	7	0
ASS	8	Inventories for puls or us			С	8	0
	9	Prepaid expunses a deferred charges		,	1,831.	9	5,310.
	10 a	Land, buildings, and equinnent rost or					
		other basis. Complete and I of 5 hedule D					
	b	Less: accumulated deprecia to	10b	9,459.	25 , 186.	10c	57,416.
	11	Investments - publicly trade secur les			C	11	0
	12	Investments - other securities. See Prt IV, and 11			C	12	0
	13	Investments - program-relateo. See Pa. IV, lir 11			С	13	0
	14	Intangible assets			С	14	0
	15	Other assets. See Part IV, line 11			511,925.		511,956.
	16	Total assets. Add lines 1 through 15 (n. 'st equal	3 نے اال	4)	1,164,344.	_	1,289,074.
	17	Accounts payable and accrued expenses		/	11,055.		3,432.
	18	Grants payable Deferred revenue			C	18	0
	19	Deferred revenue		CH 2	C	19	116,000.
	20	Tax-exempt bond liabilities	6		C	20	0
es	21	Escrow or custodial account liability. Complete Pa			C	21	0
Ħ	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen	sated	en plov s, and			
_		disqualified persons. Complete Part II of Schedule	L		0	22	0
	23	Secured mortgages and notes payable to unrelate				23	0
	24	Unsecured notes and loans payable to unrelated				24	0
	25	Other liabilities (including federal income tax,			\mathbf{Y}		
		parties, and other liabilities not included on lines				25	0
	26	of Schedule D Total liabilities. Add lines 17 through 25			. 55	25 26	119,432.
_	20	Organizations that follow SFAS 117 (ASC 958),				26	113/132.
Se		complete lines 27 through 29, and lines 33 and		K liere P aliu			
ü	27	Unrestricted net assets			71,3 /.	27	90,664.
sala	28	Temporarily restricted net assets			1,081,522.	28	1,078,978.
힏	29	Permanently restricted net assets			C	29	0
Fund Balances		Organizations that do not follow SFAS 117 (ASC 958)					
<u>.</u>		complete lines 30 through 34.					
Net Assets or	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or equ		nt fund		31	
ţ	32	Retained earnings, endowment, accumulated incomment	ome,	or other funds		32	
Š	33	Total net assets or fund balances			1,153,289.	33	1,169,642.
	34	Total liabilities and net assets/fund balances		<u> </u>	1,164,344.	34	1,289,074.
							Form 990 (2012)

Page **12** Form 990 (2012)

Part :	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			24,7		
2	Total expenses (must equal Part IX, column (A), line 25)	2			08,3		
3	Revenue less expenses. Subtract line 2 from line 1	3			16,3		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,1	53,2	289.	
5	Net unrealized gains (losses) on investments	5				0	
6	Donated services and use of facilities	6				0	
7	Investment expenses	7				0	
8	Prior period adjustments	8				0	
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
D4	33, column (B))	10		⊥,⊥	69,6	42.	
Part	Financial Statements and Reporting Check if School O contains a response to any question in this Part XII						
	Check if 30° du 10 contains à response to any question in this Part XII	• •		• • •	<u> </u>	NI-	
1	Accounting method us 1 pro are the Form 990: Cash X Accrual Other				Yes	No	
'	If the organization change at a ethod of accounting from a prior year or checked "Other," ex	ınlair					
	Schedule O.	фіап	1 111				
2a	Were the organization's financ a satemants compiled or reviewed by an independent accountant?			2a		Х	
	If "Yes," check a box below a indirate we ether the financial statements for the year were com			Zu			
	reviewed on a separate basis, cor blice ted basis, or both:	piloc	. 0.				
	Separate basis Cc solidated basis Both consolidated and separate basis						
h	b Were the organization's financial stallments judited by an independent accountant?						
D	If "Yes," check a box below to indicate the financial statements for the year were audit						
	separate basis, consolidated basis, or both.	cu c	ii u				
	X Separate basis Consolidated busis ch consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a contracte that assumes responsibility for overs	iaht					
	of the audit, review, or compilation of its financial statem at a rection of an independent accour		?	2c		X	
	If the organization changed either its oversight proces selstion ocess during the tax year, e						
	Schedule O.	-					
3a	As a result of a federal award, was the organization required ' und' g an audit or audits as set	fort	h in				
	the Single Audit Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the ganization did not undergo the required audit or audits?		the				
	required audit or audits, explain why in Schedule O and describe any ste saken to sergo such audits.	lits		3b			
				Form	990 ((2012)	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047
2012
Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Inspection

Name	lame of the organization Employer identification number					er							
IMD	GU	EST HOUSE FOUN	DATION							36	-4284	1387	
Par	1	Reason for Publ	ic Charity Status	s (All organizations mu	ıst con	nplete	this pa	art.) Se	e instru	uctions			
The o	orga	nization is not a priv	ate foundation bed	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)				
1		A church, convention	on of churches, or	association of churches	describ	ed in s	ection	170(b)((1)(A)(i)				
2		A school described	in section 170(b)	(1)(A)(ii). (Attach Schedul	e E.)								
3			•	ervice organization descr			-						
4		A medical researc	h organization op	erated in conjunction wi	ith a h	ospita	l descr	ibed in	sectio	n 170(k	o)(1)(A	ı)(iii). E	nter the
		hospital's name, cit											
5		- ,		nefit of a college or univ	ersity	owned	l or ope	erated b	by a go	vernme	ntal u	nit desc	cribed in
,		section 170(b)(1)											
6				or governmental unit des									
7		-		es a substantial part of it	s supp	ort fro	m a go	vernme	ental un	it or fro	om the	gener	al public
		described in sectio											
8				on 170(b)(1)(A)(vi). (Com									
9 [Χ			(1) more than 331/3 %									
				ex mpt functions - sub									
		• • •		nme and unrelated busi				-		n 511	tax) fi	rom bu	sinesses
	_			6 30, 19 5. See section									
10				ted e usively to test for									
11 [rat a exclusively for the									
				p, rted orgar _ations de					-				section
				es the type is sur cling							-		
_ [a Type I		cype 'F nctio					Type III				
e				the organi ation is not									
				gers and other 15, on	31 117	e put	olicly Su	pportec	a organi	izations	desc	inbea in	section
£		509(a)(1) or section	` ' ' '	n determination from th	IDC	4 :	io o T		Evene II	ar T.			-~
f		_	this hav	n determination from the	INO	1 . 11	is a i	ype i, i	rype II,	ог гур	e III S	upportii	ig
_		organization, check		nization accepted any gif		n but	o from		f tho				. Ш
g		following persons?	ooo, nas me organ	nization accepted any gir	t el col	11 100	11 11011	ally O	i tile				
			directly or indire	ectly controls, either alor	ne or t	, 10th	, uth	Jerson	اد طمودا	rihed in	(ii)	Г	Yes No
			=	dy of the supported organ		2		JCTGOT	15 GC3C1	ibca ii	' ('')	11g(i)	
		, ,		scribed in (i) above?	iization							11g(ii)	
				on described in (i) or (ii) a	hove?							11g(iii)	
h				ut the supported organiz).				N		3(/	
	(i) Na	ame of supported	(ii) EIN	(iii) Type of organization	T '	ls the	(v) Did y	ou not	(vi) I	he	(vii) A	mount of	monetary
		organization	(-,	(described on lines 1-9	organi	zation in listed in	the orga	anizati	organi	tion in	(,	suppor	
				above or IRC section (see instructions))	your go	overning ment?	vour si	. (i) of upport?	col. (i)	U.S.?			
				, , , , , , , , , , , , , , , , , , , ,	Yes	No	Yes	No	Yes	No			
(A)													
(D)													
(B)													
(C)													
(C)													
(D)													
(D)													
(E)													
(-)													
Tota													

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (f) Total (e) 2012 Calendar year (or fiscal year beginning in) grants, contributions, membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charg Total. Add lines 1 throv 13. The portion of trul antribi ons by (other nar person each governmental unit or ublication supported organization) includ on line 1 that exceeds 2% of the at punt shown on line 11, column (f) Public support. Subtract line 5 from ne 4. Section B. Total Support 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business 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 . . . Gross receipts from related activities, etc. (see instructions) . First five years. If the Form 990 is for the organization's first, second, third ..., rh, c fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) % % 16a 331/3% support test - 2012. If the organization did not check the box on line 13, and lin 14 is 3 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 331/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2012

Page 3 Schedule A (Form 990 or 990-EZ) 2012

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			,,	<u> </u>	,	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	45,203.	16,650.	38,501.	15,492.	22,610.	138,456.
2	Gross receipts from admissions, merchandise	,	,		,	,	
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	168,459.	217,215.	219,871.	249,345.	370,907.	1,225,797.
3	Gross receipts from activities that are not an		,	===, = := :		,	_,,
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit .d e her paid						
	to or expended on its ealf						0
5	The value of services raci ¹ es						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	213,662.	233,865.	258,372.	264,837.	393,517.	1,364,253.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	10,000.	10,000.	10,000.	10,000.	10,000.	50,000.
b	Amounts included on lines 2 and						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b.	10,000.	10,000.	10,000.	10,000.	10,000.	50,000.
8	Public support (Subtract line 7c from						
	line 6.)						1,314,253.
Sec	tion B. Total Support	•					
Cale	ndar year (or fiscal year beginning in)	(a) 2008	11-009	's) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6.	213,662.	27,865	58,372.	264,837.	393,517.	1,364,253.
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources	13,562.	615.		116.	65.	14,561.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	13,562.	615.	203	1.	65.	14,561.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	227,224.	234,480.	258,575.	264,953.	393,582.	1,378,814.
14	First five years. If the Form 990 is for	ŭ			•	•	^ ′
	organization, check this box and stop here						· · · · P
15	tion C. Computation of Public Sup Public support percentage for 2012 (line 8			an (f\)		45	95.32 %
						15	86.74%
16 Sec	Public support percentage from 2011 Schettion D. Computation of Investment					16	00.74 %
	•			3 column (f\)		17	1.06%
17 18	Investment income percentage for 2012 (li						3.95%
18	Investment income percentage from 2011				line 15 is mar	18 a than 331/3% a	
ısa	331/3% support tests - 2012. If the or	-					
L-	17 is not more than 331/3%, check th 331/3% support tests - 2011. If the orga						
b	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization		·				
	and organization			,, 51 100	,	555 mond	

JSA 2E1221 1.000

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See



Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization		Employer identification number
IMD GUEST HOUSE FOR	UNDATION	
		36-4284387
Organization type (check of	one):	
Filers of:	Section:	
Form 990 or 990-EZ	$$ 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private for	oundation
	527 political organization	
Form 990-PF	50 (c)(3) exempt private foundation	
	4577(a) nonexempt charitable trust treated as a private found	ation
	50 (c), 1) taxable private foundation	
	is covered by the Genral Rule or a Special Rule . (2)(7), (8), or (10) organiantion cancal eck boxes for both the General Rule and a	ı Special Rule. See
General Rule		
	ion filing Form 990, 990-EZ, or 990-PF that recoved, airing the year, \$5,000 my one contributor. Complete Parts I and II.	or more (in money or
Special Rules		
under sections 5	09(a)(1) and 170(b)(1)(A)(vi) and received from any one cont. b for, duing to \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, lin 1h, c (ii) Fo	-
during the year, t	from 1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that receive from total contributions of more than \$1,000 for use <i>exclusively</i> for religious, chariturposes, or the prevention of cruelty to children or animals. Complete Parts I,	ab sci_lific, literary,
during the year, on not total to more year for an exclus	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but than \$1,000. If this box is checked, enter here the total contributions that we <i>sively</i> religious, charitable, etc., purpose. Do not complete any of the parts unliganization because it received nonexclusively religious, charitable, etc., contypear	nese contributions did ere received during the ess the General Rule ributions of \$5,000 or
990-EZ, or 990-PF), but it n	nat is not covered by the General Rule and/or the Special Rules does not file nust answer "No" on Part IV, line 2 of its Form 990; or check the box on line 00-PF, to certify that it does not meet the filing requirements of Schedule B (Fo	H of its Form 990-EZ or on

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization IMD GUEST HOUSE FOUNDATION

Employer identification number 36-4284387

Part I	Contributors ((see instructions).	. Use du	olicate cop	ies of Pa	rt I if add	ditional s	pace is i	needed.
--------	----------------	---------------------	----------	-------------	-----------	-------------	------------	-----------	---------

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
1_	JOHN A. JANICIK	\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) address, and ZIP + 4	(c)	(d)
No.		Total contributions	Type of contribution
2	CONTRIBUTIONS W.DEFN\$5,000	\$7,610.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	Name, address and ZIP 4	(c)	(d)
No.		Total contributions	Type of contribution
3 _	GEORGE EISENBERG FOUNDATIO	\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) otal contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d) of contribution
No.	Name, address, and ZIP + 4	Total contributious	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization IMD GUEST HOUSE FOUNDATION

Employer identification number

36-4284387

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is nee	eded.
(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)	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncast 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 instructic 3)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of organization IMD GUEST HOUSE FOUNDATION

Employer identification number 36-4284387

	that total more than \$1,000 for the year	ear. Complete columns (a) throu	
	For organizations completing Part III, e contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	year. (Enter this information on	ous, charitable, etc., ce. See instructions.) ►\$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transfer a's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of t	(c) Use of gift	(d) Description of how gift is held
		-	
		(e) Transfer of gift	
	Transferee's name, address, ar	nd 7 + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use a gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationsh of trans ror to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

Inspection

Name of the organization Employer identification number

Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or organization answered "Yes" to Form 990, Part IV, line 6.	or Accounts. Complete if the
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year.	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	n donor advised
•	funds are the organiz "ion's property, subject to the organization's exclusive legal control?"	
6	Did the organization of some a grantees, donors, and donor advisors in writing that grant full	
0	only for charitable purpose and at for the benefit of the donor or donor advisor, or for an	
Б-	conferring impermissible prive ben fit?	Yes No
12a	rt II Conservation Ear im nts. (omplete if the organization answered "Yes" to F	-orm 990, Part IV, line 7.
•	Purpose(s) of conservation ease here by the organization (check all that apply).	
		of an historically important land area
		of a certified historic structure
	☐ Preservation of open space	
2	Complete lines 2a through 2d if the organization neld a qualified conservation contribution is	in the form of a conservation
	easement on the last day of the tax year.	Hald at the Find of the Tan Van
		Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easement	
С	Number of conservation easements on a certified his price tructure pluded in (a)	_ 2c
d	Number of conservation easements included in (c) acquired after 3/17/5, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, releas a, extiguished, or termi	nated by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located in a subject to conservation easement easement easement easement easemble easement eas	
5	Does the organization have a written policy regarding the periodic monito significant in the periodic monitor significant significant in the periodic monitor significant significant in the periodic monitor significant signific	nandling of
	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conserve in ea	
	▶	and saming and year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ear and	ts due in the year
•	►\$	o da igulo you.
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of s	es tion 170 (//)(B)
•		
9	(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue ar	nd expert a statement and
3	balance sheet, and include, if applicable, the text of the footnote to the organization's finan	
	organization's accounting for conservation easements.	cial statements that describes the
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected as permitted under SEAS 116 (ASC 958), not to report in its	revenue statement and halance shee
ıa	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, ed public service, provide, in Part XIII, the text of the footnote to its financial statements that de	ucation, or research in furtherance o
	public service, provide, in Part XIII, the text of the footnote to its financial statements that de	escribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its	
	works of art, historical treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance o
	public service, provide the following amounts relating to these items:	. 0
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	<u> </u>
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item	
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	> \$

▶ \$

<u>Schedule D</u> (Form 990) 2012 Page **2**

Par	Till Organizations Maintaining Colle	ections of Art, Hi	storical Treas	ures,	or Other Sin	nilar Ass	ets (con	tinue	<u> </u>
3	Using the organization's acquisition, acces collection items (check all that apply):	sion, and other reco	ords, check any	of the	e following that	are a sigr	nificant u	se of	its
а	Public exhibition	d	Loan or exch	nange	programs				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's	collections and exp	lain how they fu	ırther	the organizatio	n's exemp	t purpose	e in F	⊃art
	XIII.	·	•		J	·			
5	During the year, did the organization solicit	or receive donations	of art. historical t	reasu	res. or other sim	nilar			
	assets to be sold to raise funds rather than to					_	Yes		No
Par	t IV Escrow and Custodial Arranger							Part	
	line 9, or reported an amount on	•	•		anomorou roc			u. (,
	,	, ,							
1a	Is the organization ar .gei trustee, custod	ian or other intermed	liary for contribu	tions	or other assets i	not			
	included on Form C. Part X						Yes		No
b	If "Yes," explain the arrangement of Part XIII	and complete the fo	llowing table:						
		, , , , , , , , , , , , , , , , , , ,	3			Amount			
С	Beginning balance			10					
d	Additions during the year			1d					
e	Distributions during the year								
f	Ending balance								
2a	Did the organization include an an unt on .						Yes		No
-u	If "Yes," explain the arrangement in Pa 'XIII.	Chark here if the ex	xnlanation has b	een ni	rovided in Part XI	L 			110
Par									
ı aı						e years back	(e) Four	ears b	ack
1a	Beginning of year balance	(4)	(6)	,	(4)	o youro buon	(0) : 00:)	700.0 2	
b	Contributions								
	Net investment earnings, gains,								—
Ŭ	and losses								
d	Grants or scholarships								—
e	Other expenditures for facilities								
C	and programs								
	Administrative expenses			<i>/</i>					
	End of year balance		<u> </u>						
g	Provide the estimated percentage of the cur		a (lina da Saluma	- 11	I ld as:				
2			e (line 19, colur	(a))	اط / ld as:				
a h	Board designated or quasi-endowment ▶_		_	- 74					
b	·	0/							
С	Temporarily restricted endowment ▶	%							
20	The percentages in lines 2a, 2b, and 2c should be a strong and the	•		tat a a		44			
Ja	Are there endowment funds not in the posse	ession of the organiz	ation that are ne	eid an	d adm Istered f	the	<u></u>	7	NI -
	organization by:							'es	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b	If "Yes" to 3a(ii), are the related organization:	•					3b		
4	Describe in Part XIII the intended uses of the								
Par		See Form 990, Pa	art X, line 10.						
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other b (other)	asis	(c) Accumulated depreciation	(0	i) Book valu	ie	
4-	Lond	(mrvesument)	(otilei)		aopicolation				
1a	Land		+	\rightarrow					
b	Buildings		+	\rightarrow					
C	Leasehold improvements		66.0	75	0 450			7,43	1 6
d	Equipment		66,8	, , , ,	9,459	' •		/,4.	T O .
e Tota	Other	ogual Form 000 Dan	t V solumn (B) 1	no 10	(a))			7,43	1 6
ı ota	I. Add lines 1a through 1e. (Column (d) must	equal Fulfil 990, Par	ı л, coluffifi (В), li	11 0 10	(<i>U).)</i>	- 1	3	1,4.	⊥∪.

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 Page 3

Part VII	Investments - Other Securities. See F	orm 990, Part X, lin	e 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year man	
(1) Financi	al derivatives			
(2) Closely	-held equity interests			
(3) Other_				
<u>(A)</u>				
(B)				
(C)				
<u>(D)</u>				
(<u>E)</u>				
(F)				
<u>(G)</u>				
(H)				
<u>(l)</u>				
	in (b) must equal (, , 990, Pa X, col. (B) line 12.)	Tarres 000 Daret V live	10	
Part VIII				
	(a) Description of investrent type	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1)			Coot of one of your man	Not value
(1)	·			
(2)				
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, I	ine 15.		
		Description		(b) Book value
(1) REST	RICTED CASH - ESCROW			511,956.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	umn (b) must equal Form 990, Part X, col. (B)		<u></u> <u>/</u> <u>/</u> ▶	511,956.
Part X	Other Liabilities. See Form 990, Part >	K, line 25.		
1.	(a) Description of liability	(b) Book valu	ıe	
(1) Fede	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			
2. FIN 48 (A	ASC 740) Footnote. In Part XIII, provide the text	of the footnote to the c	organization's financial statements that i	reports the organization's

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2012 Page **4**

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	n	
1	Total revenue, gains, and other support per audited financial statements	1	583,802.
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 123,574.		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d 35,482.		
е	Add lines 2a through 2d	2e	159,056.
3	Subtract line 2e from line 1	3	424,746.
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		
b	Other (Describe in Part XIII.)	1	
C	Add lines 4a and 4b	4c	
5	Total revenue. Add line: 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	424,746.
Part		-	,
1	Total expenses 2 cosses er audited financial statements	1	567,449.
2	Amounts included on a but of on Form 990, Part IX, line 25:		<u> </u>
a	100 574		
b	Prior year adjustments	-	
c	Other losses 26	-	
d	Other (Describe in Part VIII.) 35, 482	-	
e	Add lines 2a through 2d	2e	159,056.
3	Cultivant line 3a from line 4	3	408,393.
4	Amounts included on Form 990, Pa. IX, line 3, but not on line 1:	3	100/333.
- a	Investment expenses not included on Form 390, Part VIII, line 7b		
b	Other (Describe in Part VIII.)		
C	Add lines 4a and 4b	40	
5	Total expenses. Add lines 3 and 4c. (This must & July 190, Part I, line 18.)	4c 5	408,393.
Part		Э	400,333.
	lete this part to provide the descriptions required for Part Fixes 2 5, and 9; Part III, lines 1a and 4; Part II	/ line	s 1h and 2h·
Part V	line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	vide a	ny additional
inform			•
	E PAGE 5		
OL	E TAGE J		

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)

OTHER RECONCILING ITEMS

PART XII, LINE 2D AND PART XIII, LINE 2D

DIRECT FUNDRAISING EXPENSES SUBTRACTED FROM REVENUE ON PART VIII OF CORE FORM 990.

FIN 48 FOOTNOTE

PART X, LINE 2

THE FOUNDATION IS EXEMPT FRO. INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HC. R, EXEMPT ORGANIZATIONS MAY BE SUBJECT TO INCOME TAX ON ANY UNRELAT D F S NESS INCOME. AT DECEMBER 31, 2012, NO PROVISION OR LIABILITY FOR IN OME TAY AS HAS BEEN RECORDED.

THE FOUNDATION EVALUATES TAX POSITIONS TAKE. N THE COURSE OF PREPARING ITS TAX RETURNS TO DETERMINE WHETHER TAX PO FION "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED BY THE 7 PLT & SLE TAX AUTHORITY. TAX BENEFITS OF POSITIONS NOTE DEEMED O ME IT AE MORE-LIKELY-THAN-NOT THRESHOLD WOULD BE RECORDED AS A LAX FILEN E CURRENT YEAR.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2012

Open to Public

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

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

Open to Public Inspection

Name of the organization Employer identification number IMD GUEST HOUSE FOUNDATION 36-4284387 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. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees lister in Form 990, Part VII) or entity in connection with professional fundraising services? Yes ighest aid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be **b** If "Yes," list the te compensated at Jast , 5 00 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 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.

Page 2

Schedule G (F	orm 990 or 990-EZ) 2012
Part II	Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more
	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with
	gross receipts greater than \$5,000.

_		gross receipts greater than \$5,00	<u> </u>				
			(a) Event #1 GOLF OUTING	(b) Event #2 WINE TASTING	(c) Other events	(d) Total events (add col. (a) through	
			(event type)	(event type)	(total number)	col. (c))	
Revenue	1	Gross receipts	41,611.	20,010.	5,025.	66,646	
		Less: Contributions Gross income (line 1 minus line 2)	41,611.	20,010.	5,025.	66,646	
	4	Cash prizes					
	5	Noncash prizes					
enses	6	Rent/facility costs					
Direct Expenses	7	Food and beverages					
Dire	8	Entertainment					
	9	Other direct expenses	25,282.	6,558.	3,642.	35,482	
	11	Direct expense summary. Add lines 4 Net income summary. Combine line 3	ر نو 'ال <u>and</u> ان عام <mark>3, colur. م</mark>	<u>0</u>		(35,482.) 31,164.	
Pa	rt I	Gaming. Complete if the orgathan \$15,000 on Form 990-E		es" to Form 990, Par	t IV, line 19, or repo	rted more	
		than \$13,000 on 1 onn 990-L		(b) P tabs/instant		(d) Total gaming (add	
Revenue			(a) Bingo	bing ogressive bingo	(c) Other gaming	col. (a) through col. (c))	
Rev	1	Gross revenue	<u> </u>				
ses	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs			49.		
	5	Other direct expenses					
	6	Volunteer labor	Yes% No	S Yes% No	Y s O'		
	7 Direct expense summary. Add lines 2 through 5 in column (d)						
	8	Net gaming income summary. Comb	ine line 1, column d, and	d line 7			
	a Is	nter the state(s) in which the organizat the organization licensed to operate g "No," explain:		of these states?		Yes No	
		/ere any of the organization's gaming I "Yes," explain:	icenses revoked, suspe			Yes No	

IMD GUEST HOUSE FOUNDATION

Sched	lule G (Form 990 or 990-EZ) 2012		Page 3		
11	Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	Yes	No		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity				
	formed to administer charitable gaming?	Yes	No		
13	Indicate the percentage of gaming activity operated in:				
а	The organization's facility		%		
b	An outside facility		%		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name ▶				
	Address ►				
15 a	Does the organization have a contract with a third party from whom the organization receives gaming				
	revenue?	Yes	No		
b					
	amount of gamg reveeta' and by the third party ▶ \$				
С	If "Yes," enter name and add ≥ss o. the third party:				
	Name ►				
	Address ▶				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	Description of services provided				
	Director/officer Employee Inde ender Ontractor				
17	Mandatory distributions:				
	Is the organization required under state law to make charitable distritions from the gaming proceeds to				
_	retain the state gaming license?				
b	Enter the amount of distributions required under state law to be distributed to oner example organizations				
	or spent in the organization's own exempt activities during the tax year ▶ \$				
Par	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as a part able. Also co		is		
	part to provide any additional information (see instructions).				

Schedule G (Form 990 or 990-EZ) 2012

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Employer identification number

36-4284387

Name of the organization

IMD GUEST HOUSE FOUNDATION

CHANGES TO GOVERNING DOCUMENTS

PART VI; SECTION A; LINE 4

THE BOARD OF DIRECTORS AMENDED THE FOUNDATION'S BYLAWS IN 2012 TO

INCREASE THE NUM OR OF DIRECTORS TO NO FEWER THAN FIFTEEN DIRECTORS AND

NO MORE THAN TWENTY DIR TORS.

DOCUMENTATION OF MEETINGS HF 1 OR A TIONS TAKEN

PART VI; SECTION A; LINE 8B

THE FOUNDATION HAS NO COMMITTEES WITH THE JUTHORITY TO ACT ON BEHALF OF

ITS GOVERNING BODY, THE BOARD OF DIRECTORS

REVIEW PROCESS OF FORM 990

PART VI; SECTION B; LINE 11A

THE EXECUTIVE DIRECTOR IS AUTHORIZED TO SUBMIT THE 99 THF) IS

PROVIDED TO ALL OFFICERS AND DIRECTORS FOR REVIEW PRIOR TO SUMISSIN AND

IS REVIEWED BY LEGAL COUNSEL PRIOR TO SUBMISSION.

COMPENSATION PROCESS

PART VI; SECTION B; LINE 15A AND 15B

THE BOARD REVIEWS AND APPROVES THE EXECUTIVE DIRECTOR'S COMPENSATION,

WHICH REIVEW AND APPROVAL INCLUDES USING DATA FOR COMPARABLE POSITIONS AT

COMPARABLE ORGANIZATIONS. THE BOARD LAST UNDERTOOK THIS PROCESS IN 2012.

DOCUMENTS AVAILABLE TO THE PUBLIC

Schedule O (Form 990 or 990-EZ) 2012 Page **2**

Name of the organization

IMD GUEST HOUSE FOUNDATION

Semployer identification number

36-4284387

PART VI; SECTION C; LINE 19

THE FOUNDATION HAS A FILE AVAILABLE FOR REVIEW AT THE BUSINESS OFFICE

UPON REQUEST.

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
WINE TASTING EVENT	20,010.	6,558.	13,452.
GOLF OUTING	41,611.	25,282.	16,329.
THIRD PARTY EVENTS	5,025.	3,642.	1,383.
TOTALS	66,646.	35,482.	31,164.

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION

DEFERRED SPONSORSHIP REVENUE

TOTALS

ATTACHMENT 2

ATTACHMENT 1

ENDING BOOK VALUE

116,000.

116,000.

SHEPARD SCHWARTZ & HARRIS LLP

CERTIFIED PUBLIC ACCOUNTANTS 123 North Wacker Drive - 14^{th} Floor CHICAGO, ILLINOIS 60606-1700

TELEPHONE: 312 726 8353 FACSIMILE: 312 726 2657 E-MAIL: mailbox@ssh-cpa.com WEB SITE: www.ssh-cpa.com

IRVING W. SHEPARD (1935-1983) MORRIS SCHWARTZ (1946-1983) SAUL M. BAKRINS (1967-1990)

INSTRUCTIONS FOR FILING IMD GUEST HOUSE FOUNDATION IL FORM AG990 ILLINOIS FORM AG990-IL - CHARITABLE ORGANIZATION FOR THE PERIOD ENDED DECEMBER 31, 2012

SIGNATURE...

THE SIGNATURE OF DIFFERENT OFFICERS (PRESIDENT OR OTHER AUTHORIZED OFFIC'R AND I'VE CHIEF FISCAL OFFICER) ARE REQUIRED ON THE AG 990-IL.

FILING...

THE SIGNED RETURN SHOULL BE FILLD ON OR BEFORE JUNE 30, 2013

OFFICE OF HE ATTO JEY GENERAL CHARITAB F 1P ST BUREAU ATTN: ANNUAL / LPO' 1 SECTION 100 WEST RANDOLPH 1. 1 1H FLOOR CHICAGO, ILLINOIS (16(1-3175)

A FILING FEE OF \$15. MUST BE SUBMITTED WITH TE REPORT PAYABLE TO THE IL CHARITY BUREAU FUND.



For Office Use Only PMT #	ILLINOIS CHARITABLE ORGANIZATION Attorney General LISA MADIGAN S Charitable Trust Bureau, 100 We	State of Illinois st Randolph	3	Form AG990-IL Revised 3/05
ANAT	11th Floor, Chicago, Illinois	60601		1034898 k all items attached:
AMT	Report for the Fiscal Period:			of IRS Return
	•	Make Checks	Audita	ed Financial Statements
	Beginning <u>1 / 1 / 201</u>			of Form IFC
INIT	9 Fadina 40 104 1004	Charity		0 Annual Report Filing Fee
	& Ending 12 / 31 / 201	2 Bureau Fund	 \$100.	00 Late Report Filing Fee
Federal ID # 36-4284387		Data Organization	was areato	MO DAY YR d: 6 / 1 /1999
Are contributions to the organiza	ation tax deductible? X Yes No	Date Organization	was created	J:
LEGAL		Year-end amounts		
NAME IMD GUEST HOU	SF FOUNDATION	A) ASSETS	A) \$	1,289,074.
MAIL				
ADDRESS 818 S. WOI	T AV . SRH BLDG	B) LIABILITIES	B) \$	119,432.
CITY, STATE CHICAGO, 1L		C) NET ASSETS	C) \$	1,169,642.
ZIP CODE 60612				
		PERCENTAGE		AMOUNT
	RIBUTIONS & PROC. AM & RVICE REV. (GROSS AMTS.)	100 %	D) \$	459,653.
D) PUBLIC SUPPORT, CONTR	RIBUTIONS APROF SAMES RVICE REV. (GROSS AMITS.)	100%	D) \$	100,000.
E) GOVERNMENT GRANTS &	MEMBERSH, DUES	%	E) \$	
F) OTHER REVENUES		%	F) \$	575.
G) TOTAL REVENUE, INCOME	E AND CONTRIBUTIONS SCEIVED (F JD, F, & F)	100%	G) \$	460,228.
II. SUMMARY OF ALL EXP	ENDITURES DURING THE EAP			
H) OPERATING CHARITABLE	PROGRAM EXPENSE	69%	H) \$	306,289.
I) EDUCATION PROCESSM S	EDVICE EXPENSE	0/	N. 6	
I) EDUCATION PROGRAM SI	COGRAM SERVICE EXPENSE (ADD H & I)	69%	J) \$	306,289.
J) TOTAL CHARITABLE PR	COGRAIM SERVICE EXPENSE (ADD II & I)	0 0 70	υ) Ψ	300/2031
J1) JOINT COSTS ALLOCATED	O TO PROGRAM SERVICES (INCLUDED IN J):			
,	RITABLE ORGANIZATIONS	%	K) \$	
,				
L) TOTAL CHARITABLE PR	OGRAM SERVICE EXPENDITURE (ADD J & K)	69%	L) \$	306,289.
M) MANAGEMENT AND GENE	ERAL EXPENSE	9,	M) \$	40,843.
		200		06 742
N) FUNDRAISING EXPENSE		20%) \$	96,743. 443,875.
O) TOTAL EXPENDITURES	THIS PERIOD (ADD L, M, & N)	10 %	(0)	443,073.
	ID FUNDRAISER AND CONSULTANT ACTIVITIES:			
PROFESSIONAL FUNDRAISE	Individual Fundraising Campaign - Form IFC. One for each PFR.)	*		
	BY PAID PROFESSIONAL FUNDRAISERS	100%	P) \$	
Q) TOTAL FUNDRAISERS FEE	ES AND EXPENSES	%	Q) \$	
R) NET RECEIVED BY THE CH	,	%	R) \$	
PROFESSIONAL FUNDRAISI			a. a	
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS			S) \$	
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:				
T) NAME, TITLE:			T) \$	
U) NAME, TITLE:			U) \$	
V) NAME, TITLE:				
			List on b	ack side of instructions CODE
			W) # 11	1
X) DESCRIPTION:			X) #	
Y) DESCRIPTION:			Y) #	

36-4284387

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:				
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		Х
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID			
	ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		X
5.	IS ANY PROPERTY C VE OR ANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF AN OTHER CORRESPONDENCE.	5.		X
6.	DID THE ORGANIZATION USF THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		Х
7a.	DID THE ORGANIZATION ALLOCA : THE USI IF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM, "SERVICE AND FUNDRAISING EXPENSES?	7.		Х
7b.	IF "YES", ENTER (i) THE AGGREGATE AN. YUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (1) THE AM JNT ALLOCATED TO FUNDRAISING \$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED () NDS O' PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAY ITS FEGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE OP ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FU 7.3?	0.		X
11.	THREE LARGEST ACCOUNTS: CHARTER ONE, CHICAGO, IL			
_	AMALGAMATED BANK OF CHICAGO, CHICAGO, IL			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: MICHAEL MAYSE, ED, 312-196-095			
ΔΙΙ	ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS			

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

JOHN A. JANICIK		
PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
PAUL SMITH		
TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
GREGG WIRTSCHORECK		
PREPARER (PRINT NAME)	SIGNATURE	DATE