Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirement

	OMB No. 1545-0047								
ng	2012								
	Open to Public								
nts.	Inspection								
	, 20								
nnlovor	identification number								

<u>A</u>	,					, 20			
в	Check if	f applicable:	C Name of organization			D Employ	er identification number		
	Address	s change	Doing Business As						
	Name c	hange		E Telepho	ne number				
	Initial re	turn							
	Termina	ated	City, town or post office, state, and ZIP code						
		ed return	G Gross re	eceipts \$					
	Applicat	tion pending	F Name and address of principal officer:		H(a) Is this a				
							ncluded? Yes No		
<u> </u>	Tax-exe	empt status:	501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	lf "No	," attach a	a list. (see instructions)		
J	Website				H(c) Group	-			
ĸ		2		ar of formation	1:	M State	of legal domicile:		
P	art	Summ	-						
	1	Briefly de	escribe the organization's mission or most significant activities:						
e									
ano									
Activities & Governance									
200	2		is box \blacktriangleright if the organization discontinued its operations or dis	-			its net assets.		
જ	3		of voting members of the governing body (Part VI, line 1a)		3				
ties	4		of independent voting members of the governing body (Part VI, nber of individuals employed in calendar year 2012 (Part V, line		4				
tivi	5			5					
Ac	6 7a		nber of volunteers (estimate if necessary)		6 7a				
	b		lated business taxable income from Form 990-T, line 34			7a 7b			
				· · · ·	Prior Yea	-	Current Year		
	8	Contribut	tions and grants (Part VIII, line 1h)						
nue	9		service revenue (Part VIII, line 2g)						
Revenue	10	-	ent income (Part VIII, column (A), lines 3, 4, and 7d)						
ď	11		/enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .						
	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), lir						
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)						
	14	Benefits	paid to or for members (Part IX, column (A), line 4)	🗖					
s	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines {	5–10)					
Expenses	16a	Professio	onal fundraising fees (Part IX, column (A), line 11e)						
xpe	b	Total fun	draising expenses (Part IX, column (D), line 25) ►						
Ш	17	Other exp	penses (Part IX, column (A), lines 11a–11d, 11f–24e)						
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25						
	19	Revenue	less expenses. Subtract line 18 from line 12						
s or				Beg	ginning of Cur	rent Year	End of Year		
Net Assets or Fund Balances	20		ets (Part X, line 16)	· ·					
et A: nd B	21		ilities (Part X, line 26)	· ·					
			ts or fund balances. Subtract line 21 from line 20						
	art II	Signat	ture Block						

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer			Date	9	
	Type or print name and title					
Paid Preparer	Print/Type preparer's name	Date		Check if self-employed	PTIN	
Use Only	Firm's name	Firm's EIN ►				
	Firm's address ►	Phone no.				
May the IRS	discuss this return with the prepa	rer shown above? (see instructions)				. 🗌 Yes 🗌 No
						- 000

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	0 (2012)			Page 2
Part				
	Check if Schedule O contains a response to	any question in this Part III	<u></u>	. 🗆
1	Briefly describe the organization's mission:			
	Did the eventienties undertake environties there			
2	Did the organization undertake any significant prographing prior Form 990 or 990-EZ?			
	If "Yes," describe these new services on Schedule C		· · · · · · · · · · · · · · · · · · ·	∐ No
3	Did the organization cease conducting, or make		it conducts any program	
Ŭ				□No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accorr	polishments for each of its thr	ee largest program services, as meas	ured by
-	expenses. Section 501(c)(3) and 501(c)(4) organization			
	the total expenses, and revenue, if any, for each pro			• • • • • • • • • • •
4a	(Code:) (Expenses \$ inc	luding grants of \$) (Revenue \$)
	(, (······································	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/
4b	(Code:) (Expenses \$inc	luding grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ inc	luding grants of \$) (Revenue \$)
70				/
4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ►			

Form 99	0 (2012)		F	-age 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .			
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	9 10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		
с	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .	446		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
h	Schedule D, Parts XI and XII	12a		
D.	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .	145		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	15		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2012) Part IV **Checklist of Required Schedules** (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . 24b С Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a **b** Is the organization aware that it engaged in an excess benefit transaction with a disgualified 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? 25b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or 26 disgualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete h 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II, III. 34 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 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, 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 38 Form 990 (2012)

Page 4

Form 99	0 (2012)		I	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	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		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 99	00 (2012)		I	Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b k response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu			
	Check if Schedule O contains a response to any question in this Part VI			
Secti	on A. Governing Body and Management		• •	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b 2	Enter the number of voting members included in line 1a, above, who are independent . 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship any other officer, director, trustee, or key employee?	with 2		
3	Did the organization delegate control over management duties customarily performed by or under the organization of officers, directors, or trustees, or key employees to a management company or other person?			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	-		
5	Did the organization become aware during the year of a significant diversion of the organization's assets'			
6	Did the organization have members or stockholders?	. 6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	point		
	one or more members of the governing body?	· 7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) mem stockholders, or persons other than the governing body?	- 7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken de the year by the following:	uring		
а	The governing body?	. 8a		
b	Each committee with authority to act on behalf of the governing body?			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	. 9		
Centi			hada)	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal I		<u> </u>	No
	on B. Policies (This Section B requests information about policies not required by the Internal I	Revenue C	ode.) Yes	No
10a	on B. Policies (<i>This Section B requests information about policies not required by the Internal I</i> Did the organization have local chapters, branches, or affiliates?	Revenue C	<u> </u>	No
	on B. Policies (This Section B requests information about policies not required by the Internal I	Revenue C . 10a oters,	Yes	No
10a	on B. Policies (<i>This Section B requests information about policies not required by the Internal I</i> Did the organization have local chapters, branches, or affiliates?	Revenue C . 10a oters, s? 10b	Yes	No
10a b	on B. Policies (<i>This Section B requests information about policies not required by the Internal I</i> Did the organization have local chapters, branches, or affiliates?	Revenue C . 10a oters, s? 10b	Yes	No
10a b 11a	on B. Policies (<i>This Section B requests information about policies not required by the Internal I</i> Did the organization have local chapters, branches, or affiliates?	Revenue C . 10a oters, s? 10b	Yes	No
10a b 11a b	on B. Policies (<i>This Section B requests information about policies not required by the Internal I</i> Did the organization have local chapters, branches, or affiliates?	IOa . 10a oters, . s? 10b rm? 11a . 12a	Yes	No
10a b 11a b 12a	on B. Policies (<i>This Section B requests information about policies not required by the Internal I</i> Did the organization have local chapters, branches, or affiliates?	IOa . 10a oters, . s? 10b rm? 11a . 12a licts? 12b Yes," .	Yes	No
10a b 11a b 12a b	on B. Policies (<i>This Section B requests information about policies not required by the Internal I</i> Did the organization have local chapters, branches, or affiliates?	Iloa . 10a . 10b s? 10b rm? 11a . 12a licts? 12b Yes," . . 12c	Yes	No
10a b 11a b 12a b c	on B. Policies (<i>This Section B requests information about policies not required by the Internal I</i> Did the organization have local chapters, branches, or affiliates?	. 10a . 10a oters, . s? 10b rm? 11a . 12a licts? 12b Yes," . . 13 . 14	Yes	No
10a b 11a b 12a c 13	on B. Policies (<i>This Section B requests information about policies not required by the Internal I</i> Did the organization have local chapters, branches, or affiliates?	. 10a . 10a oters, . s? 10b rm? 11a . 12a licts? 12b Yes," . . 13 . 14 al by .	Yes	No
10a b 11a b 12a c 13 14	on B. Policies (<i>This Section B requests information about policies not required by the Internal I</i> Did the organization have local chapters, branches, or affiliates?	Image: Revenue C . 10a . 10a . 10b . 10b . 11a . 12a licts? 12b Yes," . . 13 . 14 al by pn?	Yes	No
10a b 11a b 12a c 13 14 15	on B. Policies (<i>This Section B requests information about policies not required by the Internal I</i> Did the organization have local chapters, branches, or affiliates?	Revenue C . 10a . 10b s? 10b rm? 11a . 12a licts? 12b Yes," . . 13 . 14 al by . . 15a	Yes	No
10a b 11a b 12a c 13 14 15 a	on B. Policies (<i>This Section B requests information about policies not required by the Internal I</i> Did the organization have local chapters, branches, or affiliates?	Image: Revenue C . 10a . 10a . 10b . 10b . 11a . 12a . 12a . 12b Yes," 12c . 13 . 14 al by . . 15a . 15b	Yes	No
10a b 11a b 12a c 13 14 15 a	on B. Policies (<i>This Section B requests information about policies not required by the Internal I</i> Did the organization have local chapters, branches, or affiliates?	Image: Revenue C . 10a . 10a . 10b . 10b . 10b . 11a . 12a licts? 12b Yes," 12c . 13 . 14 al by 15a . 15b ment 15b	Yes	No
10a b 11a b 12a c 13 14 15 a b 16a	on B. Policies (<i>This Section B requests information about policies not required by the Internal I</i> Did the organization have local chapters, branches, or affiliates?	Revenue C . 10a oters, . s? 10b rm? 11a . 12a licts? 12b Yes," . . 13 . 14 al by . . 15b ment . . 16a	Yes	No
10a b 11a b 12a c 13 14 15 a b 16a	on B. Policies (<i>This Section B requests information about policies not required by the Internal I</i> Did the organization have local chapters, branches, or affiliates?	Revenue C . 10a oters, . s? 10b rm? 11a . 12a licts? 12b Yes," . . 13 . 14 al by . . 15b ment . . 16a te its .	Yes	No
10a b 11a b 12a c 13 14 15 a b 16a b	on B. Policies (<i>This Section B requests information about policies not required by the Internal I</i> Did the organization have local chapters, branches, or affiliates?	Revenue C . 10a oters, . s? 10b rm? 11a . 12a licts? 12b Yes," . . 13 . 14 al by . . 15b ment . . 16a te its .	Yes	No
10a b 11a b 12a c 13 14 15 a b 16a b	on B. Policies (This Section B requests information about policies not required by the Internal I Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chap affiliates, and branches to ensure their operations are consistent with the organization's exempt purpose. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conf Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the organization have a written policect, or top management official The organization invest in, contribute assets to, or participate in a joint venture or similar arranger with a taxable entity during the year? Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger with a taxable entity during the year?	Image: Action of the second	Yes	
10a b 11a b 12a c 13 14 15 a b 16a b Secti	on B. Policies (This Section B requests information about policies not required by the Internal I Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chap affiliates, and branches to ensure their operations are consistent with the organization's exempt purpose. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization nave a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflict of interest policy? If "No," go to line 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O is contribute assets to, or participate in a joint venture or similar arrangent with a taxable entity during the year?	Image: Action of the second	Yes	

19	Describe in Schedule O whether (and if so, how),	, the organ	ization made it	ts governing	documents,	conflict of	f interest	policy,
	and financial statements available to the public du	ring the tax	k year.					

20	State the name, physical address, and telephone number of the person who possesses the books and records of the
	organization: 🕨

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

		(C)								
(A)	(B)	(da a	at alm	Pos		then a		(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated
	hours per week (list any	per officer and a director					,	compensation from	compensation from related	amount of other
	hours for	Indi or c	Inst	Officer	Key	Hig	Former	the	organizations	compensation
	related organizations	vidu	ituti	cer	' em	bloy	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted		Institutional trustee		Key employee	e on		(00-2/1099-00130)		and related
	line)	'uste	trus		'ee	lper				organizations
		ě	stee			Highest compensated employee				
						å				
(1)										
(1)										
(2)										
(3)										
(4)										
(5)										
(5)										
(6)										
(7)										
(8)										
(0)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(14)										

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees	s, ar	nd H	lighes	st C	ompensated E	mployees (contir	nued)
	(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos neck is pe	(C) sition a more than one erson is both an director/trustee)			(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
		veek (itst ally hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b	Sub-total										
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			÷	•						
2	Total number of individuals (including but reportable compensation from the organi	t not limited					above	e) w	ho received m	ore than \$100,00	10 of
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete s</i>	ficer, direc									ed Yes No 3
4	For any individual listed on line 1a, is the organization and related organizations individual .	greater the	an \$	150,	000)? [f "Ye	s,"	complete Sch	nedule J for suc	
5	Did any person listed on line 1a receive of for services rendered to the organization?										al 5
Sectio	on B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization. Rep										

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	-	1	
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization ►	those listed above) who	

Form 990 (2012)

Part	VIII	Statement of Revenue				
		Check if Schedule O contains a response to any que	Stion in this Part ((A) Total revenue	/III	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
rants ounts	1a b	Federated campaigns 1a Membership dues 1	_	Totolido		
, G	c	Fundraising events 1c	-			
ar A	d	Related organizations 1d	-			
s, 9	е	Government grants (contributions) 1e	-			
r Si	f	All other contributions, gifts, grants,				
ibut		and similar amounts not included above 1f				
d O	g	Noncash contributions included in lines 1a-1f: \$				
	h	Total. Add lines 1a–1f				
Jue		Business Code				
evel	2a					
	b					
	c					
	d					
	e					
	f g	All other program service revenue . Total. Add lines 2a–2f				
Program Service	3	Investment income (including dividends, interest,				
		and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties .				
	6a	Gross rents	-			
	b	Less: rental expenses	-			
	c	Rental income or (loss)	-			
	d	Net rental income or (loss)	_			
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory				
	b	Less: cost or other basis and sales expenses .				
	_		-			
	с А	Gain or (loss)	_			
Ð	d	Net gain or (loss)				
venu	8a	Gross income from fundraising events (not including \$				
Other Revenue		of contributions reported on line 1c). See Part IV, line 18 a				
	b	Less: direct expenses b				
		Net income or (loss) from fundraising events . ►				
	9a	Gross income from gaming activities. See Part IV, line 19				
	b	Less: direct expenses b				
		Net income or (loss) from gaming activities ►				
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory ►				
		Miscellaneous Revenue Business Code				
	11a					
	b					
	С					
	d	All other revenue				
	e	Total. Add lines 11a–11d				
	12	Total revenue. See instructions.			1	

Part IX Statement of Functional Expenses

fundraising solicitation. Check here Figure if following SOP 98-2 (ASC 958-720)

Check if Schedule O contains a response to any question in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (C) **(D)** Fundraising Management and general expenses 8b, 9b, and 10b of Part VIII. expenses expenses 1 Grants and other assistance to governments and organizations in the United States. See Part IV. line 21 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 11 Fees for services (non-employees): Management а Legal b С Accounting d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) . . 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties Occupancy 16 Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) а b С _____ d All other expenses е Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Form 990 (2012)
Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part >	<		🗌
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ts		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Š	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments-publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18 19	
	19 00			19 20	
	20 21	Tax-exempt bond liabilities		20 21	
(0		Loans and other payables to current and former officers, directors,		21	
Liabilities	22	trustees, key employees, highest compensated employees, and			
bili		disqualified persons. Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
ŝ		Organizations that follow SFAS 117 (ASC 958), check here ► □ and			
Ce		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets		27	
Fund Balances	28	Temporarily restricted net assets		28	
pu	29	Permanently restricted net assets		29	
Ľ,		Organizations that do not follow SFAS 117 (ASC 958), check here ►			
0	20			20	
iets	30 21	Capital stock or trust principal, or current funds		30 31	
Net Assets or	31 32	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds .		31	
	32 33	Total net assets or fund balances		33	
z	34	Total liabilities and net assets/fund balances		34	

Form **990** (2012)

	20 (2012) XI Reconciliation of Net Assets				age
rai	Check if Schedule O contains a response to any question in this Part XI				Г
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>· · ·</u>	· ·	· _ L
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10			
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. Г
				Yes	N
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				_
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set				
3a			3a		
3a b	As a result of a federal award, was the organization required to undergo an audit or audits as set	· · · ·	3a		