

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



ī

Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4847(s)(1) of the internal Revenue Code (excopt black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets loss than \$500,000. at the end of the year may use this form.

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

OMB No. 1545-1150 Open to Public Inspection

Address claimage Anathesis claimage Institute action Number and direct for P.O. box, If rimal is not osliveled to street address) Number and direct for P.O. box, If rimal is not osliveled to street address) Institute action Number and direct for P.O. box, If rimal is not osliveled to street address) Taiminsted Ta		A F	or the	2011 calendar year, or tax year beginning ,	2011, and ending		, 20				
Acabesis change Number and direct to P.O. box, if right is not cell-wided to street across. Number and direct to P.O. box, if right is not cell-wided to street across. Number and direct to P.O. box, if right is not cell-wided to street across. Number and direct to P.O. box, if right is not cell-wided to street across. Number and direct to P.O. box, if right is not cell-wided to street across. Number and direct to P.O. box, if right is not cell-wided to street across. Number N		_			D Emp						
Name charge Number and street (of P.O.) box if mail is not delivered do street address) Note of the charge Number and street (of P.O.) box if mail is not delivered do street address) Number and street (of P.O.) box if mail is not delivered do street address) Number Nu		_		18120 PRIVENTS of the Commission of T	ho Kilind 4	- 0 <u>8</u> 4	2004				
Terminated Chy or town, state of country, and A S			Harme oher	nge Number and street (or P.O. box, if rnail is not delivered to street address)			- a 1. OA				
Contributions Contribution		=		· 13325 'A' st	146	以- りか	1-040				
Accounting Method: Cash Account Other (specify)		—		City or town, state or country, and ZIP + 4	F Gro	up Exemption					
G Accounting Method:		~=	Amendad raturn / / / / / / / / / / / / / / / / / /			mber 🕨					
J Tax-exempt status (check only one)		G A	ccount		H Check	► ☐ if the org	ganization is not				
K Check [A], if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-72 or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets [Pert II.] line 25, column (B) below) are \$500,000 or more, (life Form 990-EX). Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory (Subtract line 5b from line 5a). 5 Gaming and fundralsing events a Gross income from gaming (attach Schedule G if greater than \$15,000). 5 Gross income from fundralsing events (not including \$0 of contributions from fundralsing events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). 5 Less: direct expenses from gaming and fundralsing events d Not income or (loss) from gaming and fundralsing events (add lines 6a and 6b and subtract line 6c). 7 Gross sales of inventory, less returns and allowances. 7 Description of (loss) from sales of inventory (Subtract line 7b from line 7a). 8 Other revenue (describe in Schedule O). 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members.	-1										
not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return be sure to file a complete return. L Add lines 5b, 8c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets [Part II.] Ine 25, column (B) below) are \$500,000 or more, file Form 990 lastead of Form 990-EZ Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I. 1 Contributions, gifts, grante, and similar amounts received. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment Income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses. 5 Gaming and fundralsing events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundralsing events (not including \$ of contributions from fundralsing events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) b Gross income from gaming and fundralsing events d Net income or (loss) from gaming and fundralsing events (add lines 8a and 8b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Total revenue (describe in Schedule O) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 2 Sintro other careacters.	シ	J Ta	ax-exer	pt status (check only one) - (A/501(c)(3)	i)(1) or 527 (Form 9	orm 990, 990-EZ, or 990-PF).					
the organization chooses to file a return be sure to file a complete return. L Add lines 5b, 5c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets [Part II.] line 25, column [8] below) are \$500,000 or more, lite Form 990 lasteed of Form 990-EZ Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment Income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 Gamiling and fundralising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross Income from fundralising events (not including \$ of contributions from fundralising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: circum (loss) from gaming and fundralising events (add lines 8a and 6b and subtract line 6c) 7a Gross selse of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Total revenue (describe in Schedule O) 9 Other revenue (describe in Schedule O) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members Saliring other expenses from gament and selection of the content)			if the organization is not a section 509(a)(3) supporting organization or a se	ection 527 organization and	te grose receib	ts are normally				
L Add lines 5b, 6c, end 7b, to line 9 to determine gross receipts are \$200,000 or more, or if total assets [Part II.] line 25, column (8) below) are \$500,000 or more, lite Form 990 lastead of Form 990-EZ Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, glits, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment Income 5a Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 6 Gaming and fundralsing events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundralsing events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundralsing events (add lines 8a and 8b and subtract line 6c) 7a Gross sales of inventory, less returns and allowancos b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7b Total revenue, ded lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 7a Benefits paid to or for members 8 Salteros atther contributions and and similar amounts paid (list in Schedule O) 9 Total revenue, add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salteros and contributions and),				00-N (e-postcard) may be re	quired (see inst	tructions). But if				
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I.	3,										
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I. 1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment Income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses. 5b J. 6 Gaming and fundralsing events a Gross income from gaming (attach Schedule G if greater than \$15,000). 6 Gross Income from fundralsing events (not including \$ of contributions from fundralsing events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). 6 Less: direct expenses from gaming and fundralsing events (add lines 8a and 6b and subtract line 6c). 7 Gross sales of inventory, less returns and allowances. 5 Less: cost of goods sold 6 Gross profit or (loss) from sales of invertory (Subtract line 7b from line 7e). 7 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits pald to or for members. 8 Satistics and similar amounts paid (list in Schedule O). 12 Satistics and similar amounts paid (list in Schedule O). 13 Benefits pald to or for members.	Š.				more, or if total assets (Parl II						
Check if the organization used Schedule O to respond to any question in this Part I Contributions, glifts, grants, and similar amounts received Program service revenue including government fees and contracts Membership dues and assessments Investment income Investment incom	(• • • • • • • • • • • • • • • • • • • •		▶ \$					
1 Contributions, glifs, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 6 Galin or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundralising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundralising events (not including \$ of contributions from fundralising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundralising events d Net income or (loss) from gaming and fundralising events (add lines 6a and 6b and subtract line 6c) 78 Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (lose) from sales of invertory (Subtract line 7b from line 7a) 70 Other revenue (describe in Schedule O) 71 Oral revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits pald to or for members 2 Contributions 3 Amembership described in Schedule O) 5 Contributions 6 Contributions 7 Contributions 7 Contributions 8 Contributions 9 Contributions 8 Contributions 9 Contributio	5) 5)	P	art (
Program service revenue including government fees and contracts Membership dues and assessments Investment income Investment income Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than stis,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Less: direct expenses from gaming and fundralsing events Net income or (loss) from gaming and fundralsing events (add lines 8a and 6b and subtract line 6c) 78 Gross sales of Inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (lose) from sales of inventory (Subtract line 7b from line 7a) 70 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits pald to or for members 12 Salvers and contracts and contrac	Ž,				stion in this Part I.	1 4 1 4	<u> </u>				
3 Membership dues and assessments 4 Investment Income 5a Gross amount from sale of assets other than Inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gamling and fundralising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross Income from fundralising events (not including \$ of contributions from fundralising events reported on line 1) (attach Schedule G if the sum of such gross Income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundralising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of Inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (lose) from sales of inventory (Subtract line 7b from line 7a) 7 Other revenue (describe in Schedule O) 7 Total revenue. Add lines 1, 2, 3, 4, 5o, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Senefits paid to or for members 12 Salgelog other compositions and salgelog and subtract line 8c of the subtract line 8c of lines 8c of lin	<u> </u>					1 5	<u></u>				
4 Investment Income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gamlag and fundralising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross Income from fundralsing events (not including \$ of contributions from fundralsing events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundralsing events d Net Income or (loss) from gaming and fundralsing events d Net Income or (loss) from gaming and fundralsing events (add lines 8a and 6b and subtract line 6c) 7a Gross sales of Inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 2 Salarion other connected as a sets other than inventory (Subtract line 5b from line 7a) 2 Salarion other connected as a set	<u>.</u>	•	1		, ,	<u> </u>					
5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of Inventory, leas returns and allowances b Less: cost of goods sold c Gross profit or (lose) from sales of inventory (Subtract line 7b from line 7a) 7b Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 2 Subtract than inventory (Subtract line 7b from line 7a) 12 Subtract expenses and semilar amounts paid (list in Schedule O) 11 Subtract expenses and semilar amounts paid (list in Schedule O)	, s		_		•	3					
b Less: cost or other basis and sales expenses. c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 78 Gross sales of inventory, leas returns and allowances. b Less: cost of goods sold c Gross profit or (lose) from sales of inventory (Subtract line 7b from line 7a). 7c Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salarlos other consecution and amalous benefits.		7	1 _			4					
Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) Ba Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) C Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Total revenue (describe in Schedule O) Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule O) Benefits paid to or for members Table 10 Benefits paid to or for members	(-)		5a								
Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (lose) from sales of inventory (Subtract line 7b from line 7a). 7b Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salering other components and amounts paid (list in Schedule O) 13 Salering other components and amounts paid (list in Schedule O)	7		ь	· ·		1000 E	α				
a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross Income from fundralsing events (not including \$ of contributions from fundralsing events reported on line 1) (attach Schedule G if the sum of such gross Income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundralsing events. d Net income or (loss) from gaming and fundralsing events (add lines 6a and 6b and subtract line 6c). 78 Gross sales of Inventory, less returns and allowances. b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 70 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members.	\leq		ľ		from line 5a)	5c					
\$15,000)	$\{\}$		-	-							
b Gross Income from fundralsing events (not including \$ of contributions from fundralsing events reported on line 1) (attach Schedule G if the sum of such gross Income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundralsing events d Net income or (loss) from gaming and fundralsing events (add lines 8a and 8b and subtract line 6c) 7a Gross sales of inventory, leas returns and allowances b Less: cost of goods sold c Gross profit or (lose) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 22 Salaring other components and employed benefits.		Revenue	a		n_	STA*	TUTE UNIT				
sum of such gross Income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundralsing events d Net Income or (loss) from gaming and fundralsing events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of Inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7e) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 8 Salaries of the recomposition and amplements and analyses benefits 12 Salaries of the recomposition and amplements benefits				·							
sum of such gross Income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundralsing events d Net Income or (loss) from gaming and fundralsing events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of Inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7e) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 8 Salaries of the recomposition and amplements and analyses benefits 12 Salaries of the recomposition and amplements benefits					or contributions						
c Less: direct expenses from gaming and fundralsing events d Net Income or (loss) from gaming and fundralsing events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of Inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7e) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 8 Salarios other componentian and amplements and applements and similar and applements applements applements and applements applements applements apple					lan I	Pro	1 7 2013				
d Net Income or (loss) from gaming and fundralsing events (add lines 6a and 6b and subtract line 6c) 78 Gross sales of Inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inveritory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 8 Salarios other componentian and employed benefits			_	•			2 2 1 2010				
line 6c) 7a Gross sales of Inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of invertory (Subtract line 7b from line 7a) 7b 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salarles, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16						TPI	R BRANCH				
78 Gross sales of Inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (lose) from sales of inveritory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 9 Salaries of the revenue and amounts benefits 12 Salaries of the revenue and amounts benefits											
b Less: cost of goods sold			7a	Gross sales of Inventory, less returns and allowances	70 0	2.5	<u> </u>				
c Gross profit or (lose) from sales of inveritory (Subtract line 7b from line 7a)											
8 Other revenue (describe in Schedule O)			С	•	7a) , , , ,	7c					
10 Grants and similar amounts paid (list in Schedule O)	INED JAN I 7 2014		8			8					
11 Benefits paid to or for members		~_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	FORWED. N	9					
11 Benefits paid to or for members			10	Grants and similar amounts paid (list in Schedule O)	EUCIVED	10	~ / <u> </u>				
Salarles, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16				Benefits paid to or for members		11					
Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16		Expenses		Salarles, other compensation, and employee benefits	ner 1-1-2013 - 191	12					
14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 17				Professional fees and other payments to independent contractors		13					
18 Printing, publications, postage, and shipping						14					
16 Other expenses (describe in Schedule O)						15					
7 Total expenses. Add lines 10 through 16				- 4.4		16					
	\mathbf{Z}			Total expenses. Add lines 10 through 16	<u> </u>	17	~				
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	Š	និ		Net excess or (deficit) for the year (Subtract line 17 from line 9)			·				
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	W	83		and of wood floring			11119				
a site of your ligorous price your sterior your your sterior your your sterior your your your your your your your yo			20				- TKI.U 1				
	~	ž		Net assets of fund halances at end of year. Combine lines to the second			10 12 12 L				
Cos Department De Jacobs A and all all all all all all all all all al		For		work Reduction Act Notice, see the separate Instructions		21	990-EZ (2011)				

2008

Form 9	90-EZ (2011)	-				
Par	Balance Sheets. (see the instructions for P	Part II.)		Part II		. г
	Check if the organization used Schedule O to	respond to any	y question in this	(A) Beginning of year	· · ·) End of year
			}		22	
22	Cash, savings, and investments				23	
23	Land and buildings				24	
24	Other assets (describe in Schedule O)				25	
25	Total assets		· · ·		26	
28	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column (B) r	nust same with	line 21)		27	
27		ments (see the	Instructions for I	Part III.)		Evmansas
Part	Check if the organization used Schedule O to	respond to an	y question in this	Part III	Read	Expenses red for section
IA/hat	le the organization's primary exempt purpose?		£		501(c)	(3) and 501(=)(4)
~	We the secondaries are grown source accomplishme	ents for each of	its three largest C	rogram services,		zationa and section a)(1) trusts; optional
Desc	easured by expenses. In a clear and concise manner	er, describe the	services provided	d, the number of	for oth	
perso	one benefited, and other relevant information for each p	rogram -ule.	<u> </u>		Ļ.,	
28	Expense IM & holen 1	n 14a	in M C	enler		
			A	,		
			<u> </u>	,,	00.	100
	(Grants \$) If this amount inclu	ides foreign grai	nts, check here	<u>· · · · · · · · · · · · · · · · · · · </u>	28a	,400
29			-h			
				»,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
					29a	
	(Grants \$) If this amount Inclu	iges ibreiðu ðrai	TIS, CHECK Here .	· _ · · ·	2.50	
30						
			·			
	(Grants \$) If this amount inclu	rdes foreign gra	nts check here	▶ []	30a	
31	(Grants \$) If this amount included the program services (describe in Schedule 0)	des loreign gra			1	
31	(Grants \$) If this amount inclu				318	_
32	Total program service expenses (add line; 28a throu				32	100
Par		ployees. List cad	n one even if not cor	npensated. (see the	Instruc	tions for Part IV.)
	Check if the organization used Schedule O to	o respond to ar	y questlon in this	Part IV		<u> </u>
	(b)	Title and overage	(c) Reportable compensation	(d) Health benefits, contributions to employ		stimated amount of
		hours per week svoted to position	(Forms W-2/1099-MISC	benefit plans, and	ot	hor compensation
4	7, 0	·	(If not paid, enter -0-	deferred compensation		
Q_{i}	1'RIblice Doone U	resident			- 1	
_ <u>k</u>	143 Percheron ST	5 hrs.			,	
	ALAMA20, MI. 19009					
			· ··	-		, . <u> </u>
	ames Nymen	ecreby	6			Ω
34	20 S. 22 nd Place	2 WB-U		 		
	-incoh No 48502					
	- 111000 41th 000 2		<u> </u>	· }	+	
	- A]		
	CONTRACTOR OF THE PROPERTY OF	7054.0	. 6	6		6
2	215 1 5	Rasury	(' ')	()		(')
2	5025, 11,00	()/1/2/2				
L	1han /1e /,351()		;			
	10.4,7,0		· · · · · · · · · · · · · · · · · · ·			
				<u></u>		
						_
					1	
				<u> </u>		

2001

Form 990-EZ (2011)

Form 9	90-EZ (2011)		P	age 3
Par	Other Information (Note the Schedule A and personal benefit contract statement requirement Instructions for Part V.) Check If the organization used Schedule O to respond to any question in this	s in th s Part	V	ت
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No Y
34	detailed description of each activity in Schedule O	33		×
35 ₈	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		У
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	38		×
37a ხ 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37b		
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		
b	section 4911 : section 4912 : section 4955 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I.	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
d	reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41 42a b	List the states with which a copy of this return is filled. The organization's books are in care of Located at 3325 A ST Located at 2IP + 4 Located 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)?	S17		
	If "Yes," enter the name of the foreign country. ► See the Instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, dld the organization maintain an office outside the U.S.?	42¢	GARAGE AND A	730709341
43	Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041—Check hore and enter the amount of tax-exempt interest received or accrued during the tax year	,	, •	- 🗆
448	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	448	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		Ŕ
d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schodule O	44c		
4бв 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see Instructions).	45a		¥

2008

Form 990-EZ (2011)

orm 990-EZ	(2011)				Yes No
46 Dic	the organization engage, directly or candidates for public office? If "Yes,"	' complete Schedule Li	PRITI		ion . 46
Part VI	Section 501(c)(3) organization 501(c)(3) organization and 52, and complete the table Check If the organization used S	s and section 4947 tlon 4947(a)(1) nonex s for lines 50 and 51	(a)(1) nonexempt c empt charitable tru	sts must answer qu	ly. All section estions 47–49b
VA	d the organization engage in lobbyin ar? if "Yes," complete Schedule C, Pa	artii			
48 Is 1 49a Did b if "	the organization a school as described of the organization make any transfers 'Yes," was the related organization a simplete this table for the organization oployees) who each received more that	In section 170(b)(1)(A)(i) to an exempt non-chasection 527 organization	intable related organizen? information in the interest of the	er than officers, direction, if there is non	49e 49b 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	t) Name and address of each employee paid more than \$100 000	(b) Title and average hours per wock devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other componention
- h	2 Kinny				
— T	otal number of other employees paid	over \$100,000			
64 C	omplete this table for the organization 100,000 of compensation from the or	in's five highest comp	ensated independent one, enter "None "	contractors who eac	h received more than
(e) Nar	ne and address of each independent contractor	paid more than \$100 000	(b) Type of sen	vico (c	c) Compensation
	000		·		
	10, An ON		-		
	τ ₂ /				
52 D	otal number of other independent cor id the organization complete Schedul onexempt charitable truets must attac	e A? Note , All section the a completed Schedu	501(c)(3) organization		► ☐ Yes 🌠 No
Under pene	alties of perjury, I declare that I have examined to the and complete Declaration of prepared prior	nis return, including accompa min omcar) is based on all in	nying schodules and etatem formation of which proparer	has any knowledge.	knowledge and bollet, it is
Sign Here	Signature of officer DAN HUR	1640 t) - 28	7-2012
Pald Prepar	Print/Type preparer's name	Preparer's signature	0	Check C	
Use O	nly Firm's name ► Firm's address ►	vor chours shows? Soo	Instructions	Firm's EIN ► Phone no	► TYes No
iviay tne	IRS discuss this return with the prepare	1191 2110WII 200761 286	1110110110113 .	· · ·	