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Form

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

► 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 less 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.*

A For the 2011 calendar year, or tax year beginning January 1, 2011, and ending December 31, 2011.

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

Endangered Language Fund

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

300 George Street

City or town, state or country, and ZIP + 4

New Haven, CT 06511-6660

D Employer identification number

06-1459207

E Telephone number

203-865-6163

F Group Exemption Number ▶	
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G Accounting Method: ☐ Cash ☐ Accrual Other (specify) ►

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

Website: ► www.endangeredlanguagefund.org

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ 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-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, 6c, 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 (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
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Check if the organization used Schedule O to respond to any question in this Part I

	Revenue	Expenses	Net Assets
1	Contributions, gifts, grants, and similar amounts received		105891
2	Program service revenue including government fees and contracts		91663
3	Membership dues and assessments		
4	Investment income		89
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
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)		6a
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)		6b
c	Less: direct expenses from gaming and fundraising events		6c
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d
7a	Gross sales of inventory, less returns and allowances		7a
b	Less: cost of goods sold		7b
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c
8	Other revenue (describe in Schedule O)		8
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9 197643
10	Grants and similar amounts paid (list in Schedule O)		10 181462
11	Benefits paid to or for members		11
12	Salaries, other compensation, and employee benefits		12
13	Professional fees and other payments to independent contractors		13 7660
14	Occupancy, rent, utilities, and maintenance		14
15	Printing, publications, postage, and shipping		15 2353
16	Other expenses (describe in Schedule O)		16 1831
17	Total expenses. Add lines 10 through 16		17 193306
18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18 4336
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)		19 154211
20	Other changes in net assets or fund balances (explain in Schedule O)		20
21	Net assets or fund balances at end of year. Combine lines 18 through 20		21 158547

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2011)

SCANNED JUN 18 2012

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	186995	22 162711
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	186995	25 162711
26 Total liabilities (describe in Schedule O)	32784	26 4164
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	154211	27 158547

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? study and revitalization of languages

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 grants for work on languages		
(Grants \$) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28a	80035
29 conducted a two week workshop in washington dc allowing teams of participants (Native American heritage language learners, teachers and activists) paired with mentors (experts in linguistics) to explore the language resources in archives in the District of Columbia area. Travel expenses included		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	101426
30 brochures		
(Grants \$) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30a	1000
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	182462

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Douglas H Whalen ELF 300 George St, Ste 900 New Haven, CT 06511	President, 10	0	0	0
Cynthia Henderson Magner ELF 300 George St, Ste 900 New Haven, CT 06511	Treasurer, 2	0	0	0
Lenore Gernoble ELF 300 George St, Ste 900 New Haven, CT 06511	Vice President, 2	0	0	0
Bobby Winston ELF 300 George St, Ste 900 New Haven, CT 06511	Secretary, 2	0	0	0
Stephen Anderson ELF 300 George St, Ste 900 New Haven, CT 06511	Trustee, 1	0	0	0
Rebecca Bending ELF 300 George St, Ste 900 New Haven, CT 06511	Trustee, 1	0	0	0
Carolyn Cherryh ELF 300 George St, Ste 900 New Haven, CT 06511	Trustee, 1	0	0	0
Noam Chomsky ELF 300 George St, Ste 900 New Haven, CT 06511	Trustee, 1	0	0	0
Durbin Feeling ELF 300 George St, Ste 900 New Haven, CT 06511	Trustee, 1	0	0	0
Stephanie Feeling ELF 300 George St, Ste 900 New Haven, CT 06511	Trustee, 1	0	0	0
Darrell Kipp ELF 300 George St, Ste 900 New Haven, CT 06511	Trustee, 1	0	0	0
Johanna Nichols ELF 300 George St, Ste 900 New Haven, CT 06511	Trustee, 1	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	<input checked="" type="checkbox"/>
35a 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	<input checked="" type="checkbox"/>
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	35b	
c 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	35c	
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	36	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
38a 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?	38a	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b 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	<input checked="" type="checkbox"/>
c 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 ▶ 0		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e 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	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶		
42a The organization's books are in care of ▶ Douglas Whalen Telephone no. ▶ 203-865-6163 Located at ▶ 300 George Street New Haven CT 06511 ZIP + 4 ▶ 06511-6660		
b 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)?	42b	<input checked="" type="checkbox"/>
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, did the organization maintain an office outside the U.S.?	42c	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
45b 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)	45b	<input checked="" type="checkbox"/>

- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		<input checked="" type="checkbox"/>

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		<input checked="" type="checkbox"/>
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- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

49a		<input checked="" type="checkbox"/>
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- b** If "Yes," was the related organization a section 527 organization?

49b		<input checked="" type="checkbox"/>
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- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week 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 compensation
Not Applicable				

- f** Total number of other employees paid over \$100,000 **0**

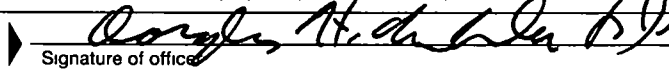
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Not Applicable		

- d** Total number of other independent contractors each receiving over \$100,000 **0**

- 52** Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☒ **Yes** ☐ **No**

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  **15 May 2012**
 Signature of officer Date
Douglas H. Whalen, President
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no			

May the IRS discuss this return with the preparer shown above? See instructions ☐ **Yes** ☐ **No**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Endangered Language Fund

Employer identification number

06-1459207

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. 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 organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. 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 supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	175772	107996	128884	95362	105891	613905
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	0	0	0	0	0	0
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	175772	107996	128884	95362	105891	613905
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b Amounts included on lines 2 and 3 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	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	175772	107996	128884	95362	105891	613905
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	929	888	554	1799	89	4259
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	929	888	554	1799	89	4259
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	176701	108884	129438	97161	105980	618164
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	99.31 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	99.52 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0.69 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.48 %

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV **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 instructions).

Endangered Language Fund
Transaction Detail By Account
 January through December 2011

EIN 06-1459207

	Type	Date	Num	Name
Program Expense				
	Check	04/13/2011	1001	George Washington University
	Credit Card Charge	05/31/2011		Shirt Magic
	Credit Card Charge	05/31/2011		Amazon
	Credit Card Charge	05/31/2011		Amazon
	Check	06/03/2011	1003	George Washington University
	Check	06/03/2011	1004	Eyre Bus Service
	Credit Card Charge	06/06/2011		Amazon
	Credit Card Charge	06/06/2011		Amazon
	Credit Card Charge	06/06/2011		Amazon
	Credit Card Charge	06/07/2011		Amazon
	Credit Card Charge	06/07/2011		Amazon
	Credit Card Charge	06/08/2011		Shirt Magic
	Credit Card Charge	06/12/2011		Wash Metro Rail
	Credit Card Charge	06/12/2011		Wash Metro Rail
	Check	06/17/2011	1016	Jan Woomavoyah
	Check	06/17/2011	1005	Minam Rubenstein
	Check	06/17/2011	1006	Cosi
	Check	06/17/2011	1007	Roti
	Check	06/17/2011	1008	Teaism
	Check	06/17/2011	1010	Roti
	Check	06/20/2011	1011	Cosi
	Check	06/21/2011	1009	Teaism
	Check	06/21/2011	1012	Roti
	Check	06/22/2011	1013	Teaism
	Credit Card Charge	06/22/2011		Sticky Fingers Bakery
	Check	06/23/2011	1014	Restaurant Associates
	Check	06/24/2011	1015	Cosi
	Check	07/14/2011		Wesley Y Leonard - exp
	Check	07/14/2011		Wesley Y. Leonard
	Check	07/14/2011		Leanne Hinton (rembursement)
	Check	07/20/2011	1018	Patricia Shaw
	Check	07/21/2011		Daryl W. Baldwin
	Check	07/22/2011		Lisa Conathan
	Check	11/23/2011		Lornda Manriquez

Total Program Expense

TOTAL

Endanger
Transact
 January thr

Memo	Class	Clr	Split	Debit	Credit
Program E					
	BOL		Checking - Chase 9616	16,759.77	
SS hemp T-shirts with 1 color print	BOL		Chase Mastercard	1,500.00	
	BOL		Chase Mastercard	54.95	
	BOL		Chase Mastercard	71.34	
Participant Costs for the BOL workshop	BOL		Checking - Chase 9616	18,711.82	
Participant Costs for the BOL workshop	BOL		Checking - Chase 9616	5,517.60	
	BOL		Chase Mastercard	23 37	
	BOL		Chase Mastercard	119.99	
	BOL		Chase Mastercard	69 06	
	BOL		Chase Mastercard	13.22	
	BOL		Chase Mastercard	55 30	
	BOL		Chase Mastercard	135.00	
	BOL		Chase Mastercard	40.00	
	BOL		Chase Mastercard	40.00	
Reimbursement for Travel	BOL		Checking - Chase 9616	1,134.60	
Reimbursement for BOL program expenses	BOL		Checking - Chase 9616	722.77	
BOL program expenses	BOL		Checking - Chase 9616	1,642.79	
BOL program expenses	BOL		Checking - Chase 9616	1,453.00	
BOL program expenses	BOL		Checking - Chase 9616	1,359.65	
BOL program expenses	BOL		Checking - Chase 9616	1,170.00	
program expense participant cost	BOL		Checking - Chase 9616	1,453.14	
	BOL		Checking - Chase 9616	1,171.28	
program expense participant cost	BOL		Checking - Chase 9616	1,170 00	
program expense participant cost	BOL		Checking - Chase 9616	1,165 23	
Washington DC	BOL		Chase Mastercard	534 83	
program expense participant cost	BOL		Checking - Chase 9616	1,254.00	
program expense participant cost	BOL		Checking - Chase 9616	1,646 07	
reimbursement of BOL expenses	BOL		Checking - Chase 9616	124.60	
Honaranum	BOL		Checking - Chase 9616	2,000.00	
reimbursement of BOL expenses	BOL		Checking - Chase 9616	780 00	
program expense travel	BOL		Checking - Chase 9616	1,836.93	
Honorarium	BOL		Checking - Chase 9616	2,000.00	
reimbursement of BOL expenses	BOL		Checking - Chase 9616	2,059.30	
First half of Honorarium	BOL		Checking - Chase 9616	1,000.00	
Total Progr				<u>68,789.61</u>	<u>0.00</u>
TOTAL				<u>68,789.61</u>	<u>0.00</u>

**Endanger
Transact
January thr**

**12:39 PM
05/10/2012
Cash Basis**

	Original Amount	Balance
Program E		
	16,759.77	16,759.77
	1,500.00	18,259.77
	54.95	18,314.72
	71.34	18,386.06
	18,711.82	37,097.88
	5,517.60	42,615.48
	23.37	42,638.85
	119.99	42,758.84
	69.06	42,827.90
	13.22	42,841.12
	55.30	42,896.42
	135.00	43,031.42
	40.00	43,071.42
	40.00	43,111.42
	1,134.60	44,246.02
	722.77	44,968.79
	1,642.79	46,611.58
	1,453.00	48,064.58
	1,359.65	49,424.23
	1,170.00	50,594.23
	1,453.14	52,047.37
	1,171.28	53,218.65
	1,170.00	54,388.65
	1,165.23	55,553.88
	534.83	56,088.71
	1,254.00	57,342.71
	1,646.07	58,988.78
	124.60	59,113.38
	2,000.00	61,113.38
	780.00	61,893.38
	1,836.93	63,730.31
	2,000.00	65,730.31
	2,059.30	67,789.61
	1,000.00	68,789.61
Total Progr		68,789.61
TOTAL		68,789.61

Endangered Language Fund
Transaction Detail By Account
 January through December 2011

EIN 06-1459207

	Type	Date	Num	Name	Memo
Grants					
	Check	03/07/2011	EFT	Africa World Press	
	Check	03/18/2011	EFT	Smithsonian Institution	Inv 11-BoL
	Check	04/14/2011		Virginia Beavert	NVE award 2010 competition
	Check	06/17/2011	EFT	Yale University	Unrestricted support for research - Awardee 2011
	Check	06/20/2011		Aaron Huey Sonnenschein	Aaron Huey Sonnenschein - Romero Grant
	Check	06/20/2011		George Ann Gregory	Awarded Grant 2011
	Check	06/21/2011	EFT	Smithsonian Institution	Balance Due
	Check	06/21/2011	EFT	Smithsonian Institution	Digitization of National Anthropological Archives lang
	Check	06/24/2011	1017	Gabnela Perez Baez	2011 Grantee
	Check	07/01/2011	Wire	Sofiya Zahova	2011 Awardee
	Check	07/01/2011	Wire	Saudah Namyalo	2011 Awardee
	Check	07/01/2011	Wire	Girma Mengistu	2011 Awardee
	Check	07/01/2011		Femmy Admiraal	2011 Awardee
	Check	07/11/2011		Endangered Language Alliance	Bermudez award, 2011
	Check	07/20/2011	1020	Erica Olson	2011 awardee
	Check	07/21/2011		Salish Kootenai College	Awardee, Joshua Brown
	Deposit	08/01/2011		Endangered Language Alliance	Return of bill pay
	Check	08/12/2011	Wire	Leila Dodykhudoeva	2011 Awardee
	Check	08/15/2011		Yuki Tanaka	Awardee 2011
	Check	08/16/2011		Endangered Language Alliance	Bermudez award, 2011 - Replacement check
	Check	09/01/2011	EFT	Estebean Israel Mendez Hord	2011 Awardee
	Check	11/23/2011		Katherine Bowie Matsumoto-Gray	Gould NVE grant, 2011
	Check	12/30/2011		Virginia Beavert	Beavert Grant, 2nd year

Total Grants

TOTAL

Endang
Trans:
January

12:38 PM

05/10/2012

Cash Basis

Class	Clr	Split	Debit	Credit	Original Amount	Balance
Grants						
Kinande		Checking	2,000.00		2,000.00	2,000.00
BOL		Checking	5,000.00		5,000.00	7,000.00
NVE		Checking	4,000.00		4,000.00	11,000.00
General		Checking - Chase 9616	850.00		850.00	11,850.00
General		Checking - Chase 9616	2,000.00		2,000.00	13,850.00
General		Checking - Chase 9616	1,709.00		1,709.00	15,559.00
BOL		Checking - Chase 9616	5,000.00		5,000.00	20,559.00
BOL		Checking - Chase 9616	8,827.50		8,827.50	29,386.50
General		Checking - Chase 9616	2,758.00		2,758.00	32,144.50
General		Checking - Chase 9616	2,600.00		2,600.00	34,744.50
General		Checking - Chase 9616	2,800.00		2,800.00	37,544.50
General		Checking - Chase 9616	2,000.00		2,000.00	39,544.50
General		Checking - Chase 9616	1,031.00		1,031.00	40,575.50
General		Checking - Chase 9616	2,000.00		2,000.00	42,575.50
General		Checking - Chase 9616	2,028.00		2,028.00	44,603.50
NVE		Checking - Chase 9616	20,000.00		20,000.00	64,603.50
General		Checking - Chase 9616		2,000.00	-2,000.00	62,603.50
General		Checking - Chase 9616	2,700.00		2,700.00	65,303.50
General		Checking - Chase 9616	2,700.00		2,700.00	68,003.50
General		Checking - Chase 9616	2,000.00		2,000.00	70,003.50
General		Checking - Chase 9616	2,500.00		2,500.00	72,503.50
NVE		Checking - Chase 9616	3,132.00		3,132.00	75,635.50
NVE		Checking - Chase 9616	4,000.00		4,000.00	79,635.50
Total C			81,635.50	2,000.00		79,635.50
TOTAL			81,635.50	2,000.00		79,635.50

Endangered Language Fund
Transaction Detail By Account
 January through December 2011

EIN 06-1459207

	Type	Date	Num	Name
Travel & Ent				
Airfare				
	Bill	01/20/2011 EXP.07.30.10		Wesley Y Leonard - exp
	General Journal	06/24/2011 187		
Total Airfare				
Ground Transport				
	Bill	01/20/2011 EXP.07.30.10		Wesley Y Leonard - exp
	General Journal	06/24/2011 187		
Total Ground Transport				
Lodging				
	Bill	01/20/2011 EXP.07.30.10		Wesley Y Leonard - exp
Total Lodging				
Meals				
	Bill	01/20/2011 EXP 07.30 10		Wesley Y Leonard - exp
	Credit Card Charge	06/24/2011		Bistro D'OC
Total Meals				
Total Travel & Ent				
TOTAL				

Endangered Language F
Transaction Detail By
January through December 2

	Memo	Class	Clr	Split	Debit	Credit
Travel & Ent						
Airfare						
		BOL		Accounts Payable	468 80	
	Travel Air / Rail	BOL		Unrestricted	30,020.28	
Total Airfare					30,489.08	0.00
Ground Transport						
		BOL		Accounts Payable	92 40	
	Travel. Ground	BOL		Unrestricted	1,234.00	
Total Ground Transport					1,326 40	0 00
Lodging						
		BOL		Accounts Payable	409 92	
Total Lodging					409 92	0.00
Meals						
		BOL		Accounts Payable	89 24	
	Washington DC	BOL		Chase Mastercard	322.18	
Total Meals					411 42	0 00
Total Travel & Ent					32,636 82	0.00
TOTAL					32,636.82	0.00

Endangered Language F
Transaction Detail By
January through December 2

12:40 PM
05/10/2012
Cash Basis

	<u>Original Amount</u>	<u>Balance</u>
Travel & Ent		
Airfare		
	468.80	468.80
	30,020.28	30,489.08
Total Airfare		30,489.08
 Ground Transport		
	92.40	92.40
	1,234.00	1,326.40
Total Ground Transport		1,326.40
 Lodging		
	409.92	409.92
Total Lodging		409.92
 Meals		
	89.24	89.24
	322.18	411.42
Total Meals		411.42
 Total Travel & Ent		32,636.82
 TOTAL		<u><u>32,636.82</u></u>