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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

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

OMB No 1545-0047  
**2011**  
**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011**

|   |   |  |
|---|---|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>THE SHARING NETWORK FOUNDATION INC<br>Doing Business As<br>NJ SHARING NETWORK FOUNDATION<br>Number and street (or P O box if mail is not delivered to street address) Room/suite<br>691 CENTRAL AVENUE<br>City or town, state or country, and ZIP + 4<br>NEW PROVIDENCE, NJ 07974<br><b>F</b> Name and address of principal officer<br>JOSEPH S ROTH<br>691 CENTRAL AVENUE<br>NEW PROVIDENCE, NJ 07974 | <b>D</b> Employer identification number<br>20-2737719<br><b>E</b> Telephone number<br>(908) 516-5608<br><b>G</b> Gross receipts \$ 723,465<br><b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions)<br><b>H(c)</b> Group exemption number |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |  |
| <b>J</b> Website: WWW.NJSHARINGNETWORK.ORG  |   |  |
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other  |   | <b>L</b> Year of formation 2006 <b>M</b> State of legal domicile NJ  |

**Part I Summary**

|                                    |  |  |                     |  |  |          |    |    |          |    |    |          |   |   |          |   |   |           |   |   |           |  |  |  |
|------------------------------------|--|--|---------------------|--|--|----------|----|----|----------|----|----|----------|---|---|----------|---|---|-----------|---|---|-----------|--|--|--|
| <b>Activities &amp; Governance</b> | <b>1</b> Briefly describe the organization's mission or most significant activities<br>THE ORGANIZATION SUPPORTS AND PROMOTES THE DONATION OF ORGANS AND TISSUES FOR TRANSPLANTATION, THERAPY, RESEARCH AND EDUCATION<br><br><b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets   |  |                     |  |  |          |    |    |          |    |    |          |   |   |          |   |   |           |   |   |           |  |  |  |
|                                    | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .<br><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .<br><b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .<br><b>6</b> Total number of volunteers (estimate if necessary) . . . . .<br><b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .<br><b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . . | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr> <tr><td style="text-align: center;"><b>3</b></td><td style="text-align: center;">17</td><td style="text-align: center;">17</td></tr> <tr><td style="text-align: center;"><b>4</b></td><td style="text-align: center;">15</td><td style="text-align: center;">15</td></tr> <tr><td style="text-align: center;"><b>5</b></td><td style="text-align: center;">0</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;"><b>6</b></td><td style="text-align: center;">0</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;"><b>7a</b></td><td style="text-align: center;">0</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;"><b>7b</b></td><td style="text-align: center;"></td><td style="text-align: center;"></td></tr> </table> |                     |  |  | <b>3</b> | 17 | 17 | <b>4</b> | 15 | 15 | <b>5</b> | 0 | 0 | <b>6</b> | 0 | 0 | <b>7a</b> | 0 | 0 | <b>7b</b> |  |  |  |
|                                    |  |  |                     |  |  |          |    |    |          |    |    |          |   |   |          |   |   |           |   |   |           |  |  |  |
| <b>3</b>                           | 17   | 17   |                     |  |  |          |    |    |          |    |    |          |   |   |          |   |   |           |   |   |           |  |  |  |
| <b>4</b>                           | 15   | 15   |                     |  |  |          |    |    |          |    |    |          |   |   |          |   |   |           |   |   |           |  |  |  |
| <b>5</b>                           | 0  | 0  |                     |  |  |          |    |    |          |    |    |          |   |   |          |   |   |           |   |   |           |  |  |  |
| <b>6</b>                           | 0  | 0  |                     |  |  |          |    |    |          |    |    |          |   |   |          |   |   |           |   |   |           |  |  |  |
| <b>7a</b>                          | 0  | 0  |                     |  |  |          |    |    |          |    |    |          |   |   |          |   |   |           |   |   |           |  |  |  |
| <b>7b</b>                          |  |  |                     |  |  |          |    |    |          |    |    |          |   |   |          |   |   |           |   |   |           |  |  |  |
| <b>Revenue</b>                     |  | <b>Prior Year</b>  | <b>Current Year</b> |  |  |          |    |    |          |    |    |          |   |   |          |   |   |           |   |   |           |  |  |  |
| <b>8</b>                           | Contributions and grants (Part VIII, line 1h) . . . . .  | 197,341  | 510,899             |  |  |          |    |    |          |    |    |          |   |   |          |   |   |           |   |   |           |  |  |  |
| <b>9</b>                           | Program service revenue (Part VIII, line 2g) . . . . .   | 0  | 0                   |  |  |          |    |    |          |    |    |          |   |   |          |   |   |           |   |   |           |  |  |  |
| <b>10</b>                          | Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .  | 338  | 803                 |  |  |          |    |    |          |    |    |          |   |   |          |   |   |           |   |   |           |  |  |  |
| <b>11</b>                          | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .   | 0  | 0                   |  |  |          |    |    |          |    |    |          |   |   |          |   |   |           |   |   |           |  |  |  |
| <b>12</b>                          | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .   | 197,679  | 511,702             |  |  |          |    |    |          |    |    |          |   |   |          |   |   |           |   |   |           |  |  |  |
| <b>Expenses</b>                    |  |  |                     |  |  |          |    |    |          |    |    |          |   |   |          |   |   |           |   |   |           |  |  |  |
| <b>13</b>                          | Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .   | 220,969  | 309,939             |  |  |          |    |    |          |    |    |          |   |   |          |   |   |           |   |   |           |  |  |  |
| <b>14</b>                          | Benefits paid to or for members (Part IX, column (A), line 4) . . . . .  | 0  | 0                   |  |  |          |    |    |          |    |    |          |   |   |          |   |   |           |   |   |           |  |  |  |
| <b>15</b>                          | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .  | 0  | 0                   |  |  |          |    |    |          |    |    |          |   |   |          |   |   |           |   |   |           |  |  |  |
| <b>16a</b>                         | Professional fundraising fees (Part IX, column (A), line 11e) . . . . .  | 0  | 0                   |  |  |          |    |    |          |    |    |          |   |   |          |   |   |           |   |   |           |  |  |  |
| <b>b</b>                           | Total fundraising expenses (Part IX, column (D), line 25) <u>82,500</u>  |  |                     |  |  |          |    |    |          |    |    |          |   |   |          |   |   |           |   |   |           |  |  |  |
| <b>17</b>                          | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .   | 299,758  | 277,725             |  |  |          |    |    |          |    |    |          |   |   |          |   |   |           |   |   |           |  |  |  |
| <b>18</b>                          | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .   | 520,727  | 587,664             |  |  |          |    |    |          |    |    |          |   |   |          |   |   |           |   |   |           |  |  |  |
| <b>19</b>                          | Revenue less expenses Subtract line 18 from line 12 . . . . .  | -323,048   | -75,962             |  |  |          |    |    |          |    |    |          |   |   |          |   |   |           |   |   |           |  |  |  |
| <b>Net Assets or Fund Balances</b> |  | <b>Beginning of Current Year</b>   | <b>End of Year</b>  |  |  |          |    |    |          |    |    |          |   |   |          |   |   |           |   |   |           |  |  |  |
| <b>20</b>                          | Total assets (Part X, line 16) . . . . .   | 335,726  | 391,501             |  |  |          |    |    |          |    |    |          |   |   |          |   |   |           |   |   |           |  |  |  |
| <b>21</b>                          | Total liabilities (Part X, line 26) . . . . .  | 251,008  | 382,745             |  |  |          |    |    |          |    |    |          |   |   |          |   |   |           |   |   |           |  |  |  |
| <b>22</b>                          | Net assets or fund balances Subtract line 21 from line 20 . . . . .  | 84,718   | 8,756               |  |  |          |    |    |          |    |    |          |   |   |          |   |   |           |   |   |           |  |  |  |

**Part II Signature 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.

|                                 |  |                    |   |
|---------------------------------|--|--------------------|---|
| <b>Sign Here</b>                | *****<br>Signature of officer<br><br>BARRY NEWMAN VP FINANCE/CFO<br>Type or print name and title   | 2012-11-29<br>Date |   |
| <b>Paid Preparer's Use Only</b> | Preparer's signature<br><br>Firm's name (or yours if self-employed), address, and ZIP + 4<br>WithumSmithBrown PC<br>465 South St Ste 200<br>Morristown, NJ 079606497 | Date               | Check if self-employed <input type="checkbox"/><br><br>Preparer's taxpayer identification number (see instructions)<br>EIN<br>Phone no (973) 898-9494 |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III  Yes  No

**1** Briefly describe the organization's mission

THE PRIMARY PURPOSE OF THE ORGANIZATION IS TO (1) SUPPORT AND PROMOTE THE DONATION OF ORGANS AND TISSUES FOR TRANSPLANTATION, THERAPY, RESEARCH AND EDUCATION, (2) FOSTER EDUCATION AND RESEARCH WITH RESPECT TO HUMAN ORGAN AND TISSUE DONATION AND (3) FOSTER PUBLIC SERVICE PROGRAMS AND THE EDUCATION OF THE PUBLIC ON THE IMPORTANCE AND BENEFITS OF ORGAN AND TISSUE DONATION THE ORGANIZATION WAS ALSO FORMED TO BE AN INTEGRAL PART OF AND SUPPORT THE TAX-EXEMPT PURPOSES, PROGRAMS AND SERVICES OF NJ ORGAN AND TISSUE SHARING NETWORK, INC , AN ORGANIZATION RECOGNIZED BY THE IRS AS TAX-EXEMPT UNDER INTERNAL REVENUE CODE SECTION 501 (C)(3) IN CONNECTION THEREWITH, THE ORGANIZATION WILL RAISE FUNDS FOR GRANTS TO NJ ORGAN AND TISSUE SHARING NETWORK OR TO OPERATE PROGRAMS THAT SUPPORT THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF NJ ORGAN AND TISSUE SHARING NETWORK, BASED ON REQUESTS OF NJ ORGAN AND TISSUE SHARING NETWORK IN ADDITION, THE ORGANIZATION WILL SEEK OUT AND MAKE GRANTS TO INTERNAL R

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 309,939 including grants of \$ 309,939 ) (Revenue \$ 0 )

EXPENSES INCURRED IN CARRYING OUT THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE WHICH IS TO (1) SUPPORT AND PROMOTE THE DONATION OF ORGANS AND TISSUES FOR TRANSPLANTATION, THERAPY, RESEARCH AND EDUCATION, (2) FOSTER EDUCATION AND RESEARCH WITH RESPECT TO HUMAN ORGAN AND TISSUE DONATION AND (3) FOSTER PUBLIC SERVICE PROGRAMS AND THE EDUCATION OF THE PUBLIC ON THE IMPORTANCE AND BENEFITS OF ORGAN AND TISSUE DONATION THE ORGANIZATION WAS ALSO FORMED TO BE AN INTEGRAL PART OF AND SUPPORT THE TAX-EXEMPT PURPOSES, PROGRAMS AND SERVICES OF NJ ORGAN AND TISSUE SHARING NETWORK, INC , AN ORGANIZATION RECOGNIZED BY THE IRS AS TAX-EXEMPT UNDER INTERNAL REVENUE CODE SECTION 501 (C)(3) IN CONNECTION THEREWITH, THE ORGANIZATION WILL RAISE FUNDS FOR GRANTS TO NJ ORGAN AND TISSUE SHARING NETWORK OR TO OPERATE PROGRAMS THAT SUPPORT THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF NJ ORGAN AND TISSUE SHARING NETWORK, BASED ON REQUESTS OF NJ ORGAN AND TISSUE SHARING NETWORK IN ADDITION, THE ORGANIZATION WILL SEEK OUT AND MAKE GRANTS TO INTERNAL REVENUE CODE SECTION 501 (C)(3) AND GOVERNMENTAL ORGANIZATIONS THAT SUPPORT AND PROMOTE ORGAN AND TISSUE DONATION IN THE STATE OF NEW JERSEY THESE GRANTS ARE INTENDED TO REWARD THOSE ORGANIZATIONS THAT ARE CREATING OR OPERATING PROGRAMS THAT BEST PROMOTE AND SUPPORT SUCCESSFUL ORGAN AND TISSUE DONATION EFFORTS AND TO INDIRECTLY PROVIDE THOSE ORGANIZATIONS WITH PUBLIC ACKNOWLEDGMENT OF THEIR EFFORTS AND SUCCESS FINALLY, THE ORGANIZATION WILL ALSO CONSIDER GRANTS TO LOCAL GROUPS WHO SUPPORT ORGAN AND TISSUE DONATION

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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**4d** Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses \$ 309,939

**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A <input checked="" type="checkbox"/>   | Yes |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? <input checked="" type="checkbox"/>   | Yes |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  |     | No |
| <b>4 Section 501(c)(3) organizations.</b> 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  |     | No |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   |     | No |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I <input checked="" type="checkbox"/>        |     | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II <input checked="" type="checkbox"/>   |     | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>   |     | No |
| <b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV <input checked="" type="checkbox"/>           |     | No |
| <b>10</b> 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 <input checked="" type="checkbox"/>   |     | No |
| <b>11</b> If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable   |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. <input checked="" type="checkbox"/>  |     | No |
| <b>b</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? If "Yes," complete Schedule D, Part VII. <input checked="" type="checkbox"/>  |     | No |
| <b>c</b> 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? If "Yes," complete Schedule D, Part VIII. <input checked="" type="checkbox"/>  |     | No |
| <b>d</b> 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? If "Yes," complete Schedule D, Part IX. <input checked="" type="checkbox"/>   | Yes |    |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>  | Yes |    |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>               |     | No |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/>   | Yes |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional <input checked="" type="checkbox"/>                        | Yes |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  |     | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?   |     | No |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I |     | No |
| <b>15</b> 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 U S? If "Yes," complete Schedule F, Part II and IV   |     | No |
| <b>16</b> 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 U S? If "Yes," complete Schedule F, Part III and IV   |     | No |
| <b>17</b> Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I <input checked="" type="checkbox"/>  | Yes |    |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II <input checked="" type="checkbox"/>   | Yes |    |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III <input checked="" type="checkbox"/>   |     | No |
| <b>20a</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H   |     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements   |     |    |

**Part IV Checklist of Required Schedules** *(continued)*

|   |            |     |    |
|---|------------|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .   | <b>21</b>  | Yes |    |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .  | <b>22</b>  |     | No |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .                 | <b>23</b>  | Yes |    |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . . | <b>24a</b> |     | No |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  | <b>24b</b> |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   | <b>24c</b> |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  | <b>24d</b> |     |    |
| <b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .   | <b>25a</b> |     | No |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .         | <b>25b</b> |     | No |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                     | <b>26</b>  |     | No |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .             | <b>27</b>  |     | No |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)   |            |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28a</b> |     | No |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28b</b> |     | No |
| <b>c</b> 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 owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28c</b> |     | No |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>   | <b>29</b>  |     | No |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .   | <b>30</b>  |     | No |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .   | <b>31</b>  |     | No |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .   | <b>32</b>  |     | No |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .   | <b>33</b>  |     | No |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .  | <b>34</b>  | Yes |    |
| <b>35a</b> Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?   | <b>35a</b> |     | No |
| <b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>35b</b> |     | No |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>36</b>  |     | No |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>  | <b>37</b>  |     | No |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | <b>38</b>  | Yes |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No response. Rows include questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (17); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (No); 15b Other officers or key employees of the organization (No); If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed [NJ]; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [ ] Own website [ ] Another's website [X] Upon request; 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: BARRY C NEWMAN, 691 CENTRAL AVENUE, NEW PROVIDENCE, NJ 07974, (908) 516-5608.

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

Check if Schedule O contains a response to any question in this Part VII

**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, and **current** key employees 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, or 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 organizations compensated any current or former officer, director, or trustee

| (A)<br>Name and Title                        | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) DONNA ALBANESE<br>CHAIR - TRUSTEE        | 10   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (2) PHYLLIS L ELIN<br>VICE CHAIR - TRUSTEE   | 10   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (3) THOMAS LUDLUM ESQ<br>TREASURER - TRUSTEE | 10   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (4) ALBERTA DADDIO<br>SECRETARY - TRUSTEE    | 10   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (5) MARLA BACE<br>TRUSTEE                    | 10   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (6) PHYLLIS A CAPUTO RN<br>TRUSTEE           | 10   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (7) JD DE LEON<br>TRUSTEE                    | 10   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (8) LENORE C FORD<br>TRUSTEE                 | 10   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (9) DERLYS M GUTIERREZ<br>TRUSTEE            | 10   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (10) PHILLIP S KOLM<br>TRUSTEE               | 10   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (11) MARISA PATAWARAN TONNESEN<br>TRUSTEE    | 10   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (12) ANTHONY E PIZZUTILLO<br>TRUSTEE         | 10   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (13) STEPHEN PRIOLO<br>TRUSTEE               | 10   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (14) MARK E REAGAN<br>TRUSTEE                | 10   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (15) PETER ROONEY<br>TRUSTEE                 | 10   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (16) BERNARD SIMON<br>TRUSTEE                | 10   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (17) MYLES VARLEY<br>TRUSTEE                 | 10   | X   |                       |         |              |                              |        | 0  | 0   | 0   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and Title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (18) JOSEPH S ROTH<br>PRESIDENT & CEO                          | 55 0   |   |                       | X       |              |                              |        | 0  | 367,899   | 34,292  |
| (19) BARRY C NEWMAN<br>VP OF FINANCE/CFO                       | 55 0   |   |                       | X       |              |                              |        | 0  | 221,194   | 35,138  |
| (20) ELISSE E GLENNON<br>EXECUTIVE DIRECTOR FDN                | 55 0   |   |                       | X       |              |                              |        | 0  | 215,647   | 31,737  |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-Total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        | 0  | 804,740   | 101,167   |

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

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | No |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | Yes |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | No |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**Part VIII Statement of Revenue**

|   |   |   | (A)<br>Total revenue   | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512, 513, or<br>514 |  |  |
|---|---|---|--|--|---|---|--|--|
| <b>Contributions, gifts, grants and other similar amounts</b> | <b>1a</b>   | Federated campaigns . . . . . <b>1a</b>   |  |  |   |   |  |  |
|   | <b>b</b>  | Membership dues . . . . . <b>1b</b>   |  |  |   |   |  |  |
|   | <b>c</b>  | Fundraising events . . . . . <b>1c</b>  | 415,274  |  |   |   |  |  |
|   | <b>d</b>  | Related organizations . . . . . <b>1d</b>   |  |  |   |   |  |  |
|   | <b>e</b>  | Government grants (contributions) <b>1e</b>   |  |  |   |   |  |  |
|   | <b>f</b>  | All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>  | 95,625   |  |   |   |  |  |
|   | <b>g</b>  | Noncash contributions included in lines 1a-1f \$ _____  |  |  |   |   |  |  |
|   | <b>h</b>  | <b>Total.</b> Add lines 1a-1f . . . . . <b>▶</b>  | 510,899  |  |   |   |  |  |
| <b>Program Service Revenue</b>                                | <b>2a</b>   | _____ Business Code _____   |  |  |   |   |  |  |
|   | <b>b</b>  | _____   |  |  |   |   |  |  |
|   | <b>c</b>  | _____   |  |  |   |   |  |  |
|   | <b>d</b>  | _____   |  |  |   |   |  |  |
|   | <b>e</b>  | _____   |  |  |   |   |  |  |
|   | <b>f</b>  | All other program service revenue   |  |  |   |   |  |  |
|   | <b>g</b>  | <b>Total.</b> Add lines 2a-2f . . . . . <b>▶</b>  | 0  |  |   |   |  |  |
| <b>Other Revenue</b>  | <b>3</b>  | Investment income (including dividends, interest and other similar amounts) . . . . . <b>▶</b>  | 803  |  |   | 803   |  |  |
|   | <b>4</b>  | Income from investment of tax-exempt bond proceeds . . . . . <b>▶</b>   | 0  |  |   |   |  |  |
|   | <b>5</b>  | Royalties . . . . . <b>▶</b>  | 0  |  |   |   |  |  |
|   | <b>6a</b>   | Gross rents   | (i) Real   |  |   |   |  |  |
|   |   |   | (ii) Personal  |  |   |   |  |  |
|   |   |   | <b>b</b>   | Less rental expenses                               |   |   |  |  |
|   |   |   | <b>c</b>   | Rental income or (loss)                            |   |   |  |  |
|   | <b>d</b>  | <b>Net rental income or (loss)</b> . . . . . <b>▶</b>   |  |  |   |   |  |  |
|   | <b>7a</b>   | Gross amount from sales of assets other than inventory  | (i) Securities   |  |   |   |  |  |
|   |   |   | (ii) Other   |  |   |   |  |  |
|   |   |   | <b>b</b>   | Less cost or other basis and sales expenses        |   |   |  |  |
|   |   |   | <b>c</b>   | Gain or (loss)                                     |   |   |  |  |
|   | <b>d</b>  | <b>Net gain or (loss)</b> . . . . . <b>▶</b>  | 0  |  |   |   |  |  |
|   | <b>8a</b>   | Gross income from fundraising events (not including \$ <u>415,274</u> of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b> | 211,763  |  |   |   |  |  |
|   | <b>b</b>  | Less direct expenses . . . . . <b>b</b>   | 211,763  |  |   |   |  |  |
| <b>c</b>  | <b>Net income or (loss) from fundraising events</b> . . . . . <b>▶</b>      | 0   |  |  |   |   |  |  |
| <b>9a</b>   | Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b> |   |  |  |   |   |  |  |
|   |   | <b>b</b>  | Less direct expenses . . . . . <b>b</b>                                |  |   |   |  |  |
|   |   | <b>c</b>  | <b>Net income or (loss) from gaming activities</b> . . . . . <b>▶</b>  | 0  |   |   |  |  |
| <b>10a</b>  | Gross sales of inventory, less returns and allowances . . . . . <b>a</b>    |   |  |  |   |   |  |  |
|   |   | <b>b</b>  | Less cost of goods sold . . . . . <b>b</b>                             |  |   |   |  |  |
|   |   | <b>c</b>  | <b>Net income or (loss) from sales of inventory</b> . . . . . <b>▶</b> | 0  |   |   |  |  |
|   | Miscellaneous Revenue   | Business Code   |  |  |   |   |  |  |
| <b>11a</b>  | _____   |   |  |  |   |   |  |  |
| <b>b</b>  | _____   |   |  |  |   |   |  |  |
| <b>c</b>  | _____   |   |  |  |   |   |  |  |
| <b>d</b>  | All other revenue . . . . .   |   |  |  |   |   |  |  |
| <b>e</b>  | <b>Total.</b> Add lines 11a-11d . . . . . <b>▶</b>                          | 0   |  |  |   |   |  |  |
| <b>12</b>   | <b>Total revenue.</b> See Instructions . . . . . <b>▶</b>                   | 511,702   |  |  | 803                                     |   |  |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|--|------------------------------|--|---|------------------------------------|
| <b>1</b>  | Grants and other assistance to governments and organizations in the United States See Part IV, line 21   | 305,356                      | 305,356                                |   |                                    |
| <b>2</b>  | Grants and other assistance to individuals in the United States See Part IV, line 22   | 4,583                        | 4,583                                  |   |                                    |
| <b>3</b>  | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16  | 0                            |  |   |                                    |
| <b>4</b>  | Benefits paid to or for members  | 0                            |  |   |                                    |
| <b>5</b>  | Compensation of current officers, directors, trustees, and key employees   | 0                            |  |   |                                    |
| <b>6</b>  | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  | 0                            |  |   |                                    |
| <b>7</b>  | Other salaries and wages   | 0                            |  |   |                                    |
| <b>8</b>  | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  | 0                            |  |   |                                    |
| <b>9</b>  | Other employee benefits  | 0                            |  |   |                                    |
| <b>10</b>   | Payroll taxes  | 0                            |  |   |                                    |
| <b>11</b>   | Fees for services (non-employees)  |                              |  |   |                                    |
| <b>a</b>  | Management   | 0                            |  |   |                                    |
| <b>b</b>  | Legal  | 0                            |  |   |                                    |
| <b>c</b>  | Accounting   | 0                            |  |   |                                    |
| <b>d</b>  | Lobbying   | 82,500                       |  |   | 82,500                             |
| <b>e</b>  | Professional fundraising See Part IV, line 17  | 0                            |  |   |                                    |
| <b>f</b>  | Investment management fees   | 0                            |  |   |                                    |
| <b>g</b>  | Other  | 4,605                        |  | 4,605   |                                    |
| <b>12</b>   | Advertising and promotion  | 0                            |  |   |                                    |
| <b>13</b>   | Office expenses  | 5,461                        |  | 5,461   |                                    |
| <b>14</b>   | Information technology   | 0                            |  |   |                                    |
| <b>15</b>   | Royalties  | 0                            |  |   |                                    |
| <b>16</b>   | Occupancy  | 20,020                       |  | 20,020  |                                    |
| <b>17</b>   | Travel   | 4,200                        |  | 4,200   |                                    |
| <b>18</b>   | Payments of travel or entertainment expenses for any federal, state, or local public officials   | 0                            |  |   |                                    |
| <b>19</b>   | Conferences, conventions, and meetings   | 1,840                        |  | 1,840   |                                    |
| <b>20</b>   | Interest   | 0                            |  |   |                                    |
| <b>21</b>   | Payments to affiliates   | 0                            |  |   |                                    |
| <b>22</b>   | Depreciation, depletion, and amortization  | 0                            |  |   |                                    |
| <b>23</b>   | Insurance  | 0                            |  |   |                                    |
| <b>24</b>   | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )  |                              |  |   |                                    |
| <b>a</b>  | ALLOC OF PERSONNEL COSTS   | 139,711                      |  | 139,711                                       |                                    |
| <b>b</b>  | BAD DEBT EXPENSE   | 5,100                        |  | 5,100   |                                    |
| <b>c</b>  | OTHER EXPENSES   | 14,288                       |  | 14,288  |                                    |
| <b>d</b>  |  |                              |  |   |                                    |
| <b>e</b>  |  |                              |  |   |                                    |
| <b>f</b>  | All other expenses   |                              |  |   |                                    |
| <b>25</b>   | <b>Total functional expenses.</b> Add lines 1 through 24f  | 587,664                      | 309,939                                | 195,225                                       | 82,500                             |
| <b>26</b>   | <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                              |  |   |                                    |

**Part X Balance Sheet**

|   |  | (A)               |            | (B)         |
|---|--|-------------------|------------|-------------|
|   |  | Beginning of year |            | End of year |
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   | 0                 | <b>1</b>   | 0           |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 282,356           | <b>2</b>   | 210,231     |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 45,370            | <b>3</b>   | 126,071     |
|   | <b>4</b> Accounts receivable, net . . . . .  | 0                 | <b>4</b>   | 0           |
|   | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .                    | 0                 | <b>5</b>   | 0           |
|   | <b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .       | 0                 | <b>6</b>   | 0           |
|   | <b>7</b> Notes and loans receivable, net . . . . .   | 0                 | <b>7</b>   | 0           |
|   | <b>8</b> Inventories for sale or use . . . . .   | 0                 | <b>8</b>   | 0           |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 8,000             | <b>9</b>   | 2,200       |
|   | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D   |                   |            |             |
|   | <b>b</b> Less accumulated depreciation . . . . .   | 0                 | <b>10c</b> |             |
|   | <b>11</b> Investments—publicly traded securities . . . . .   | 0                 | <b>11</b>  | 0           |
|   | <b>12</b> Investments—other securities See Part IV, line 11 . . . . .  | 0                 | <b>12</b>  | 0           |
|   | <b>13</b> Investments—program-related See Part IV, line 11 . . . . .   | 0                 | <b>13</b>  | 0           |
|   | <b>14</b> Intangible assets . . . . .  | 0                 | <b>14</b>  | 0           |
|   | <b>15</b> Other assets See Part IV, line 11 . . . . .  | 0                 | <b>15</b>  | 52,999      |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 335,726  | <b>16</b>         | 391,501    |             |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 13,800            | <b>17</b>  | 1,976       |
|   | <b>18</b> Grants payable . . . . .   | 0                 | <b>18</b>  | 0           |
|   | <b>19</b> Deferred revenue . . . . .   | 27,500            | <b>19</b>  | 81,000      |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  | 0                 | <b>20</b>  | 0           |
|   | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .   | 0                 | <b>21</b>  | 0           |
|   | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .  | 0                 | <b>22</b>  | 0           |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 0                 | <b>23</b>  | 0           |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   | 0                 | <b>24</b>  | 0           |
|   | <b>25</b> 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 . . . . . | 209,708           | <b>25</b>  | 299,769     |
| <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .                | 251,008  | <b>26</b>         | 382,745    |             |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                   |            |             |
|   | <b>27</b> Unrestricted net assets . . . . .  | 84,718            | <b>27</b>  | 8,756       |
|   | <b>28</b> Temporarily restricted net assets . . . . .  | 0                 | <b>28</b>  | 0           |
|   | <b>29</b> Permanently restricted net assets . . . . .  | 0                 | <b>29</b>  | 0           |
|   | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                   |            |             |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                   | <b>30</b>  |             |
|   | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                   | <b>31</b>  |             |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                   | <b>32</b>  |             |
| <b>33</b> Total net assets or fund balances . . . . .                         | 84,718   | <b>33</b>         | 8,756      |             |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 335,726  | <b>34</b>         | 391,501    |             |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|          |   |          |         |
|----------|---|----------|---------|
| <b>1</b> | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b> | 511,702 |
| <b>2</b> | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b> | 587,664 |
| <b>3</b> | Revenue less expenses Subtract line 2 from line 1   | <b>3</b> | -75,962 |
| <b>4</b> | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b> | 84,718  |
| <b>5</b> | Other changes in net assets or fund balances (explain in Schedule O)  | <b>5</b> |         |
| <b>6</b> | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | <b>6</b> | 8,756   |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | No |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant?   | Yes |    |
| <b>c</b>  | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes |    |
| <b>d</b>  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis             |     |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   |     | No |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   |     |    |

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE SHARING NETWORK FOUNDATION INC

Employer identification number

20-2737719

**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 **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)(vi)** (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 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?
- h Provide the following information about the supported organization(s)

|                 | Yes | No |
|-----------------|-----|----|
| <b>11g(i)</b>   |     | No |
| <b>11g(ii)</b>  |     | No |
| <b>11g(iii)</b> |     | No |

| (i)<br>Name of supported organization               | (ii)<br>EIN | (iii)<br>Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv)<br>Is the organization in col (i) listed in your governing document? |    | (v)<br>Did you notify the organization in col (i) of your support? |    | (vi)<br>Is the organization in col (i) organized in the U S ? |    | (vii)<br>Amount of support? |
|---|-------------|---|---|----|--|----|---|----|-----------------------------|
|   |             |   | Yes   | No | Yes  | No | Yes   | No |                             |
| (A) NEW JERSEY ORGAN AND TISSUE SHARING NETWORK INC | 222490603   | 04  | Yes   |    | Yes  |    | Yes   |    | 300,000                     |
|   |             |   |   |    |  |    |   |    |                             |
|   |             |   |   |    |  |    |   |    |                             |
|   |             |   |   |    |  |    |   |    |                             |
| <b>Total</b>  |             |   |   |    |  |    |   |    | 300,000                     |

**Part II Support Schedule for Organizations Described in IRC 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 |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3  |          |          |          |          |          |           |
| <b>5</b> 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) |          |          |          |          |          |           |
| <b>6 Public Support.</b> 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 |
|---|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4  |          |          |          |          |          |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                             |          |          |          |          |          |           |
| <b>10</b> Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets                                |          |          |          |          |          |           |
| <b>11 Total support</b> (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 501(c)(3) organization, check this box and **stop here**

**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 for 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

**b 33 1/3% support test—2010.** If the organization did not check the 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

**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

**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

**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

**Part III Support Schedule for Organizations Described in IRC 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 |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public Support</b> (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 |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11 and 12)  |          |          |          |          |          |           |
| <b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |           |  |
|--|-----------|--|
| <b>15</b> Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15                    | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17                      | <b>18</b> |  |

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

|                                     |
|-------------------------------------|
| <b>Facts And Circumstances Test</b> |
|-------------------------------------|

|                    |
|--------------------|
| <b>Explanation</b> |
|--------------------|

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 20-2737719

**Name:** THE SHARING NETWORK FOUNDATION INC

**Form 990, Special Condition Description:**

**Special Condition Description**

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization THE SHARING NETWORK FOUNDATION INC

Employer identification number 20-2737719

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

Table with 2 columns: Description (1c-1f) and Amount

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows 1a-1g.

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment, b Permanent endowment, c Term endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Table with 3 columns: Description (3a(i), 3a(ii), 3b) and Yes/No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (Investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)    | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives  |                |   |
| (2) Closely-held equity interests  |                |   |
| Other  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 ) |                |   |

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type   | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13 ) |                |   |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| (1) SOFTWARE   | 52,999         |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.) | 52,999         |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1  | (a) Description of Liability   | (b) Amount |
|--|--------------------------------|------------|
|  | Federal Income Taxes           | 0          |
|  | DUE TO AFFILIATED ORGANIZATION | 299,769    |
|  |                                |            |
|  |                                |            |
|  |                                |            |
|  |                                |            |
|  |                                |            |
|  |                                |            |
|  |                                |            |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 ) |                                | 299,769    |

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>1</b>  | Total revenue (Form 990, Part VIII, column (A), line 12)                        | <b>1</b>  | 511,702 |
| <b>2</b>  | Total expenses (Form 990, Part IX, column (A), line 25)                         | <b>2</b>  | 587,664 |
| <b>3</b>  | Excess or (deficit) for the year Subtract line 2 from line 1                    | <b>3</b>  | -75,962 |
| <b>4</b>  | Net unrealized gains (losses) on investments                                    | <b>4</b>  |         |
| <b>5</b>  | Donated services and use of facilities  | <b>5</b>  |         |
| <b>6</b>  | Investment expenses   | <b>6</b>  |         |
| <b>7</b>  | Prior period adjustments  | <b>7</b>  |         |
| <b>8</b>  | Other (Describe in Part XIV)  | <b>8</b>  |         |
| <b>9</b>  | Total adjustments (net) Add lines 4 - 8   | <b>9</b>  |         |
| <b>10</b> | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | <b>10</b> | -75,962 |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|          |   |           |         |
|----------|---|-----------|---------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                        | <b>1</b>  | 723,465 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12  |           |         |
| <b>a</b> | Net unrealized gains on investments . . . . .   | <b>2a</b> |         |
| <b>b</b> | Donated services and use of facilities . . . . .  | <b>2b</b> |         |
| <b>c</b> | Recoveries of prior year grants . . . . .   | <b>2c</b> |         |
| <b>d</b> | Other (Describe in Part XIV) . . . . .  | <b>2d</b> | 211,763 |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> | 211,763 |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 511,702 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :                              |           |         |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |         |
| <b>b</b> | Other (Describe in Part XIV) . . . . .  | <b>4b</b> |         |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> |         |
| <b>5</b> | Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . . | <b>5</b>  | 511,702 |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|          |  |           |         |
|----------|--|-----------|---------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                       | <b>1</b>  | 799,427 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25   |           |         |
| <b>a</b> | Donated services and use of facilities . . . . .   | <b>2a</b> |         |
| <b>b</b> | Prior year adjustments . . . . .   | <b>2b</b> |         |
| <b>c</b> | Other losses . . . . .   | <b>2c</b> |         |
| <b>d</b> | Other (Describe in Part XIV) . . . . .   | <b>2d</b> | 211,763 |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | 211,763 |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 587,664 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                                 |           |         |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                 | <b>4a</b> |         |
| <b>b</b> | Other (Describe in Part XIV) . . . . .   | <b>4b</b> |         |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> |         |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . . | <b>5</b>  | 587,664 |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

| Identifier  | Return Reference               | Explanation  |
|---|--------------------------------|--|
| RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS  | SCHEDULE D, PART XII, LINE 2D  | OTHER RECONCILIATION ITEMS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12 INCLUDE - SPECIAL EVENTS EXPENSE - \$211,763 |
| RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS | SCHEDULE D, PART XIII, LINE 2D | OTHER RECONCILIATION ITEMS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25 INCLUDE - SPECIAL EVENTS EXPENSE - \$211,763   |

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization THE SHARING NETWORK FOUNDATION INC

Employer identification number 20-2737719

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and e-mail solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes entry for JEFFREY SOBEL CONSULTING.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

|   |  | (a) Event #1                   | (b) Event #2                       | (c) Other Events           | (d) Total Events              |
|---|--|--------------------------------|------------------------------------|----------------------------|-------------------------------|
|   |  | <b>5K RACE</b><br>(event type) | <b>GOLF OUTING</b><br>(event type) | <b>3</b><br>(total number) | (Add col (a) through col (c)) |
| <b>Revenue</b>  | <b>1</b> Gross receipts . . . . .  | 448,162                        | 138,170                            | 40,705                     | 627,037                       |
|   | <b>2</b> Less Charitable contributions . . . . .                                 | 326,169                        | 52,566                             | 36,539                     | 415,274                       |
|   | <b>3</b> Gross income (line 1 minus line 2) . . . . .                            | 121,993                        | 85,604                             | 4,166                      | 211,763                       |
| <b>Direct Expenses</b>  | <b>4</b> Cash prizes . . . . .   |                                |                                    |                            |                               |
|   | <b>5</b> Non-cash prizes . . . . .   |                                |                                    |                            |                               |
|   | <b>6</b> Rent/facility costs . . . . .   |                                | 50,959                             |                            | 50,959                        |
|   | <b>7</b> Food and beverages . . . . .  |                                |                                    |                            |                               |
|   | <b>8</b> Entertainment . . . . .   |                                |                                    |                            |                               |
|   | <b>9</b> Other direct expenses . . . . .   | 121,993                        | 34,645                             | 4,166                      | 160,804                       |
|   | <b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶ |                                |                                    |                            | ( 211,763 )                   |
| <b>11</b> Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶ |  |                                |                                    |                            |                               |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|  |  | (a) Bingo   | (b) Pull tabs/Instant bingo/progressive bingo               | (c) Other gaming  | (d) Total gaming              |
|--|--|---|---|---|-------------------------------|
|  |  |   |   |   | (Add col (a) through col (c)) |
| <b>Revenue</b>   | <b>1</b> Gross revenue . . . . .         |   |   |   |                               |
| <b>Direct Expenses</b>   | <b>2</b> Cash prizes . . . . .           |   |   |   |                               |
|  | <b>3</b> Non-cash prizes . . . . .       |   |   |   |                               |
|  | <b>4</b> Rent/facility costs . . . . .   |   |   |   |                               |
|  | <b>5</b> Other direct expenses . . . . . |   |   |   |                               |
|  | <b>6</b> Volunteer labor . . . . .       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                               |
| <b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶    |  |   |   | ( )   |                               |
| <b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶ |  |   |   |   |                               |

**9** Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," Explain \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," Explain \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity operated in

|                                      |            |
|--------------------------------------|------------|
| <b>a</b> The organization's facility | <b>13a</b> |
| <b>b</b> An outside facility         | <b>13b</b> |

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address

Name ▶

Address ▶

**16** Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer       Employee       Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| Identifier | ReturnReference | Explanation |
|------------|-----------------|-------------|
|------------|-----------------|-------------|

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2011

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization THE SHARING NETWORK FOUNDATION INC

Employer identification number 20-2737719

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains data for NJ ORGAN AND TISSUE SAHARING NETWORK.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

| <b>(a)</b> Type of grant or assistance | <b>(b)</b> Number of recipients | <b>(c)</b> Amount of cash grant | <b>(d)</b> Amount of non-cash assistance | <b>(e)</b> Method of valuation (book, FMV, appraisal, other) | <b>(f)</b> Description of non-cash assistance |
|--|---------------------------------|---------------------------------|--|--|---|
|  |                                 |                                 |  |  |   |
|  |                                 |                                 |  |  |   |
|  |                                 |                                 |  |  |   |
|  |                                 |                                 |  |  |   |
|  |                                 |                                 |  |  |   |
|  |                                 |                                 |  |  |   |
|  |                                 |                                 |  |  |   |

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

| <b>Identifier</b>     | <b>Return Reference</b> | <b>Explanation</b>   |
|-----------------------|-------------------------|--|
| GRANT FUND MONITORING |                         | GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION, INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS |

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**

**▶ Attach to Form 990. ▶ See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
THE SHARING NETWORK FOUNDATION INC

**Employer identification number**  
20-2737719

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?  
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?  
If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?  
If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>4a</b> |     | No |
| <b>4b</b> |     | No |
| <b>4c</b> |     | No |
| <b>5a</b> |     | No |
| <b>5b</b> |     | No |
| <b>6a</b> |     | No |
| <b>6b</b> |     | No |
| <b>7</b>  | Yes |    |
| <b>8</b>  |     | No |
| <b>9</b>  |     |    |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

| (A) Name             |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|----------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|                      |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| (1) JOSEPH S ROTH    | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
|                      | (ii) | 350,161  | 0                                   | 17,738                              | 17,150   | 17,142                  | 402,191                         | 0  |
| (2) BARRY C NEWMAN   | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
|                      | (ii) | 205,555  | 9,130                               | 6,509                               | 16,031   | 19,107                  | 256,332                         | 0  |
| (3) ELISSE E GLENNON | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
|                      | (ii) | 203,605  | 9,143                               | 2,899                               | 12,704   | 19,033                  | 247,384                         | 0  |
|                      |      |  |                                     |                                     |  |                         |                                 |  |
|                      |      |  |                                     |                                     |  |                         |                                 |  |
|                      |      |  |                                     |                                     |  |                         |                                 |  |
|                      |      |  |                                     |                                     |  |                         |                                 |  |
|                      |      |  |                                     |                                     |  |                         |                                 |  |
|                      |      |  |                                     |                                     |  |                         |                                 |  |
|                      |      |  |                                     |                                     |  |                         |                                 |  |
|                      |      |  |                                     |                                     |  |                         |                                 |  |
|                      |      |  |                                     |                                     |  |                         |                                 |  |
|                      |      |  |                                     |                                     |  |                         |                                 |  |
|                      |      |  |                                     |                                     |  |                         |                                 |  |
|                      |      |  |                                     |                                     |  |                         |                                 |  |

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

| Identifier               | Return Reference               | Explanation  |
|--------------------------|--------------------------------|--|
| COMPENSATION INFORMATION | SCHEDULE J, PART I, QUESTION 7 | CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2011 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2011 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT. |

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization  
THE SHARING NETWORK FOUNDATION INC

**Employer identification number**

20-2737719

| Identifier             | Return Reference                              | Explanation   |
|------------------------|---|---|
| DISCLOSURE INFORMATION | CORE FORM, PART VI, SECTION A, QUESTION 6 & 7 | SHARING NETWORK MANAGEMENT COMPANY, INC IS THE SOLE MEMBER OF THIS ORGANIZATION SHARING NETWORK MANAGEMENT COMPANY, INC HAS THE RIGHT TO ELECT THE MEMBERS OF THIS ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THIS ORGANIZATION'S BY LAWS |

| Identifier             | Return Reference                            | Explanation   |
|------------------------|---|---|
| DISCLOSURE INFORMATION | CORE FORM, PART VI, SECTION B, QUESTION 11B | THE ORGANIZATION IS AN AFFILIATE IN THE SHARING NETWORK MANAGEMENT COMPANY, INC AND SUBSIDIARIES ("NETWORK"), A TAX-EXEMPT HEALTHCARE RELATED NETWORK SHARING NETWORK MANAGEMENT COMPANY, INC IS THE PARENT ENTITY OF THE NETWORK THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY, ITS BOARD OF TRUSTEES, PRIOR TO FILING OF THE FEDERAL FORM 990 WITH THE IRS AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990 THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS OF THE ORGANIZATION TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS FOR THEIR REVIEW THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS FOR FINAL REVIEW AND APPROVAL PRIOR TO PRESENTATION OF THE FEDERAL FORM 990 TO THE ORGANIZATION'S BOARD OF TRUSTEES PRIOR TO FILLING WITH THE IRS |

| Identifier             | Return Reference                           | Explanation  |
|------------------------|--|--|
| DISCLOSURE INFORMATION | CORE FORM, PART VI, SECTION B, QUESTION 12 | THE ORGANIZATION IS AN AFFILIATE IN THE SHARING NETWORK MANAGEMENT COMPANY, INC AND SUBSIDIARIES NETWORK ("NETWORK") THE ORGANIZATION AND THE NETWORK REGULARLY MONITOR AND ENFORCE COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY ANNUALLY ALL MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS AND SENIOR MANAGEMENT PERSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE ORGANIZATION AND THE NETWORK'S CHIEF COMPLIANCE OFFICER FOR REVIEW THEREAFTER, IF APPLICABLE, THE NETWORK'S CHIEF COMPLIANCE OFFICER PREPARES A SUMMARY OF THE COMPLETED QUESTIONNAIRES WHICH CONTAINS INFORMATION DISCLOSED ON AN INDIVIDUAL BY INDIVIDUAL BASIS IF APPLICABLE, THE PRESIDENT/CEO AND CHIEF COMPLIANCE OFFICER PRESENT THIS SUMMARY TO THE ORGANIZATION'S EXECUTIVE COMMITTEE FOR THEIR REVIEW AND DISCUSSION |

| Identifier             | Return Reference                           | Explanation  |
|------------------------|--|--|
| DISCLOSURE INFORMATION | CORE FORM, PART VI, SECTION B, QUESTION 15 | <p>THE ORGANIZATION IS AN AFFILIATE IN A TAX-EXEMPT HEALTHCARE RELATED NETWORK THIS FILING ORGANIZATION ITSELF HAS NO PAID SENIOR MANAGEMENT PERSONNEL RECEIVING COMPENSATION DIRECTLY FROM THIS ORGANIZATION RATHER, KEY SENIOR MANAGEMENT PERSONNEL, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER ARE EMPLOYED BY THE NEW JERSEY ORGAN AND TISSUE SHARING NETWORK, INC ("NJOTSN"), A RELATED TAX-EXEMPT ORGANIZATION THE NJOTSN'S BOARD OF TRUSTEES REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S PRESIDENT/CHIEF EXECUTIVE OFFICER THE BOARD OF TRUSTEES REVIEWS THE "TOTAL COMPENSATION" OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER THE REVIEW BY THE BOARD OF TRUSTEES IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" IS REASONABLE THE BOARD OF TRUSTEES RELIED UPON APPROPRIATE COMPARABLE DATA, SPECIFICALLY THE BOARD OF TRUSTEES OBTAINED INDEPENDENT SALARY SURVEY INFORMATION AND REVIEWED FORMS 990 OF SIMILAR ORGANIZATIONS THROUGHOUT THE UNITED STATES THIS INCLUDED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILARLY SIZED ORGANIZATIONS AND NET PATIENT SERVICE REVENUE THE COMPENSATION AND BENEFITS OF OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM THE ORGANIZATION'S VICE PRESIDENT OF HUMAN RESOURCES IN CONJUNCTION WITH EACH INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY NJOTSN OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS NJOTSN MAINTAINS A PERFORMANCE MANAGEMENT SYSTEM FOR ANNUAL REVIEWS, THE PERFORMANCE MANAGEMENT SYSTEM TRACKS JOB DESCRIPTIONS, LEVELS AND HIGHEST AND LOWEST COMPENSATION INFORMATION FOR VARIOUS POSITIONS AND LEVELS THE PERFORMANCE MANAGEMENT SYSTEM WAS IMPLEMENTED WITH THE ASSISTANCE OF A MAJOR CONSULTING FIRM WITH EXPERTISE IN THIS AREA</p> |

| Identifier             | Return Reference                           | Explanation  |
|------------------------|--|--|
| DISCLOSURE INFORMATION | CORE FORM, PART VI, SECTION C, QUESTION 19 | THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY SECRETARY OF STATE |

| Identifier                          | Return Reference                   | Explanation   |
|-------------------------------------|------------------------------------|---|
| COMPENSATION INFORMATION DISCLOSURE | CORE FORM, PART VII AND SCHEDULE J | PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION OR A RELATED ORGANIZATION PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THE ORGANIZATION OR A RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES |

| Identifier               | Return Reference                         | Explanation  |
|--------------------------|--|--|
| RELATED HOURS DISCLOSURE | CORE FORM, PART VII, SECTION A, COLUMN B | THIS ORGANIZATION IS AN AFFILIATE IN THE SHARING NETWORK MANAGEMENT COMPANY, INC AND SUBSIDIARIES NETWORK ("NETWORK"), A TAX-EXEMPT HEALTHCARE RELATED NETWORK THE NETWORK INCLUDES THREE NOT FOR-PROFIT ORGANIZATIONS AND ONE FOR-PROFIT ORGANIZATION CERTAIN BOARD OF TRUSTEE MEMBERS, OFFICERS AND/OR DIRECTORS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE NETWORK THE HOURS SHOWN ON THIS FORM, 990 FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENTS THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF TRUSTEES OF OTHER RELATED ORGANIZATIONS IN THE NETWORK, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY ONE HOUR THE HOURS REFLECTED ON PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE NETWORK, NOT SOLELY THIS ORGANIZATION |

| Identifier                   | Return Reference                | Explanation   |
|------------------------------|---------------------------------|---|
| AUDITED FINANCIAL STATEMENTS | CORE FORM, PART XII, QUESTION 2 | AN INDEPENDENT CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF THE TAXPAYER FOR THE YEARS ENDED DECEMBER 31, 2011 AND DECEMBER 31, 2010, RESPECTIVELY, AND ISSUED A CERTIFIED AUDITED FINANCIAL STATEMENT AN UNQUALIFIED OPINION WAS ISSUED BY THE INDEPENDENT CPA FIRM EACH YEAR THE NEW JERSEY ORGAN AND TISSUE SHARING NETWORK, INC 'S FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE TAXPAYERS FINANCIAL STATEMENTS AND THE SELECTION OF ITS INDEPENDENT AUDITOR IN ADDITION, THE TAXPAYER IS AN AFFILIATE IN A TAX-EXEMPT, HEALTHCARE RELATED NETWORK AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE TAXPAYER AND ALL AFFILIATES FOR THE YEARS ENDED DECEMBER 31, 2011 AND DECEMBER 31, 2010, RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY AN UNQUALIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
THE SHARING NETWORK FOUNDATION INC

**Employer identification number**  
20-2737719

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

| (a)<br>Name, address, and EIN of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled organization |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|
|  |                         |  |                            |   |                                  | Yes   | No |
| <b>(1)</b> NJ ORGAN & TISSUE SHARING NETWORK INC<br>691 CENTRAL AVENUE<br>NEW PROVIDENCE, NJ 07974<br>22-2490603 | ORG DONATION            | NJ   | 501(C)(3)                  | 509(A)(2)   | SNMC                             |   | No |
| <b>(2)</b> SHARING NETWORK MANAGEMENT CO INC<br>691 CENTRAL AVENUE<br>NEW PROVIDENCE, NJ 07974<br>20-2737498     | SPT NJOTSN              | NJ   | 501(C)(3)                  | 509(A)(3)   | NA                               |   | No |
|  |                         |  |                            |   |                                  |   |    |
|  |                         |  |                            |   |                                  |   |    |
|  |                         |  |                            |   |                                  |   |    |
|  |                         |  |                            |   |                                  |   |    |
|  |                         |  |                            |   |                                  |   |    |

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1) NONE  |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|
| (1) SHARING NETWORK STRATEGIC HOLDINGS INC<br>691 CENTRAL AVENUE<br>NEW PROVIDENCE, NJ 07974<br>26-3082530 | HLTHCARE SVS            | NJ   | NA                               | C CORP   | 0                            | 0                                  | 0 %                         |
|  |                         |  |                                  |  |                              |                                    |                             |
|  |                         |  |                                  |  |                              |                                    |                             |
|  |                         |  |                                  |  |                              |                                    |                             |
|  |                         |  |                                  |  |                              |                                    |                             |
|  |                         |  |                                  |  |                              |                                    |                             |

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III or IV

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
  
- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
  
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)
  
- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses
  
- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

|           | Yes | No |
|-----------|-----|----|
| <b>1a</b> |     | No |
| <b>1b</b> | Yes |    |
| <b>1c</b> |     | No |
| <b>1d</b> |     | No |
| <b>1e</b> |     | No |
| <b>1f</b> |     | No |
| <b>1g</b> |     | No |
| <b>1h</b> |     | No |
| <b>1i</b> |     | No |
| <b>1j</b> |     | No |
| <b>1k</b> |     | No |
| <b>1l</b> |     | No |
| <b>1m</b> |     | No |
| <b>1n</b> |     | No |
| <b>1o</b> | Yes |    |
| <b>1p</b> |     | No |
| <b>1q</b> |     | No |
| <b>1r</b> |     | No |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (a)<br>Name of other organization | (b)<br>Transaction type(a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----------------------------------|------------------------------|------------------------|--|
| (1)                               |                              |                        |  |
| (2)                               |                              |                        |  |
| (3)                               |                              |                        |  |
| (4)                               |                              |                        |  |
| (5)                               |                              |                        |  |
| (6)                               |                              |                        |  |



**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Identifier | Return Reference | Explanation |  |
|------------|------------------|-------------|--|
|------------|------------------|-------------|--|

Schedule R (Form 990) 2011