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Return of Organization Exempt From Income Tax

OMB No 1545-0047

20**11**

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. 2011, and ending 20 11 For the 2011 calendar year, or tax year beginning D Employer identification number C Name of organization Christian Learning Center, Inc Check if applicable 20-3092002 Doing Business As Address change Number and street (or P O. box if mail is not delivered to street address) E Telephone number Room/suite Name change 601.853.2695 1278 N. Old Canton Road Initial return City or town, state or country, and ZIP + 4 Terminated Canton, MS 39046 G Gross receipts \$ Amended return Thelma Harden Application pending F Name and address of principal officer. H(a) Is this a group return for affiliates? Yes No H(b) Are all affiliates included? Yes No. If "No," attach a list (see instructions) √ 501(c)(3)) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status. ☐ 501(c) (H(c) Group exemption number ▶ Website. ▶ Association ☐ Other ► Form of organization 🗸 Corporation 🔲 Trust L Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: This is a daycare center, to help provide care for the children in our community. Activities & Governance Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . 3 Number of independent voting members of the governing body (Part X), line, 1b) 4 Total number of individuals employed in calendar year 2011 (Part V, line 2a 5 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b Current Year 52102.18 8 Contributions and grants (Part VIII, line 1h) . 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 52102.18 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 14 Benefits paid to or for members (Part IX, column (A), line 4) 57741.00 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 13240.56 17 70981.56 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -18879.38 19 Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 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 on all information of which preparer has any knowledge true, correct, and complete Declaration of preparer (other than officer) is base Sign FS-Signature of officer Here Type or print name and title Print/Type preparer's name Check 7 if Paid self-employed P00538720 Ryshonda Harper Preparer ► Harper Accounting Group, Inc. Firm's EIN ▶ Firm's name **Use Only** Firm's address ▶ 460 Briarwood Dr. ste 400 Jackson, MS 39206 601.709.4629 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) ✓ Yes
☐ No

Form 990 (2011)

Cat No 11282Y

Form 9	90 (2011)				Page 2
Part		ent of Program Service			
1		Schedule O contains a repetition of the organization of the organi	esponse to any question in this Part I	<u> </u>	· · · · <u>-</u>
'	briefly describ	e the organization's missi	JII.		
	D. d. Alexandre		f	which was not listed on the	
2			ficant program services during the yea		☐ Yes ☑ No
	•	ribe these new services on		, , , , , , , , , , , , ,	
3			g, or make significant changes in ho	w it conducts, any program	
	services?				☐ Yes ☑ No
		ribe these changes on Sch			
4	expenses. Sec	ction 501(c)(3) and 501(c)	rvice accomplishments for each of its t (4) organizations and section 4947(a)(il expenses, and revenue, if any, for each	1) trusts are required to repor	
	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
	(0000.	/ (Zxpo:::000 V			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d		services (Describe in Sch	edule O.)	•	
4-	(Expenses \$	ıncludıng gr service expenses ►	ants of \$) (Revenue \$)	
4e	TOTAL Drogram	i seivice exdenses 📂			

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	2	✓	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		√
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	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	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	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	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		√
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		√
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		√
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		✓
12 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		√
b	Schedule D, Parts XI, XII, and XIII	12a		<u> </u>
13	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b 13		<u>√</u>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		`
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		· ·
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.			-
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	15 16		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>*</u> ✓
18	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	18		<u>v</u> ✓
19	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	19		<u>▼</u> ✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>√</u>
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		<u>·</u>

Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
24a	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
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? If "Yes," complete Schedule L, Part I	25b		✓
26	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? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	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):			学が
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>·</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
20	Part VI	37		✓
38	19? Note. All Form 990 filers are required to complete Schedule O	38		✓_
		Form	990	(2011)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance		
	Check if Schedule O contains a response to any question in this Part V	<u> </u>	🗆
		G 85 5	Yes No
1a			
b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	ELECT I	
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	1 3 to 1 4 1 1 1 1 1
2a		表表表	
b	Statements, filed for the calendar year ending with or within the year covered by this return [2a] If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		逐渐通
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	√
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	 _ -
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	05	- * -
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		
	account)?	4a	1
b	If "Yes," enter the name of the foreign country: ▶	* 188 E	经上货机
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		
-	organization solicit any contributions that were not tax deductible?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		
_	gifts were not tax deductible?	6b	√
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
L	·	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b	-
·	required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f	1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	1
ň	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	斯德·沃克	1. 意用
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		
	organization, have excess business holdings at any time during the year?	8	✓
9	Sponsoring organizations maintaining donor advised funds.		这.建筑
а	Did the organization make any taxable distributions under section 4966?	9a	_ ✓
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	√
10	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]		
11	Section 501(c)(12) organizations. Enter.		
a b	Gross income from members or shareholders		
-	and the second of the second o		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12d	X 22
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
-	Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which	2 数	
	the organization is licensed to issue qualified health plans		

c Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

13b

13c

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response to any question in this Part VI	See in	struct	tions.
Sect	ion A. Governing Body and Management		I v	
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		Yes	No
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
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? .	3		1
4 5 6	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?. Did the organization have members or stockholders?	4 5 6		√ √ √
7a b	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?	7a		1
8	stockholders, or persons other than the governing body?	7b	* 134 E47	/
a b	the year by the following: The governing body?	8a 8b		✓
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	9		√
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	าue C		
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		√
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	_	✓
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a 12b	基础	√
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1
13 14 15	Did the organization have a written whistleblower policy?	13 14		✓ ✓
a b	The organization's CEO, Executive Director, or top management official	15a 15b		<u>/</u>
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?	16a		<u>✓</u>
	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?	16b		<u>/</u>
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(d	c)(3)s	only)
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.		est p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ▶	of the		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization no	r any relate	d org	anız	atio	on c	ompe	ensa	ited any currer	nt officer, directo	r, or trustee.
					C)					
(A)	(B)	(do r	not cl		ition	e than	one	(D)	(E)	(F)
Name and Title	Average	box,	unles	ss pe	erson	is botl	h an	Reportable	Reportable	Estimated
	hours per week					or/trus		compensation from	compensation from related	amount of other
	(describe	or d	Insti	Officer	Key employee	emp High	Former	the	organizations (W-2/1099-MISC)	compensation
	hours for related	rect id	l ti	ě	똂	est o	वि	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	약함	natt		l ox	l e g]		and related
	in Schedule O)	Individual trustee or director	Institutional trustee		ă	pens			1	organizations
			8			Highest compensated employee				
(1) Thelma Harden						}				
(f) freina fraiden	40			1				w-2		16516.00
(2)										
(3)			 	 	<u> </u>		 			
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(A) (B) (A) (B)	Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees	s, aı	nd F	lighe	st C	ompensated E	mployees	(contin	rued)
Name and title Note						(C)						
Name and title Average Content Content		(A)	(B)	(do n	ot ch			than o	one	(D)	(E)		(F)
Compensation Comp		Name and title		box,	unles	s pe	rson	is both	n an	1 '		,	
(15) (16) (17) (18) (20) (21) (22) (23) (24) (25) 1 b Sub-total . 1 c Total from continuation sheets to Part VII, Section A		·			_		_			from	relate	ai	other 3
(15) (16) (17) (18) (20) (21) (22) (23) (24) (25) 1 b Sub-total . 1 c Total from continuation sheets to Part VII, Section A			1 '	or div	nstit	Į₹	ey e	age age	orm orm				•
(15) (16) (17) (18) (20) (21) (22) (23) (24) (25) 1 b Sub-total . 1 c Total from continuation sheets to Part VII, Section A	-		related	ecto	탈	띡	mp	oyee	9		(2		organization
(15) (16) (17) (18) (20) (21) (22) (23) (24) (25) 1 b Sub-total . 1 c Total from continuation sheets to Part VII, Section A				¥ 5	ᆵ	ŀ	oye	_ ap	Ì				
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Par	VIII	Statement of Reve	enue	<u></u>				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts, Grants Amounts	1a b c	Fundraising events .	1b					
Contributions, Gifts, and Other Similar Ar	d e f	Related organizations Government grants (con All other contributions, g and similar amounts not inc	ntributions) 1e ifts, grants,					
Contributic and Other	g h	Noncash contributions include Total. Add lines 1a-1						
Program Service Revenue	2a b			Business Code				
gram Serv	d e f	All other program ser						
 	<u>g</u> 3	Total. Add lines 2a-2 Investment income	f	ends, interest,		经等外的 系统	THE PARTY OF THE PROPERTY OF	
	4 5	and other similar amount income from investmen Royalties	t of tax-exempt be	ond proceeds ►				
	6a b	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	d 7a	Net rental income or (Gross amount from sales of assets other than inventory		(ii) Other				
	b	Less: cost or other basis and sales expenses						
	d	Gain or (loss) Net gain or (loss) .		<u> ▶</u>				
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reports See Part IV, line 18 .	ed on line 1c).					
Othe	b	Less: direct expenses Net income or (loss) fi	s b rom fundraising	events . ►				
	9a b	Gross income from ga See Part IV, line 19 . Less: direct expenses	\cdot \cdot \cdot \cdot a					
	С	Net income or (loss) fi Gross sales of in returns and allowance	rom gaming activentory, less	vities ►				
	b c	Less: cost of goods s Net income or (loss) fi Miscellaneous R	rom sales of inve	entory ► Business Code				
	11a b c	All other revenue .						
	e 12	Total. Add lines 11a-				以下的	以本理19 3	河北部 河流

Part I	State	ement o	f Functional	Expenses

Section 501(c)(3) and 501(c)(4)	organizations must complete all columns.	All other organizations must complete	ecolumn (A) but are not
required to complete columns	(B), (C), and (D),		

	Check if Schedule O contains a respor	nse to any question	in this Part IX .	<u> </u>	<u> </u>
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21			建筑工作的	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16			Managed 1987年12年12年13日	
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				ROUND OF THE
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10 11	Other employee benefits				
a b c	Management				
d e f	Lobbying		SATE OF THE SECTION O		
g 12	Other				
13 14 15	Office expenses				
16 17 18	Occupancy				
19 20	Conferences, conventions, and meetings . Interest				
21 22 23	Payments to affiliates				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a b c d					
e 25 26	All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
S	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or		100 m	建工作研究 的
		other basis. Complete Part VI of Schedule D 10a		200	
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	· · · · · · · · · · · · · · · · · · ·
		Organizations that follow SFAS 117, check here ▶ ☐ and complete	Profession Annual Control	E ST	运搬运机场线的实现。
lances		lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets		27	
ä	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets	showing there was an interpretated desired in the 20th of	29	reform the role of the address of the control
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.		新建 新疆	
	00	•			
ets	30	Capital stock or trust principal, or current funds		30	
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net A	32	Retained earnings, endowment, accumulated income, or other funds.		32	
	33	Total net assets or fund balances		33	
	34	Total liabilities and net assets/fund balances		34	

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·		Yes	No
	क्ट न्स्ट	Car The	7 15 2 2
	3, 34		1
	がは		1
	3.80	11/2	1
i	2a	✓	
	2b		√

Form 990 (2011)

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Pari	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	· · ·	<u></u>	<u> </u>	
		1.1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6			
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>
			RETERMINE	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	cpiain in	支援		in the
	Schedule O.		200		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	V	
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of		_		,
	of the audit, review, or compilation of its financial statements and selection of an independent acco		2c	3% 54.37	√
	If the organization changed either its oversight process or selection process during the tax year, e	xpiain in		200	
	Schedule O.				
ď	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye	ear were		3 3 3 4	
	issued on a separate basis, consolidated basis, or both:				1900 St.
	Separate basis Consolidated basis Both consolidated and separate basis	س ملاسمة	- 1	7.32	<u> </u>
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	iortn in			,
_	the Single Audit Act and OMB Circular A-133?	····	3a	\vdash	
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not und required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	andite	3b		,
	required addit of addits, explain why in schedule of and describe any steps taken to undergo such a	iuuiio	لتتل	- 000	√
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