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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)

OMB No 1545-0047

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

Open to Public Inspection

<u>A F</u>	or th	e 2011 calendar year, or tax year beginning and e	ending	_	
<b>B</b> (	Check if upplicab	C Name of organization		D Employer identification	on number
	Addre chang	• <u>MARKETUMBRELLA.ORG</u>			
	Name chang	Doing Business As		26-247	<u>7706</u>
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Termi ated	200 BROADWAY AVENUE	L07	504-86	1-4485
	Amen return	City or town, state or country, and ZIP + 4		G Gross receipts \$	582,531.
	Appli	I NEW OKLEANS, DA /UIIO		H(a) Is this a group return	
	pendi	F Name and address of principal officer RICHARD MCCARTHY		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates included	<sup>ງ?</sup> ☑ Yes ☑ No
1.1	Гах-ех	empt status X 501(c)(3)	r 527	If "No," attach a list	(see instructions)
J١	Nebsi	te: ► HTTP://WWW.MARKETUMBRELLA.ORG		H(c) Group exemption nu	mber >
K F	orm o	organization: X Corporation Trust Association Other	L Year	of formation: 2008 M Sta	te of legal domicile: LA
	art I	Summary			
<b>a</b>	1	Briefly describe the organization's mission or most significant activities BY LE	CARNIN	G, SHARING AN	<u>D</u>
Activities & Governance				OMMUNITY MARK	
rua	2	Check this box   If the organization discontinued its operations or dispose			
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	8
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	8
80	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	
ìţie	6	Total number of volunteers (estimate if necessary)	_	6	53
ċį	7 a	Total unrelated business revenue from Part VIII, column & Line PAVED		7a	0.
⋖	Ь.	Net unrelated business taxable income from Form 990. Time 34	İ	7b	0.
				Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)	1	498,287.	440,805.
Revenue	9	Program service revenue (Part VIII, line 2g)		108,585.	109,901.
ěVe	10	Investment income (Part VIII, column (A), lines 3, 4, and AGDEN, UT	`i  -	75.	0.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	וַ וַ	9,990.	23,409.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		616,937.	574,115.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		18,178.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		355,039.	311,525.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
þer		Total fundraising expenses (Part IX, column (D), line 25) 7,58	37.		<u></u>
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<del></del>	240,950.	422,573.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		614,167.	734,098.
	19	Revenue less expenses Subtract line 18 from line 12		2,770.	<159,983.>
es	<del>  '`</del>	Trevende less expenses oubtract line 10 from line 12	Po	ginning of Current Year	_
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Be	822,673.	End of Year 677, 286.
Ass	21	Total liabilities (Part X, line 16)		73,375.	87,919.
Set	22	Net assets or fund balances Subtract line 21 from line 20	-	749,298.	589,367.
Pá	art II	Signature Block		143,230•	309,301.
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ente and to the heet of my kno	owledge and belief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			7
1100	, 00110	A CLO III COA 1 1 -	non proparci	Thas any knowledge.	<i>h</i> η
Sic		Signature of officer Signature		Date	12
Sig		RICHARD MCCARTHY, EXECUTIVE DIRECTOR		, ,	,
Her	e	Type or print name and title			<del></del>
_		<u> </u>		Date Check	PTIN
Paid		Print/Type preparer's name  WILLIAM B. HAMILTON  Preparer's signature  Preparer's signature			
			77		P00930685
	narer	Firm's name KUSHNER LAGRAIZE, LLC	100	Firm's EIN ▶ 7	2-1042866
use	Only	Firm's address 3330 WEST ESPLANADE AVENUE, STE	100	DL / F.O.	4\ 020 0001 .
		METAIRIE, LA 70002		Phone no. (50	4) 838-9991 (N
		RS discuss this return with the preparer shown above? (see instructions)			Yes X No
1320	01 01-	23-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form <b>990</b> (2011)

SCANNED JUN 1 8 2012

132002 02-09-12

# Form 990 (2011) MARKETUMBRELLA . ORG 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X	
3	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	3		X
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		_X_
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_		X
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		X
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_		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
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		_X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	X	
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		_X
C	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		Х
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		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	,		
	Schedule D, Parts XI, XII, and XIII	12a	Х	
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	12b		_X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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	15		X
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	16		Х
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	17		Х
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		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	<b>990</b> (	2011)

# Form 990 (2011) MARKETUMBRELLA · ORG Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	1		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	_23		X_
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	ļ _		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		<sub>v</sub>
h	disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	_25a		X
U	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		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		^
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	į	x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20	<del>                                     </del>	
	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		x
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			4,
22	Schedule N, Part II	32		X
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			
34	Was the organization related to any tax-exempt or taxable entity?	33		X
J-4	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35a		35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	334		1
_	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		1
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			T
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
			1	<del></del> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		l	

Form	990 (2011) MARKETUMBRELLA.ORG 26-2477	706	Р	age 5
Pai				
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			1
b	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable 1b 0			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 8			ŀ
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		x
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		İ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	<b> </b>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ļ	<del> </del>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	-
	Note. See the instructions for additional information the organization must report on Schedule O.		1	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1		
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	<u> </u>		<del> </del>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	X
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2011)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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					$\mathbf{x}$
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		8		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other		ļ	
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e dıre	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5	<u> </u>	X
6	Did the organization have members or stockholders?			6	<u> </u>	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	point	one or	_		
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	itockh	olders, or	l		٠,,
_	persons other than the governing body?	<b>L</b> Al		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by ti	ie following:		v	1
	The governing body?			8a	X	x
9	Each committee with authority to act on behalf of the governing body?	abad	at the	8b	<del> </del>	<b>├</b> ^
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea organization's mailing address? If "Yes," provide the names and addresses in Schedule O	cried	at trie	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	even:	e Code I		$\vdash$	
	and the second of the decision by requests information about policies not required by the internal re	CVC//C	c code /		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	1.00	X
	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapte	s. affiliates.			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•	.,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	y befo	ore filing the form?	11a	Х	
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? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to co	ıflıcts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")	'es," a	escnbe			
	ın Schedule O how this was done			12c		X
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approve	al by ı	ndependent	ŀ		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	X	ļ
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a			1
	taxable entity during the year?			16a	+	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the state of th		•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	on's	401		
Sec	exempt status with respect to such arrangements? tion C. Disclosure			16b		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶LA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Soc	tion 501(c)(3)s only	A availal	hlo.	
10	for public inspection. Indicate how you made these available. Check all that apply	, (Gec	50 (6)(5)8 0(1)	, avalla	JIG.	
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflict	of interest policy	and fina	ncial	
.5	statements available to the public during the tax year.	UL	o. antorost policy,	11110	. ioiai	
20	State the name, physical address, and telephone number of the person who possesses the books a	nd red	ords of the organi	zation I	<b>&gt;</b>	
	LATIFIA CARTER - (504) 861-4485		organi			
	200 BROADWAY AVENUE, SUITE 107, NEW ORLEANS, LA 7	011	.8			
13200 01-23				Forn	990	(2011)

## 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. 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

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

- 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

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than s	h an	<b>(D)</b> Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	stee or director	Institutional trustee	Officer		Highest compensated employee	Í	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) LATIFIA CARTER										
DIRECTOR OF FINANCE	40.00	X						49,597.	0.	0.
(2) RICHARD MCCARTHY									_	_
EXECUTIVE DIRECTOR	40.00	X						60,607.	0.	0.
(3) EMERY L VAN HOOK	1									
DIRECTOR OF MARKETS	40.00	X						49,787.	0.	0.
(4) DARLENE WOLNIK									_	_
DIRECTOR OF MENTORING	40.00	X						21,845.	0.	0.
(5) KIA SILVERMAN BROWN	5 00									
DIRECTOR	5.00	X	ļ			<u> </u>		0.	0.	0.
(6) AVERY B. CORENSWET								_		
DIRECTOR	5.00	Х						0.	0.	0.
(7) ALBERT GAUDE, JR.	F 00	ا!					l			
DIRECTOR	5.00	X	—			<u> </u>		0.	0.	0.
(8) ANTHONY GREGORIO	- 00	<b>.</b> ,							_	
DIRECTOR	5.00	^			_	$\vdash$		0.	0.	0.
(9) MARGARET SAER BEER	5.00			х				0.	0.	_
PRESIDENT (10) ANN THOMPSON	3.00	_		Λ		$\vdash$	$\vdash$	0.		0.
	5.00			X				0.	0.	0.
VICE PRESIDENT (11) KERRY JONES	3.00			Λ				0.	<u> </u>	<u>0.</u>
RECORDING SECRETARY	5.00			X				0.	0.	0.
(12) JONAH DOWLING	3.00							<u> </u>	•	
TREASURER	5.00			x				0.	0.	0.
TABASSAM	3,000			••				<u> </u>	<u> </u>	<u></u>
-										
		-				-				
			-				-			
							_			
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Form **990** (2011)

Form 990 (2011)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

	-				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	similar amounts not included abo	ts, and ve 1f	25,686. 415,119. 2,912.				
<u>5</u> 6	<u>h</u>	Total, Add lines 1a-1f	<del></del>	D	440,805.			<del></del>
Program Service Revenue		RENTAL INCOME SALES		531390 452000	91,816. 18,085.	91,816. 18,085.		
Rev	d	·						
Pro	e	All other program on a sure			-			
_	f	All other program service reverse Total. Add lines 2a-2f	enue		109,901.			<del></del>
$\neg$	3	Investment income (including	dividends, intere	est, and	103,301.	,		
		other similar amounts)	,	<b>&gt;</b>				
;	4	Income from investment of ta	x-exempt bond p	oroceeds <b>&gt;</b>				
	5	Royalties		<b>•</b>				
			(ı) Real	(II) Personal				
	6 a			-				
	b	•						
	C	Rental income or (loss)  Net rental income or (loss)						
		Gross amount from sales of	(ı) Securities	(II) Other			<del></del>	7
	, a	assets other than inventory	(i) decurries	(ii) Other				
	Ь		·····					ļ
		and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						
Other Revenue	8 a	Gross income from fundraisin including \$	of	!				
Re		contributions reported on line	•	21 025				1
je	<b>L</b>	Part IV, line 18 Less direct expenses	a b	31,825. 8,416.				
ŏ		Net income or (loss) from fund	_	0,410.	23,409.			23,409.
		Gross income from gaming a	=		23/4031			23,4034
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gan	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
		Less cost of goods sold	b	L				
ł	<u>c</u>	Net income or (loss) from sale		Business Carl				····-
	11 a	Miscellaneous Revenu		Business Code				
	11 a					-		
	C							
	d	All other revenue						
	е	Total. Add lines 11a-11d		<b>•</b>				
$\perp$	12	Total revenue. See instructions.			574,115.	109,901.	0.	
13200 01-23	19 -12							Form <b>990</b> (2011)

#### 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 respons t include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	irants and other assistance to governments and		expenses	general expenses	expenses
	rganizations in the United States. See Part IV, line 21				
	Grants and other assistance to individuals in			-	
_	he United States See Part IV, line 22				
	Grants and other assistance to governments,				
	rganizations, and individuals outside the				
	Inited States See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	rustees, and key employees	181,836.	86,480.	95,356.	
	ompensation not included above, to disqualified				
р	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)				
<b>7</b> C	Other salaries and wages	100,454.	77,774.	22,680.	
<b>8</b> P	ension plan accruals and contributions (include				
s	ection 401(k) and section 403(b) employer contributions)	5,247.	3,148.	2,099.	
9 0	Other employee benefits	1,890.	1,134.	756.	
0 P	ayroll taxes	22,098.	13,259.	8,839.	
1 F	ees for services (non-employees):				
a N	/lanagement				
<b>b</b> L	egal	438.		438.	
c A	ccounting	29,400.	11,760.	17,640.	
d L	obbying				
<b>e</b> P	rofessional fundraising services. See Part IV, line 17				
<b>f</b> Ir	nvestment management fees				
g C	Other	104,201.	88,035.	16,166.	·
2 A	dvertising and promotion	22,672.	20,661.	623.	1,388
<b>3</b> C	Office expenses	11,792.	7,313.	3,062.	1,417
<b>4</b> Ir	nformation technology	12,071.	5,718.	5,446.	907
5 F	Royalties				
	Decupancy				
•	ravel	16,764.	13,772.	592.	2,400
8 P	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials	0.010		4 00 -	<del></del>
	Conferences, conventions, and meetings	2,043.	216.	1,827.	
	nterest				
	Payments to affiliates	10 407		- 10 405	
	Depreciation, depletion, and amortization	18,497.	10 426	18,497.	
-	nsurance	40,344.	19,436.	20,908.	
a 2	other expenses. Itemize expenses not covered bove. (List miscellaneous expenses in line 24e. If line 4e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule O.)				
	DIRECT GRANT COSTS	66,395.	66,395.		
ьĒ	BAD DEBT EXPENSE	60,000.	60,000.		
c <u>C</u>	COST OF GOODS SOLD	14,109.	14,109.		
d E	PAYROLL PROCESSING FEES	10,967.	6,580.	4,387.	
_	Il other expenses	12,880.	6,726.	4,679.	1,475
	otal functional expenses. Add lines 1 through 24e	734,098.	502,516.	223,995.	7,587
	oint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
е	ducational campaign and fundraising solicitation.				
C	theck here if following SOP 98-2 (ASC 958-720)				

			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		494,543.	1	591,472
2	Savings and temporary cash investments	Ţ		2	
3	Pledges and grants receivable, net		232,500.	3	12,133
4	Accounts receivable, net	<u></u>	3,713.	4	3,967
5	Receivables from current and former officers, di	rectors trustees key	3,7231	1	3,301
	employees, and highest compensated employe				
	of Schedule L	oo oompioto i art ii		5	
6	Receivables from other disqualified persons (as	defined under section			
	4958(f)(1)), persons described in section 4958(c	1			
	employers and sponsoring organizations of sec				
İ	employees' beneficiary organizations (see instru			6	
7	Notes and loans receivable, net	10110110)		7	
7	Inventories for sale or use	<u> </u>	22,150.	8	10 762
9	Prepaid expenses and deferred charges	<u> </u>	8,088.	9	10,762 8,033
1	Land, buildings, and equipment cost or other	ı ı t	0,000.	-	0,033
1.00	basis Complete Part VI of Schedule D	10a 62,469.			
h	Less. accumulated depreciation	10b 33,265.	30,010.	10c	29,204
11	Investments - publicly traded securities	3372031	30,010.	11	25,204
12	Investments - other securities See Part IV, line	11		12	
13	Investments - program-related See Part IV, line	-		13	
14	Intangible assets	`` <b></b>	3,750.	14	21,715
15	Other assets See Part IV, line 11	27,919.	15	21,712	
16	Total assets. Add lines 1 through 15 (must equ	al line 34)	822,673.	16	677,286
17	Accounts payable and accrued expenses	ar inte 34)	30,198.	17	37,156
18	Grants payable	<u> </u>	30,170.	18	31,130
19	Deferred revenue	3,925.	19	4,200	
20	Tax-exempt bond liabilities	<u> </u>	3,323.	20	7,200
	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
22	Payables to current and former officers, directo			41	<del> :</del>
22	highest compensated employees, and disqualif				
21 22	of Schedule L	ed persons. Complete Fart II			
23	Secured mortgages and notes payable to unrela	ated third parties		22	
24	Unsecured notes and loans payable to unrelate	· · · · · · · · · · · · · · · · · · ·	<del>.</del>	23	
25	Other liabilities (including federal income tax, pa			24	
25	parties, and other liabilities not included on lines	-			
	Schedule D	(17-24) Complete Fart X of	39,252.	05	46,563
26	Total liabilities. Add lines 17 through 25	<b>+</b>	73,375.	25 26	87,919
20	Organizations that follow SFAS 117, check h	oro X and complete	13,313.	20	61,313
,	lines 27 through 29, and lines 33 and 34.	and complete			
27	Unrestricted net assets		623,805.	27	505,877
27 28 29 30 31 32	Temporarily restricted net assets	<u> </u>	125,493.	28	83,490
29	Permanently restricted net assets	<u> </u>	123,473.	29	03,430
23	Organizations that do not follow SFAS 117, c	heck here ▶ ☐ and		29	
	complete lines 30 through 34.	neck nere			
20	•				
30	Capital stock or trust principal, or current funds	<b>-</b>	<del></del> .	30	
31	Paid-in or capital surplus, or land, building, or ed	· ·	<del></del>	31	
32	Retained earnings, endowment, accumulated in	come, or other tunas	740 200	32	E00 365
33	Total hebitics and not seem (find belonce		749,298.	33	589,367
34	Total liabilities and net assets/fund balances		822,673.	34	677,286 Form <b>990</b> (201

Form 990 (2011)

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

									<u> </u>	<u>-247</u> 7	<u>706</u>	
Part I	Reason	for Public Char	rity Status (All organiz	ations mu	st complet	e this part	t) See inst	tructions				
he orga	inization is not a	a private foundation	because it is: (For lines 1	1 through	11, check d	only one b	ox)					
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(ı)	).				
2	A school des	cribed in section 17	<b>70(b)(1)(A)(iı).</b> (Attach Sc	hedule E)								
3	A hospital or	a cooperative hosp	ital service organization (	described	n section	170(b)(1)	(A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter th	e hospital	's nam	e,
	city, and stat	te										
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governi	mental uni	t describe	d ın		
	section 170	(b)(1)(A)(iv). (Compl	ete Part II)									
6	A federal, sta	ate, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7	An organizati	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	ublic desc	rıbed ıı	n
8	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 X	X 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 i	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon a	fter June 3	0, 197	5
	See section	509(a)(2). (Complete	e Part III )									
10 🖳	An organizati	ion organized and o	perated exclusively to te	st for publ	c safety S	See <b>sectio</b>	n 509(a)(4	<b>1</b> ).				
11 🖳	An organizati	ion organized and o	perated exclusively for th	ne benefit (	of, to perfo	rm the fur	nctions of,	or to carr	y out the p	ourposes o	of one o	or
	more publicly	y supported organiza	ations described in secti	on 509(a)( <sup>.</sup>	1) or section	n 509(a)(2	2) See sec	ction 509(	<b>a)(3).</b> Ched	ck the box	that	
		· · · ·	organization and comple	ete lines 1	1e through	11h						
	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  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  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)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  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)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
е												n
	foundation m	nanagers and other t	than one or more publicly	y supporte	d organiza	tions desc	cribed in s	ection 509	9(a)(1) or s	ection 509	(a)(2)	
f	If the organiz	ation received a wri	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganization, check t	his box									
g	_					-		• .				
				one or tog	ether with	persons o	lescribed	ın (ıı) and (	ııı) below,		Yes	No
	_		., -							11g(i)		
		•										
			•							11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s)							
		<del> </del>	(iii) Type of	<u> </u>		= .		T 6334	46-			
		(ii) EIN								(vii) An	nount o	f
or	ganization		(described on lines 1-9	, , ,	-	_		(i) organiz	ed in the	sup	port	
					r							
	_		(acc managnona))	163	140	162	140	165	140			
				<u> </u>		-			<del>                                     </del>			
_	<del></del>	-										
_			_									
								1		•	-	
							_	-			_	
otal												
~							<u> </u>					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

Part II	Support Schedule for (Complete only if you checke						
	fails to qualify under the tests				on lailed to qualify	unuerrantm, n (m	5 Organization
Section	n A. Public Support						
Calendary	year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts	s, grants, contributions, and						
men	nbership fees received. (Do not				1		
ınclu	ide any "unusual grants ")						
2 Tax	revenues levied for the organ-						
ızatı	on's benefit and either paid to						1
or ex	xpended on its behalf				1		
3 The	value of services or facilities						
furni	shed by a governmental unit to						1
the c	organization without charge					Ⅎ	
4 Tota	al. Add lines 1 through 3						
<b>5</b> The	portion of total contributions						
by e	ach person (other than a		<b>!</b>		]		
gove	ernmental unit or publicly						
supp	ported organization) included						
on lu	ne 1 that exceeds 2% of the		}		1		1
amo	unt shown on line 11,						
colu	mn (f)						1
6 Pub	lic support. Subtract line 5 from line 4						
Section	n B. Total Support						
alendary	year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amo	ounts from line 4						
8 Gros	ss income from interest,				1		
dıvıd	lends, payments received on						
secu	ırıtıes loans, rents, royaltıes						
and	income from similar sources	ļ					
9 Net	income from unrelated business	1					
activ	vities, whether or not the						
busi	ness is regularly carried on				<u></u>		
10 Othe	er income Do not include gain	•					
or lo	ss from the sale of capital		}				
asse	ets (Explain in Part IV)						
11 Tota	al support. Add lines 7 through 10						
2 Gros	ss receipts from related activities,	, etc (see instructi	ons)			12	
13 First	t five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3)	
	inization, check this box and stor						
Section	n C. Computation of Publ	ic Support Pe	rcentage	· <u>.                                    </u>			
	lic support percentage for 2011 (	• • • • • • • • • • • • • • • • • • • •		column (f))		14	
<b>15</b> Publ	lic support percentage from 2010	) Schedule A, Part	II, line 14			15	
16a 33 1	/3% support test - 2011. If the o	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this bo	ox and
stop	here. The organization qualifies	as a publicly supp	orted organization	n			
b 33 1	/3% support test - 2010. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3	% or more, check tl	nis box
and	stop here. The organization qual	lifies as a publicly	supported organiz	zation			►□
7a 10%	-facts-and-circumstances tes	t - 2011. If the orç	janization did not	check a box on lir	ne 13, 16a, or 16b,	, and line 14 is 10%	or more,
and	if the organization meets the "fac	ts-and-circumstar	ices" test, check t	this box and stop	here. Explain in P	art IV how the orgai	nızatıon
mee	ts the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		▶□
b 10%	-facts-and-circumstances tes	t - 2010. If the orç	janization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
more	e, and if the organization meets tl	ne "facts-and-circu	ımstances" test, c	heck this box and	l stop here. Expla	in in Part IV how the	Э
orga	inization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a publ	licly supported ord	ganization	▶□

Schedule A (Form 990 or 990-EZ) 2011

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 Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	sion, picase com	piete r art ii j	· ·	<del></del>		
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and			_			
	membership fees received (Do not						
	include any "unusual grants ")	<u> </u>	1285951.	789,606.	521,547.	469,718.	3066822.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		3,846.	50,838.	21,084.	18,085.	93,853.
3	Gross receipts from activities that	<u> </u>	3/0101		21/0011	20,0031	<u> </u>
	are not an unrelated trade or bus- iness under section 513		22,484.	24,760.	21,519.	19,712.	88,475.
4	Tax revenues levied for the organ-					•	<u> </u>
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities	_					
	furnished by a governmental unit to the organization without charge					·	
6	Total. Add lines 1 through 5		1312281.	865,204.	564,150.	507,515.	3249150.
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			-			0.
c	: Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)	<u> </u>					3249150.
<u>Se</u>	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6		1312281.	865,204.	564,150.	507,515.	3249150.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						<del> </del>
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	: Add lines 10a and 10b	1					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)		1312281.	865,204.	564,150.	507,515.	3249150.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir				
	check this box and stop here						
<u>Se</u>	ction C. Computation of Publi	ic Support Pe	rcentage				
15	Public support percentage for 2011 (l	ine 8, column (f) d	livided by line 13, c	olumn (f))		15	100.00 %
	Public support percentage from 2010				<u> </u>	16	%
<u>Sec</u>	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>11</b> (line 10c, colur	mn (f) divided by lin	e 13, column (f))		17	.00 %
18	Investment income percentage from 2	2010 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2011. If the	organization did r	not check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
b	more than 33 1/3%, check this box at 33 1/3% support tests - 2010. If the		=				<b>▶</b> X
	line 18 is not more than 33 1/3%, che	-				•	
20	Private foundation If the organization					-	

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

QMB No 1545-0047
2011
Open to Public Inspection

Name of the organization

MARKETUMBRELLA.ORG

Employer identification number 26-2477706

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		-
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		·
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	, , , ,	Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, F	
1	Purpose(s) of conservation easements held by the organizat	*	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an his	storically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year ▶		-
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements o	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	D(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	ion easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or C	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 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ibes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2011

21

	dule D (Form 990) 2011 MARKETU	MBRELLA.OR		torical Tr	easures (	or Othe	r Simila	26-24 ar Asse	77706	Page 2
3	Using the organization's acquisition, accessing									
-	(check all that apply)	on, and out of 100010	.0, 0.100	it drift of the	Tollowing the	ii aic a sig	, mount	200 OF 113	CONSCION	items
а	Public exhibition	d		Loan or exc	hange progra	ams				
ь	Scholarly research	e	-	Other						
С	Preservation for future generations	·			_			-		
4	Provide a description of the organization's co	ollections and explain	n how th	nev further ti	he organizati	on's exer	not purpo	se in Par	t XIV	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma						2000.0		Yes	☐ No
Pai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par	gements. Comple				"Yes" to F	orm 990	, Part IV,		
12	Is the organization an agent, trustee, custodi		liany for	contribution	e or other ac	ente not i	ncluded			
14	on Form 990, Part X?	an or other intermet	naly loi	Contribution	is or other as	sets not i	nciuaea		Yes	☐ No
h	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table:				_	_ tes	L NO
D	ii res, explain the arrangement in Part XIV	and complete the to	llowing	lable.					A	
_	Beginning balance						4-	_	Amount	
c d	Additions during the year						1c			
u •	Distributions during the year						1d			
f	Ending balance						1e			
	Did the organization include an amount on Fo	orm 000 Bort V line	212				1f		7 v	
	If "Yes," explain the arrangement in Part XIV	Jiiii 950, ⊢ait ∧, iiiie	217					ш	<b>」Yes</b>	L No
Pai		the organization an	swered	"Ves" to Fo	rm 000 Dart	IV/ line 10	<u> </u>			
	T T T T T T T T T T T T T T T T T T T	(a) Current year		Prior year	(c) Two yea			ears back	(a) Four	ears back
1a	Beginning of year balance	(a) Current year	(6) F	Tioi year	(C) TWO yea	IS DACK 1	a) Three y	ears Dack	(e) rour	rears back
b	Contributions					-	<del></del>			
_	Net investment earnings, gains, and losses									
c d	Grants or scholarships					<del>  </del> -				<del></del>
u	Other expenditures for facilities									
e	and programs									
f	Administrative expenses					<del></del>				
	End of year balance									
9 2	Provide the estimated percentage of the curr	ent year and halana	o (lino 1	a column (s	)) hold as		· · ·			
a	Board designated or quasi-endowment	ent year end baland	%	g, coluitiri (a	ij) neid as					
b	Permanent endowment	%	_76							
C	Temporarily restricted endowment	% %								
·	The percentages in lines 2a, 2b, and 2c shou									
32	Are there endowment funds not in the posse	•	ation the	at ara bald a	nd administr	rad far th				
Ja	by:	SSION OF the organiza	ation the	at are riciu a	na aaniiniste	neu ioi tri	e organiz	allon	Г	res No
	(i) unrelated organizations									res No
	(ii) related organizations								3a(i)	
h	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schoo	dula D2					3a(ii)	
4	Describe in Part XIV the intended uses of the								3b	
	t VI Land, Buildings, and Equipm				· · · · · · · · · · · · · · · · · · ·					
	Description of property	(a) Cost or o		1	or other	(c) Ac	cumulate	d	(d) Book	value
		basis (investr	nent)	basis	(other)	dep	reciation			
1a	Land									
b	Buildings									
C	Leasehold improvements			1	8,864.		5,8	00.	13	,064.
đ	Equipment									
е	Other			4	3,605.		27,4	65.	16	,140.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0(c))				29	,204.

Schedule D (Form 990) 2011

	t XI Reconciliation of Change in Net Assets from Form 990 to	A did	ed Eineneiel 9			4///06 Page 4
		Auun		State	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			574,115.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			734,098.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			<u>&lt;159,983.</u> >
4	Net unrealized gains (losses) on investments		4_			
5	Donated services and use of facilities		5		_	<del></del>
6	Investment expenses		6_			
7	Prior period adjustments		7			52.
8	Other (Describe in Part XIV.)		8_			
9	Total adjustments (net) Add lines 4 through 8		9			<u>52.</u>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10			<159,931.>
Par	t XII Reconciliation of Revenue per Audited Financial Statemen	its W	ith Revenue p	er R	eturn	
1	Total revenue, gains, and other support per audited financial statements				1	<u>599,331.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains on investments	2a			- 1	
b	Donated services and use of facilities	2b	16,8	00.		
С	Recoveries of prior year grants	2c	_			
d	Other (Describe in Part XIV)	2d	8,4	16.		
е	Add lines 2a through 2d				2e	25,216.
3	Subtract line 2e from line 1				3	574,115.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				
С	Add lines 4a and 4b				4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			Ì	5	574,115.
Par	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts \	With Expenses	per		
1	Total expenses and losses per audited financial statements		-		1	759,146.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			į		
а	Donated services and use of facilities	2a	L 16,8	00.	1	
ь	Prior year adjustments	2b	2070		1	
c	Other losses	2c				
d	Other (Describe in Part XIV)	2d	8,4	16		
e	Add lines 2a through 2d	_ <u>Zu</u>	0,=	<u> </u>	0-	25 216
3	Subtract line 2e from line 1				2e 3	25,216. 733,930.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				<del>  </del>	133,330.
٠,	Investment expenses not included on Form 990, Part VIII, line 7b		1			
a h	Other (Describe in Part XIV)	4a 4b	1	68.		
b	,	_ 4D		00.	.	160
	Add lines 4a and 4b  Total avgrances Add lines 2 and 4c. (This must accord from 200, Part / Are 19.)				4c	<u> </u>
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  t XIV Supplemental Information				5	/34,098.
			4			5 4 5
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,					
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comple					
PAR	RT X, LINE 2: DURING 2009, THE ORGANIZATION	AL	OPTED ACC	CUN	TING	· · · · · · · · · · · · · · · · · · ·
C/III	NDADD CODIETCAMION ("ACC") 740 10 AC IM DE	T 3 C			3 737	ma sz
517	NDARD CODIFICATION ("ASC") 740-10 AS IT RE	LAT	ES TO UNC	EKT.	AIN	TAX
POS	SITIONS. ASC 740-10 CLARIFIES THE ACCOUNTI	NG	FOR UNCER	ТΑТ	אידע	IN INCOME
	The state of the s	110	TOR ONCER			III IIICOIII
<u>TAY</u>	KES RECOGNIZED IN AN ENTITY'S FINANCIAL STA	TEM	ENTS AND	PRE	SCRI	BES A
REC	COGNITION THRESHOLD AND MEASUREMENT ATTRIBU	TES	FOR FINA	NCI.	AL S	TATEMENT
DIS	SCLOSURE OF TAX POSITIONS TAKEN OR EXPECTED	TO	BE TAKEN	ON	АТ	AX RETURN.
<u>ADI</u>	DITIONALLY, IT PROVIDES GUIDANCE ON DEREGOG	NIT	ION, CLAS	SIF	ICAT	ION, AND
INT	CEREST AND PENALTIES. NO ADJUSTMENTS WERE	REO	UIRED UPO			ION .

132054 01-23-12

Schedule D (Form 990) 2011 MARKETUMBRELLA . ORG	26-2477706 Page 5
Part XIV Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RECLASS FOR TAX PURPOSES - FUNDRAISING EXPENSE	8,416.
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
RECLASS FOR TAX PURPOSES - FUNDRAISING EXPENSE	8,416.
PART XIII, LINE 4B - OTHER ADJUSTMENTS:	
TAX > BOOK DEPRECIATION	168.

132055 01-23-12

#### SCHEDULE G (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

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.

OMB No 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

Open To Public Inspection

Name of the organization						Employer ide	ntification number
	BRELLA.ORG					26-2477	
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	ered "Y	'es" to	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization raise	e Solicitat f Solicitat g Special  oral agreement with any individual rt VII) or entity in connection with p iduals or entities (fundraisers) pursi	ion of ion of fundra (includ	non-govern govern using of ling of onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribi	istody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
	_						
					•		
	· · · · · ·						
Total  3 List all states in which the organization	is registered or licensed to solicit of	contrib	utions	s or has been notified	d nt ıs	exempt from re	egistration
or licensing							
		_				<del></del> -	
				_			
				_			

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2011

Sch Pa	edu art	The second of th	ne organization answered		rt IV, line 18, or reported	
		of fundraising event contributions and gr	oss income on Form 990 (a) Event #1 ANNUAL FUNDRAISING	0-EZ, lines 1 and 6b. List (b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through
ē			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	31,825.		-	31,825.
	2	Less Charitable contributions	0.			
	3_	Gross income (line 1 minus line 2)	31,825.			31,825.
	4	Cash prizes				
ses	5	Noncash prizes				<del></del> .
=xpens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	8,416.			8,416.
	10	Direct expense summary Add lines 4 throug	h 9 ın column (d)		<b>&gt;</b>	( 8,416)
Б.	11	Net income summary Combine line 3, colum				23,409.
Pa	art I		answered "Yes" to Form	990, Part IV, line 19, or	reported more than	
	Т	\$15,000 on Form 990-EZ, line 6a	1	(h) Dull toba (notant	T	(DT-t-t-t
ΞŒ			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
Revenue				ge/p. og/oom/o sgo		con (a) anoagn con (o),
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct F	4	Rent/facility costs	-			
	5	Other direct expenses				
			Yes%	Yes %	Yes%	
	6	Volunteer labor	∐ No	∐ No	No No	
	7	Direct expense summary. Add lines 2 throug	h 5 ın column (d)		•	<u>( )</u>
	8	Net gaming income summary Combine line	1, column d, and line 7			
		ter the state(s) in which the organization opera	· · · _			
		the organization licensed to operate gaming an No," explain.		states?		Yes No
		ere any of the organization's gaming licenses r Yes," explain	·	_	year?	Yes No
	_					
	_					
1320	82 0	1-23-12			Schedule G (Fo	rm 990 or 990-EZ) 2011

Schedule G (Form 990 or 990-EZ) 2011 MARKETUMBRELLA . ORG	<u>26-2477706 Page 3</u>
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 entit	ty formed
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a %
b An outside facility	13b
14 Enter the name and address of the person who prepares the organization's gaming/special events book	
TY Elitor the hand and address of the person who prepares the organization's gaming/special events book	ns and records
Name ▶	
Name	
Address	
Address -	
15a Does the organization have a contract with a third party from whom the organization receives gaming re	evenue? LYes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$a	and the amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
Name	
Address >	
16 Gaming manager information:	
Name	
Gaming manager compensation ▶ \$	
Description of services provided	
	- , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	. ==
Director/officer	
Director/officer Employee Independent contractor	
47 Mandalan dalikatan	
17 Mandatory distributions	
a Is the organization required under state law to make charitable distributions from the gaming proceeds	
retain the state gaming license?	└── Yes └── No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organization	ons or spent in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I,	line 2b, columns (iii) and (v), and Part III,
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any a	additional information (see instructions).
	· · · · · · · · · · · · · · · · · · ·
	<u></u>
•	
	-
132083 01-23-12	Schedule G (Form 990 or 990-EZ) 2011

#### SCHEDULE Ó (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

MARKETUMBRELLA.ORG

Employer identification number 26-2477706

TEARCH TOMBREDDA: ONG
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
UTILIZE LOCAL RESOURCES TO BOLSTER AUTHENTIC LOCAL TRADITIONS. MUO
BELIEVES THAT AMBITOUS SOCIAL, HEALTH, ENVIRONMENTAL AND FINANCIAL
GOALS ARE ACHIEVED IF TRUST AND RESPECT ARE PRESENT. MUO'S PROGRAMS
INVOLVE ASSISTING OTHER MARKETS TO MEASURE THEIR OWN ECONOMIC IMPACT
USING THEIR OWN DEVELOPED TOOLS, HOSTING WORKSHIPS IN DEVELOPING
FUNDING STRATEGIES AND BEST PRACTICES, AND LAUNCHING AND CONDUCTING A
NUMBER OF PROGRAMS THAT TARGET SPECIFIC AGRICULTURALLY BASED
ENTERPRISES. MUO SERVES BOTH RESEARCH AND PRACTITIONER BY TESTING
THEORIES ABOUT PUBLIC MARKETS VIA THE OPERATION OF ITS LONGEST RUNNING
PROGRAM, THE CRESCENT CITY FARMER'S MARKET.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ARE PRESENT.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER VARIOUS PROGRAMS CONDUCTED THROUGHOUT THE YEAR IN LINE WITH THE
ORGANIZATION'S MISSION AS DISCUSSED IN FORM 990, PART I, LINE 1 & PART
III, LINE 1.
EXPENSES \$ 263,918. INCLUDING GRANTS OF \$ 0. REVENUE \$ 109,901.
FORM 990, PART VI, SECTION A, LINE 8B: NO SEPERATE COMMITTEES EXIST DUE TO
SMALL SIZE OF ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 11: BOARD OF DIRECTORS WILL REVIEW
BEFORE FILING RETURN.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization  MARKETUMBRELLA . ORG	Employer identification number 26-2477706
FORM 990, PART VI, SECTION B, LINE 12: ANNUALLY, BOARD ME	EMBERS SIGN
STATEMENT OF COMMITTMENT THAT THEY HAVE NO CONFLICTS.	
FORM 990, PART VI, SECTION B, LINE 15: BOARD MEMBERS APPRANNUALLY.	ROVE SALARIES
FORM 990, PART VI, SECTION C, LINE 19: ANNUALLY MARKETUME	
PUBLISH VIA ITS WEBSITE (WWW.MARKETUMBRELLA.ORG ) A PAGE	
THIS PAGE WILL INCLUDE SECTIONS ABOUT GOVERNANCE POLICIES	-
GRIEVANCE POLICY & PROCEDURES, CONFLICT OF INTEREST POLICE	CY, ANNUAL
OPERATING BUDGET AND CONTACT INFORMATION TO REQUEST AUDIT	TED FINANCIAL
STATEMENTS AND 990 TAX FILINGS.	
EODM 000 DADE VI LIVE E GWANGEG IN NEW AGERS	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
PRIOR PERIOD ADJUSTMENTS:	52.