

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



Form **990**

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

Open to Public

inter	nal Revenu	e Service	► The organization may have	to use a copy of this return to	satisty state i	eporting requir	ements.	Inspec	LIOIT
<u>A</u>	For the	2011 cale	ndar year, or tax year beginning		11, and endi	ng		, 20	
В	Check if a	pplicable.	C Name of organization AHIMSA HO	DUSE, INC.			D Employe	er identification i	number
	Address o	hange	Doing Business As					31-1833734	
	Name cha	ange	Number and street (or P O box if ma	ail is not delivered to street address)	Room/s	uite	E Telephor	ne number	
	Initial retu	rn	PO BOX 8181					404-496-4038	
	Terminate	ed	City or town, state or country, and Zi	IP + 4					
	Amended	return	ATLANTA, GA 31106				G Gross re	ceipts \$	176,523
			F Name and address of principal office	er MAYA GUPTA		H(a) Is this a	group return	for affiliates? 🔲 Ye	s 🗸 No
	• •		PO BOX 8181, ATLANTA, GA 31					ncluded? 🔲 Ye	
ī	Tax-exem	pt status	✓ 501(c)(3)) ◀ (insert no) ☐ 4947(a)(1)	or 527			ı lıst (see ınstructi	
	Website:		W.AHIMSAHOUSE.ORG			H(c) Group	exemption	number 🕨	
_			☑ Corporation ☐ Trust ☐ Associat	tion ☐ Other ►	L Year of forma		1	of legal domicile	GA
	art I	Summ							
			escribe the organization's missi	ion or most significant activi	ties: ASSI	ST HUMAN AN	ID ANIMA	L VICTIMS OF	
	1	-	IC VIOLENCE IN REACHING SAF						
ည	-								
nai	-								
Governance	2 (Check th	is box ▶☐ if the organization of	discontinued its operations of	or disposed	of more than	25% of	its net assets.	·
ဗိ			of voting members of the gover						7
Activities &			of independent voting members	- · ·					7
ij			nber of individuals employed in				5		2
Ě	l l		nber of volunteers (estimate if r	•			6		150
Ă	F .		elated business revenue from F	= -			7a		0.
	1		ated business taxable income				7b		0.
		vot di ii ci	ated basiness taxasis insente	10111101111000 1, 11110 01	<u> </u>	Prior Ye		Current \	
	8 (Contribu	tions and grants (Part VIII, line	1b)			164,481.		176,487.
Je	1		service revenue (Part VIII, line :	-			0.		0.
Revenue	1	_	nt income (Part VIII, column (A)				40.		36.
æ	1		renue (Part VIII, column (A), line		532.		0.		
			enue—add lines 8 through 11 (m				165,053.		176,523.
	·		nd similar amounts paid (Part I)				0.		0.
	1		paid to or for members (Part IX				0.		0.
	l		other compensation, employee b		nae 5_10\		69,063.		91,259.
ges	16a		onal fundraising fees (Part IX, co		1163 5-10)		05,003.		01,233.
Expenses	b		draising expenses (Part IX) colu		10.749.			Lac	
, X	17 (penses (Part IX, column (A), line		10,740.		112,092.		55,668.
1	18	Culei ex	penses. Add lines 13-17 (must e	esyllia- [10, [1]-24e)	o 25)		181,155.		146,927.
·			less expenses. Subtractiline 14		0 23) .		-16,102.		29,596.
		nevenue		JUDEN, UT	· · · ·	Beginning of Cu		End of Y	
Net Assets or Fund Balances	20	Total acc	ets (Part X, line 16)				72,548.		103,717.
Asse Bala	21 -		ilities (Part X, line 26)				4,289.		5,862.
Zet Zet	21 22		ts or fund balances. Subtract li		• • •		68,259.		97,855.
	art II		ture Block		· · ·		00,233.		37,000.
			ry, I declare that I have examined this re	atura unali dina conomina colo	dulas and stat	omente and to t	an boot of a	ny kaomindan an	d ballof it is
			ete Declaration of preparer (other than					ily kilowiedge all	u bellet, it is
_	- 1	\ \	manh			· · · - · · ·		<u>.</u>	
Sig	n	Sign	ature of officer			I Da	te ,		
He		, .	AYA GUPTA, EXECUTIV	EDICE			๊ <i>แ/เร/</i>	12	
110		—	or print name and title	L DIRLCS OF			. ,		
			pe preparer's name	Preparer's signature	T r	Date	1	PTIN	
Pa			p. open or oriento		'		Check self-emp	If	
	eparer	1				T_	1		
Us	e Only						's EIN ►		
Ma	v the IP		ddress ► s this return with the preparer s	shown above? (see instruction	ons)		ne no		s 🗆 No

1920					Page 2
L CIT		ment of Program Service		m	_
1		ribe the organization's missi	esponse to any question in this Part	III	· · · · L
•	•	XEMPT PURPOSE - ASSIST H	JMAN AND ANIMAL VICTIMS OF DOMES	TIC VIOLENCE IN REACHING SAFE	ETY
2		anization undertake any sign 990 or 990-EZ?	ificant program services during the year		Yes ☑ No
	If "Yes," des	scribe these new services on	Schedule O.		
3	Did the org	ganization cease conducting	g, or make significant changes in he]Yes ☑No
_		scribe these changes on Sch			
4	expenses. \$	Section 501(c)(3) and 501(c)	rvice accomplishments for each of its (4) organizations and section 4947(a) all expenses, and revenue, if any, for each	(1) trusts are required to report	
- <u></u>	(Code:) (Expenses \$	112,559 including grants of \$) (Revenue \$)
	ASSISTANC	E TO CLIENTS, REFERRALS 1 LS, PROVIDED TRAINING AND	BOARDING TO COMPANION ANIMALS, TO CLIENTS, RESCUE/ADOPTION ASSIST DOOR CONSULTS TO PEOPLE ON THE CONTREACH EVENTION AT OUTREACH EVENTION ANIMALS, TO COMPANIENT AT OUTREACH EVENTION ANIMALS, TO COMPANIENT ANIMALS	TANCE TO CLIENTS, RESPONDED DNNECTIONS BETWEEN ANIMAL C	то
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d 4e	(Expenses \$	am services (Describe in Sch including g am service expenses		\$)	

Form 99	0 (2011)		ı	Page 3
Part	V 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	_	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		V
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		<u> </u>
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	~	
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			,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		Ě
•	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		~
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		~
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		,
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	<u> </u>	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1.0	,	
	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		V
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	V	
	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		,
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			_
	Schedule D, Parts XI, XII, and XIII	12a	~	
D	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		•
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
_	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		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
	If "Yes," complete Schedule G, Part III	19		~
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

Part	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 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		v
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		,
С	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		v
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		v
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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	V	v
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		v
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		,
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		V
35a	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	~	
		For	₂ 990	(2011)

	The Court of the Court of the Court of Tay C			
Part				
	Check if Schedule O contains a response to any question in this Part V	<u> </u>		<u> </u>
			Yes	No
1a	Effect the Humber reported in Box 6 of Form 1000. Effect 6 in the applicable	0		
b	Effet the fulfiber of Forms W-24 included in line 14. Effet of it flot applicable :	0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
		2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		~
~	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?	3a		~
_	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
b		35		-
4a	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		_
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	<u> </u>	~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	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		1
7	Organizations that may receive deductible contributions under section 170(c).			
a	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	7	
_	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	~	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10	<u> </u>	 -
С		_		,
	required to file Form 8282?	7c		_
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
е	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		
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		~
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		1
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:			
	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.)			
40-	• · · · · · · · · · · · · · · · · · · ·	12a		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	4.5		
а	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			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b	l	!

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below 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	
Secti	on A. Governing Body and Management	<u> </u>		<u>. Ľ</u>
		-	Yes	No
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.	7		
ь 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?	7 2		V
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?			,
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?	5		V V
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		v_
8	stockholders, or persons other than the governing body?	7b		-
а	the year by the following: The governing body?	8a 8b	~	~
9	Each committee with authority to act on behalf of the governing body?			,
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?			-
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	_	
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	IIa	-	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	V	
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		
13 14 15	Did the organization have a written whistleblower policy?	13	V	
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	~	
b	Other officers or key employees of the organization	15b		
	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		~
	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		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed GA 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.	on 501	(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 and financial statements available to the public during the tax year.			oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and record organization: ► MAYA GUPTA - 404-496-4038. P.O. BOX 8181, ATLANTA, GA 31106	s of the	€	

Part VII	Compensation of Officers,	Directors, Trustees, K	Key Employees, Hig	hest Compensated E	mployees, ar	١d
	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	atıc	n c	ompe	nsa	ited any currer	t officer, directo	r, or trustee.
				(0	C)					
(A)	(B)	/			ition			(D)	(E)	(F)
Name and Title	Average hours per week	box, office	unles er and	s pe d a d	rson	than o	an tee)	Reportable compensation	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MAYA GUPTA										
EXECUTIVE DIRECTOR	40.00			~			<u> </u>	49,778	0	0
(2) CHERI FULGINITI							l			
BOARD MEMBER	4.00	~						0	0	0
(3) ANA MINTER										
BOARD MEMBER	4.00	~						0	0	0
(4) LISA BUGNI										
BOARD MEMBER	4.00	~				<u> </u>		0	0	0
(5) GINA DOUGHERTY										
BOARD MEMBER	4.00	/	Ш					0	0	0
(6) RACHEL KNOWLES										
BOARD MEMBER	4.00	~						0	0	
(7) TIFFANY HOFFINE										
BOARD MEMBER	4.00	~						0	0	0
(8) CAROLE BAKER			ii			ĺ	ĺ	ĺ		
BOARD MEMBER	4.00	_	Щ					0	0	0
(9)										
(10)										
(11)										
(12)										
(13)						-				
(14)										

Form 99 Part	<u> </u>	toos Kay E	mnlo	1001		- d L	liabo		omponented E	mployees (continu	<u></u>	Page 8
Part	(A) Name and title		(do n	ot ch	Pos leck is pe	c) ition more rson	than o	one n an	(D) Reportable compensation	(E) Reportab compensatior	le	Estu	(F) mated bunt of
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-N		compo froi organ and	ensation m the nization related izations
(15)		-											
(16)											- -		
(17)												· ·	
(18)										-			
(19)							-			-			
(20)													
(21)												-	· -
(22)		-											
(23)													
(24)													
(25)													
1b	Sub-total			•	•			>	49,778 0		0		0
c d		· · · · · ·		<u>:</u>	<u>. </u>	· ·	· ·	<u> </u>	49,778		0	-	0
2	Total number of individuals (including bureportable compensation from the organ			ose	list	ed	above	e) w	ho received mo	ore than \$1	00,000	of	
3	Did the organization list any former of	fficer, direc	tor. c	or tr	uste	ee.	kev e	emp	oloyee, or high	est compe	nsated		Yes No
	employee on line 1a? If "Yes," complete	Schedule J	for s	ıch	ındı	ıvidı	ıal					3	✓
4	For any individual listed on line 1a, is the organization and related organizations	e sum of re greater th	portal an \$1	ble (150,	000	1pei 1? <i>1</i> :	nsation f "Ye	on a s,"	nd other comp complete Sch	ensation tr	om the r such		
5	individual												8
Section	for services rendered to the organization n B. Independent Contractors	1? If "Yes," o	compi	ete	Scr	nedu	ile J 1	or s	such person	<u>· · · ·</u>	• •	5	V
1	Complete this table for your five highest compensation from the organization. Re year.												
	(A) Name and business ad	dress							(B) Description of s	ervices		(C) Compens	ation
NONE													
					-		_	-	·				
2	Total number of independent contract received more than \$100,000 of comper							th	nose listed abo	ove) who			

Part VIII		Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts its	1a	Federated campaigns 1a	4,309				
irar oun	b	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events 1c	35,408				
	d	Related organizations 1d					
s, G	e	Government grants (contributions) 1e					
ion r Si	f	All other contributions, gifts, grants,					
but the		and similar amounts not included above 1f	136,770				
d if	g	Noncash contributions included in lines 1a-1f. \$	55,895				
a C	h	Total. Add lines 1a-1f	▶	176,487			
Program Service Revenue			ness Code		-		
ven	2a						
æ	b					<u>-</u> -	
vice	С				<u> </u>		
Ser	d						
E	e						
ogra	f	All other program service revenue.					
	g	Total. Add lines 2a-2f	▶			T	
	3	Investment income (including dividends,					
	_	and other similar amounts)		36			36
	4	Income from investment of tax-exempt bond pro	oceeds >				
į	5	Royalties	Personal				
	0-	''					
	6a	Gross rents					
	b	Less: rental expenses				:	
	C	Rental income or (loss) Net rental income or (loss)	>				
	d 7a) Other				
	14	assets other than inventory	,				
	Ь	Less: cost or other basis					
	"	and sales expenses .					
	င	Gain or (loss)					
	ď	Net gain or (loss)	•				
	-						
E C	8a	Gross income from fundraising					
venue		events (not including \$					
æ		of contributions reported on line 1c).					
ē		See Part IV, line 18 a					
Other Re		Less: direct expenses b					
•		Net income or (loss) from fundraising event	s . 🕨				
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
		Less: direct expenses b			-		
		Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances a					
	١.						
	1	Less: cost of goods sold b Net income or (loss) from sales of inventory	•				
	<u> </u>		ness Code				
	11a	- Independent of the second of					
	b	 					
	C	<u> </u>					
	ď	All other revenue					
	e	Total. Add lines 11a-11d	▶				
	12	Total revenue. See instructions	🕨	176,523	0	0	36

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX										
	t include amounts reported on lines 6b, 7b, , 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									
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									
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	91,259	78,791	12,468						
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									
9 10 11	Other employee benefits									
a b c	Management									
d e f	Lobbying									
g 12	Other	17,261	14,599	2,662						
13 14	Office expenses	11,075	4,969	5,139	967					
15 16 17	Occupancy	8,400	4,200	2,100	2,100					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19 20	Conferences, conventions, and meetings Interest									
21 22 23	Payments to affiliates	12,500	10,000	1,250	1,250					
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.)									
а	EVENT EXPENSES	6,432			6,432					
b c d										
e 25	All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	146,927	112,559	23,619	10,749					
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)									

Р	art X	Balance Sheet			Page 11
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	61,959	1	49,322
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	8,083	4	14,187
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
ş	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	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,506	9	2,708
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 50,000			
	b	Less: accumulated depreciation 10b 12,500	0	10c	37,500
	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)	72,548	16	103,717
	17	Accounts payable and accrued expenses	1,835	17	2,051
	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	
<u>ia</u>	23	·		23	
_	23	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		24	
	20	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,454	25	3,811
	26	Total liabilities. Add lines 17 through 25	4,289	26	5,862
ses		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	11207		0,002
anc	27	Unrestricted net assets		27	
3al	28	Temporarily restricted net assets		28	
9	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ✓ and complete lines 30 through 34.			-
ţ	30	Capital stock or trust principal, or current funds	0	30	0
sse	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
ğ	32	Retained earnings, endowment, accumulated income, or other funds .	68,259	32	97,855
Ne le	33	Total net assets or fund balances	68,259	33	97,855
-	34	Total liabilities and net assets/fund balances	72,548	34	103,717

Form 9	90 (2011)			Pí	age 12
Par					
	Check if Schedule O contains a response to any question in this Part XI	:-	· · · · ·	<u> </u>	<u>. </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		17	76,523
2	Total expenses (must equal Part IX, column (A), line 25)	2			6,927
3	Revenue less expenses. Subtract line 2 from line 1	3		2	29,596
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		- 6	8,259
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0
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		9	7,855
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>		<u> </u>	<u>. 🗹</u>
				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," exp Schedule O.	laın ir	, E		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a	<u> </u>	~
b	Were the organization's financial statements audited by an independent accountant?			V	<u> </u>
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	of the audit, review, or compilation of its financial statements and selection of an independent account			V	
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.	ılain ir	ר		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year issued on a separate basis, consolidated basis, or both:	r were	9		
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
3a		orth ir	1 3a		_
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ao thi		+	+
J	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		зь		
			Fo	m 990	(2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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

Internal Revenue Service Name of the organization **Employer identification number** 31-1833734 AHIMSA HOUSE, INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated e 🔲 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes Nο (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of the organization in col. (i) of your in col (i) listed in your organization in col. (described on lines 1-9 support organization governing document? (i) organized in the above or IRC section U.S ? support? (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E)

Total

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Calendar year (or fiscal year beginning in) ▶ Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 710,854 125,309 168,389 164,481 176,487 76,188 2 revenues levied for organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge 76,188 125.309 168,389 164,481 176,487 710,854 Total. Add lines 1 through 3. . . . The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 41,835 669,019 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 7 Amounts from line 4 76,188 125,309 168,389 164,481 176,487 710,854 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 431 82 40 36 1,010 421 Net income from unrelated business 9 activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) 2,347 2,270 532 5,149 717,013 11 **Total support.** Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 ▶ □ Section C. Computation of Public Support Percentage Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 93 31 % 14 Public support percentage from 2010 Schedule A, Part II, line 14 15 15 331/3% support test-2011. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test-2010. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly П

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

	in the organization rails to quality	andor the to	oto notoa pon	oir, picado o	5111, 510.0 1 4.11		
	on A. Public Support			T			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	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	Gross receipts from activities that are not an						
	unrelated trade or business under section 513				}		
4	Tax revenues levied for the						-
•	organization's benefit and either paid				l		
	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						
7a	Amounts included on lines 1, 2, and 3						
, 4	received from disqualified persons .						
	· · ·						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	·)		-				
_	Add lines 7a and 7b						
8							
Cti	line 6.)		<u> </u>	L.	<u>i</u> _		
_	on B. Total Support	(-) 0007	(I-) 0000	(-) 0000	(4) 0040	(-) 0011	(A) Tabal
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources.						
	•		-	<u> </u>	-		
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						_
_	Add lines 10a and 10b						
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.)		<u> </u>	<u> </u>	<u> </u>		
14	First five years. If the Form 990 is for the	•			-		
	organization, check this box and stop her		<u> </u>	<u> </u>	<i>.</i>	· · · · ·	<u> </u>
Secti	on C. Computation of Public Suppor					-1	
15	Public support percentage for 2011 (line 8					15	<u>%</u>
16	Public support percentage from 2010 Sch			<u></u>		16	<u>%</u>
	on D. Computation of Investment In					1 4= 1	
17	Investment income percentage for 2011 (%
18	Investment income percentage from 2010					18	<u> </u>
19a	331/3% support tests-2011. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2010. If the organiz						
	line 18 is not more than 331/3%, check this I						
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🔲

Part IV

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

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

	~	that have filed Form 5768 (election ur			
• Se	ection 501(c)(3) organizations	that have NOT filed Form 5768 (elect	on under section 501	(h)): Complete Part II-B. Do r	not complete Part II-A.
	~ ·	" to Form 990, Part IV, line 5 (Proxy	Tax) or Form 990-E	Z, Part V, line 35c (Proxy Ta	ax), then
	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.		Frankrii da	ntification number
	of organization			Employer ider	
	SA HOUSE, INC		1 5044		31-1833734
Part		e organization is exempt un			organization.
1	•	the organization's direct and indii	•		
2	•				1
3	Volunteer hours				
Part	Gomplete if th	e organization is exempt un	der section 5016	c)(3)	
1		excise tax incurred by the organiz			
2		excise tax incurred by organization			
3		ed a section 4955 tax, did it file F			Yes No
4a					Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt un			(c)(3).
1	Enter the amount direct	ly expended by the filing organ	ization for section	527 exempt function	
2		filing organization's funds contr			
		ivities			
3		expenditures. Add lines 1 and			
4	Did the filing organization	n file Form 1120-POL for this yea	r?		Yes No
5	Enter the names, address	ses and employer identification n	umber (EIN) of all s	ection 527 political organi	zations to which the filing
		ents. For each organization listed			
	the amount of political co	ontributions received that were pr	omptly and directly	delivered to a separate p	olitical organization, such
	as a separate segregated	I fund or a political action commit	tee (PAC). If addition	nai space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

f Grassroots lobbying expenditures

	(
Pa	t II-A Complete if the organization section 501(h)).	is exempt u	ınder section 50	1(c)(3) and filed	l Form 5768 (ele	ction under
Α	Check ► ☐ if the filing organization belo					oup member's
	name, address, EIN, expens					
В	Check 🕨 🗌 if the filing organization che			rol" provision <u>s</u> a	pply.	
	Limits on Lobby				(a) Filing	(b) Affiliated
	(The term "expenditures" mea	organization's totals	group totals			
1:	, , ,	•			0	0
	 Total lobbying expenditures to influence a 	-			0	0
1	Total lobbying expenditures (add lines 1a	•			0	0
1	Other exempt purpose expenditures				214,555	0
	Total exempt purpose expenditures (add				214,555	0
•	Lobbying nontaxable amount. Enter the columns.	ne amount fr	om the following	table in both	42,911	42,911
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is:		ļ
	Not over \$500,000		nount on line 1e.			
	Over \$500,000 but not over \$1,000,000		15% of the excess of			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	/er \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
!	Grassroots nontaxable amount (enter 25%				10,728	10,728
	Subtract line 1g from line 1a. If zero or les				0	0
į	i Subtract line 1f from line 1c. If zero or less, enter -0				61 - 5 - 4700	0
j	reporting section 4911 tax for this year?		1n or line 11, ala			☐ Yes ☐ No
_	(Some organizations that mad columns below. S	le a section 5 ee the instruc	ctions for lines 2a	not have to comp through 2f on pa		
	Lobbying I	Expenditures	During 4-Year Av	eraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2	Lobbying nontaxable amount		30,196	36,231	42,911	109,338
	Lobbying ceiling amount (150% of line 2a, column (e))					164,008
	: Total lobbying expenditures		0	0	0	0
	Grassroots nontaxable amount		7,549	9.058	10,728	27,335
	Grassroots ceiling amount (150% of line 2d, column (e))					41,002

Schedule C (Form 990 or 990-EZ) 2011

0

0

0

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed F	-orm	5768
For ea	r each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description)	(b)
	lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			***
а	Volunteers?	\vdash		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	\vdash		
C	Media advertisements?			
d	Mailings to members, legislators, or the public?	\vdash	_	
е	Publications, or published or broadcast statements?	\vdash		
f	Grants to other organizations for lobbying purposes?	\vdash		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	\vdash		
i	Other activities?			· · · · · · · · · · · · · · · · · · ·
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .			·
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>	į	
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	;)(5), c	r sec	etion
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O answered "Yes."			
1	Dues, assessments and similar amounts from members	•	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	s of		
а	Current year	. [2a	
b	Carryover from last year	. [2b	
C	Total	Г	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	. [3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb			
	and political expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
Part	IV Supplemental Information			
	11 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		_	

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

ENDING DATE OF TAX YEAR IN WHICH ORGANIZATION MADE ITS FIRST SECTION 501(H) ELECTION: 12/31/2009. THIS ELECTION WAS NOT

REVOKED PRIOR TO THE START OF THE 2011 TAX YEAR.

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements

201

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

| Employer identification number

Open to Public Inspection

OMB No. 1545-0047

AHIM:	SA HOUSE, INC		- 1	31-1833/34
Par		or Advised Funds or Other Similar	Funds or	Accounts. Complete if the
	organization answered "Yes" to F			
		(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 asse	ts held in	donor advised
	funds are the organization's property, subject	ct to the organization's exclusive legal co	ontrol?	· · · · 🗌 Yes 🗌 No
6	Did the organization inform all grantees, do	nors, and donor advisors in writing that	grant fund	s can be used
	only for charitable purposes and not for the			
Par		plete if the organization answered "Ye		
1	Purpose(s) of conservation easements held			
•	Preservation of land for public use (e.g.,	• • • • • • • • • • • • • • • • • • • •		torically important land area
	Protection of natural habitat			ified historic structure
	—	Freservand	on or a cert	med historic structure
2		stree hold a gualified concentration contrib	aution in th	o form of a concentation
2	Complete lines 2a through 2d if the organiza easement on the last day of the tax year.	ation held a qualified conservation contri	oution in the	e form of a conservation
	easement on the last day of the tax year.		1	Held at the End of the Tax Yea
a				2a
b	Total acreage restricted by conservation eas			2b
C	Number of conservation easements on a cer			2c
þ	Number of conservation easements include	* * *		
	historic structure listed in the National Regis			2d
3	Number of conservation easements modified tax year ▶	d, transferred, released, extinguished, or	terminated	I by the organization during the
4	Number of states where property subject to	conservation easement is located ▶		
5	Does the organization have a written pol		inspection	n, handling of
	violations, and enforcement of the conserva-			
6	Staff and volunteer hours devoted to monito	orina, inspectina, and enforcina conserva	tion easem	ents during the year
	>	,,		
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation	easements	during the year
•	►\$	moposting, and officioning series valient	J40011101110	during the your
8	Does each conservation easement reported	on line 2(d) above satisfy the requiremen	nts of section	on 170(h)(4)(B)
·	·			· · · · · · · · · · Yes · · No
9	In Part XIV, describe how the organization re		nuo and a	-
9	balance sheet, and include, if applicable, the	eports conservation easements in its reverse to the organization	e financial	statements that describes the
	organization's accounting for conservation e		o ililariciai .	statements that describes the
Part		ections of Art, Historical Treasures	or Other	Similar Assets
Part		•		Similar Assets.
		vered "Yes" to Form 990, Part IV, line		
18	If the organization elected, as permitted und			
	works of art, historical treasures, or other			
_	public service, provide, in Part XIV, the text of			
b	If the organization elected, as permitted ur works of art, historical treasures, or other public service, provide the following amount	similar assets held for public exhibition		
	(i) Revenues included in Form 990, Part VIII	, line 1		. ▶ \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works			
_	following amounts required to be reported u			
_	Revenues included in Form 990, Part VIII, lin			. ▶ \$
a	Assets included in Form 990, Part X			
U	ASSELS INCIDUCU III FUITI JJU, FAILA			. - J

Page	2

Part	III Organizations Maintaining	Colle	ections of	Art, His	torical	Treasures	, or Ol	her Similar As	ssets (cor	ntinued)
3	Using the organization's acquisition, collection items (check all that apply):		sion, and o	ther reco	rds, che	ck any of th	e follov	ving that are a s	significant	use of its
а	☐ Public exhibition			d	☐ Loar	n or exchang	ge prog	rams		
b	☐ Scholarly research			е	☐ Othe	er				
C	☐ Preservation for future generation:									
4	Provide a description of the organiza XIV.	tion's	collections	and expl	ain how	they further	the org	janization's exe	npt purpo	se in Part
5	During the year, did the organization assets to be sold to raise funds rather									s □ No
Part										
1 41 0	line 9, or reported an amour					gameanom	u	100 100 101	Jiiii 000,	
						for contribut	tions or	other assets n	ot .	
	included on Form 990, Part X?									s 🗆 No
b	If "Yes," explain the arrangement in P									о <u> </u>
-	ii 103, explain the arrangement ii 1	uit Air	and comp		onowing	labio.		Α	mount	
С	Beginning balance						10			
d	Additions during the year						10			<u>-</u>
e	Distributions during the year						16	_		
f	Ending balance						11			
2a	Did the organization include an amou								☐ Ye	s 🗌 No
	If "Yes," explain the arrangement in P			u (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1			•			о 🗀о
	V Endowment Funds. Compl			zation a	nswered	''Yes" to F	orm 9	90. Part IV. line	e 10.	
			Current year		or year	(c) Two year		(d) Three years bac		ears back
1a	Beginning of year balance		-			1				
b	Contributions									
c	Net investment earnings, gains, and		-							
	losses									
d	Grants or scholarships									
	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of	the cu	rrent year er	nd baland	ce (line 1	g, column (a)) held	as:		
а	Board designated or quasi-endowme	nt 🕨		%						
þ	Permanent endowment ▶	%								
C	Temporarily restricted endowment ▶		%							
	The percentages in lines 2a, 2b, and 2									
3a	Are there endowment funds not in th	e poss	session of th	he organ	izatıon th	nat are held	and ad	ministered for th	ne _	
	organization by:								`	res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations							<i>.</i>	3a(ii)	
b	If "Yes" to 3a(ii), are the related organ	ization	ns listed as r	required	on Sched	dule R? .		<i></i>	3b	
4	Describe in Part XIV the intended use									
Part		omen								
	Description of property		(a) Cost or o		1	or other basis other)		Accumulated epreciation	(d) Book	value
1a	Land	.								
b	Buildings	.		50,000	1			12,500		37,500
C	Leasehold improvements	.			 					
d	Equipment	.			 					
е	Other				<u> </u>					
Total.	Add lines 1a through 1e. (Column (d) r	nust e	qual Form 9	190, Part	x, colum	n (B), line 10)(c).)	<u>.</u> .▶		37,500

Part VII Investments—Other Securit	ties. See Form 990, Part X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
`´(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(1)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	
Part VIII Investments-Program Rela	ated. See Form 990, Part X	, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	
Part IX Other Assets. See Form 990	, Part X, line 15.	
	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part	X, col. (B) line 15.)	
Part X Other Liabilities. See Form 9	90, Part X, line 25.	
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)]
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)]
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	
		the organization's financial statements that reports the
organization's liability for uncertain tax position	ns under FIN 48 (ASC 740).	

Page	4

Scheau	ie D (Form 990) 2011		rage 4
Par	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Staten	ent	s
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	176,523
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	146,927
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	29,596
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	67,628
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	29,596
Part		r Re	
1	Total revenue, gains, and other support per audited financial statements	1	244,151
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	4	
b	Donated services and use of facilities	8	
C	Recoveries of prior year grants	4	
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2	
3	Subtract line 2e from line 1	3	176,523
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	4	
b	Other (Describe in Part XIV.)	_	_
С	Add lines 4a and 4b	4	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part			
1	Total expenses and losses per audited financial statements	1	214,555
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	8	
b	Prior year adjustments	-	
C	Other losses	4	
d	Other (Describe in Part XIV.)	۱.	47.420
е	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1	<u> </u>	140,921
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)	+_	
c	Add lines 4a and 4b	4	
5	rotai expenses. Add lines 3 and 46. (This must equal Form 930, Fart I, line 16.)		140,927

Part XIV Supplemental Information

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

Part XIV Supplemental Information (continued)

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047 20**1**1

Open To Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

AHIMSA HOUSE, INC. 31-1833734 Types of Property (c) (d) (a) Noncash contribution Method of determining Check if Number of contributions or amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art Art - Historical treasures . . . 3 Art-Fractional interests . . . Books and publications . . . Clothing and household 5 goods 5,788. SALES OF COMPARABLE Cars and other vehicles . . . ĸ Boats and planes Intellectual property R 9 Securities-Publicly traded . . 10 Securities - Closely held stock . 11 Securities -- Partnership, LLC, or trust interests 12 Securities-Miscellaneous . . Qualified conservation 13 contribution - Historic structures Qualified conservation 14 contribution-Other . . . 15 Real estate-Residential . . Real estate-Commercial . 16 17 Real estate - Other . . . 18 Collectibles 19. COST OF SUPPLIES 19 Food inventory 88. COST OF SUPPLIES 3 20 Drugs and medical supplies . . Taxidermy 21 Historical artifacts 22 23 Scientific specimens . . . 24 Archeological artifacts . 50.000. SALES OF COMPARABLE Other ▶ (VEHICLE 25 1 26 Other ► (Other ▶ (27 28 Other ▶ (Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be 30a b If "Yes." describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Schedule M (Form 990) (2011) Page **2**

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

LINE 25. VEHICLE WAS A NON-QUALIFIED VEHICLE DONATED BY VEHICLE DEALER FROM DEALER INVENTORY FOR USE BY THE EXEMPT PURPOSES.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization AHIMSA HOUSE, INC

Employer identification number 31-1833734

FORM 990, PART V, LINE 7H THE DONATED VEHICLE WAS A NON-QUALIFIED VEHICLE THE VEHICLE WAS DONATED BY A DEALER FROM DEALER INVENTORY AND IS USED FOR THE ORGANIZATION'S EXEMPT PURPOSES FORM 1098-C IS NOT REQUIRED.

FORM 990, PART VI, SECTION A, LINE 8B THE ORGANIZATION DOES NOT HAVE COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11 THE TAX RETURN IS REVIEWED BY THE GOVERNING BODY BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE

FORM 990, PART VI, SECTION B, LINE 12A ALL DIRECTORS AND EMPLOYEES ARE COVERED UNDER THE CONFLICT OF INTEREST POLICY DIRECTORS AND EMPLOYEES ARE RESPONSIBLE FOR IDENTIFYING ACTUAL AND POTENTIAL CONFLICTS OF INTEREST THE CONFLICTS OF INTEREST IDENTIFIED MUST BE DISCUSSED WITH THE BOARD PRESIDENT IN A TIMELY FASHION.

FORM 990, PART VI, SECTION B, LINE 15A TO DETERMINE COMPENSATION OF EXECUTIVE DIRECTOR, THE ORGANIZATION'S BOARD OF DIRECTORS REVIEWED AND APPROVED THE COMPENSATION ARRANGEMENT, SALARIES AT COMPARABLE DOMESTIC VIOLENCE/HUMAN SERVICE AGENCIES WERE TAKEN INTO CONSIDERATION, AND RECORDS OF THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT WERE KEPT VIA MINUTES OF THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19 GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION PROCESS FROM THE PRIOR YEAR.

Page	2	

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

Name of the organization

Employer identification number

Form 88	868 (Rev	. 1-2012)						Page 2	
• If yo	u are f	iling for an Additional (Not Automatic) 3-Mo	nth Exten	sion, complete only Part	II and check th	is box		🕨 🗆	
		omplete Part II if you have already been gran			on a previously	filed	Form 8	868.	
_		iling for an Automatic 3-Month Extension, o							
Part	Ш	Additional (Not Automatic) 3-Month Ex	ctension (
				Enter	filer's identifyin				
Туре	or	Name of exempt organization or other filer, see instructions. Employer identif					er (EIN) Or		
print		AHIMSA HOUSE, INC.		L		31-183			
File by t	the	Number, street, and room or suite no. If a P.O. box, see instructions.			Social security r	iumbei	r (SSN)		
due dat		P.O. BOX 8181							
filing you		City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
instructi	ions.	ATLANTA, GA 31106							
Enter	the Re	turn code for the return that this application is	s for (file a	separate application for ea	ach return) .			. 01	
Appli	icatior	<u> </u>	Return	Application			_	Return	
Is Fo			Code	Is For				Code	
Form			01					 	
	990-E	31	02	Form 1041-A			08		
	990-E		01	Form 4720		_		09	
	990-F		04	Form 5227				10	
		(sec. 401(a) or 408(a) trust)	05	Form 6069				11	
		(trust other than above)	06	Form 8870				12	
		et complete Part II if you were not already gra							
Tele If the If the If the Interpolation Inte	phone e organ s is for e whole th the i I requ For c If the Ch State TAX F	nization does not have an office or place of bit a Group Return, enter the organization's four a Group, check this box	FAX I usiness in t r digit Grou t is for part in is for. until ing nonths, che	No. 404-67 the United States, check the Up Exemption Number (GE) of the group, check this be not seen to see the group, check this be not seed to see the group. NOVEMBER 15 , 20 , and seck reason: Initial return the property of the group of the group.	, 20 12 d ending urn ☐ Final	· return	and a	his is attach a , 20	
8a		application is for Form 990-BL, 990-PF, 990 application is for Form 990-BL, 990-PF, 990 applications.)-T, 4720, d	or 6069, enter the tentative	e tax, less any	8a	\$	0	
b	estim	s application is for Form 990-PF, 990-T, 4 ated tax payments made. Include any prio int paid previously with Form 8868.				8b	\$	0	
С	c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.					8c	\$	0	
		Signature and Verifica	tion must	be completed for Par	t II only.	1			
Under knowle	penalti edge an	es of perjury, I declare that I have examined thi d belief, it is true, correct, and complete, and that I	s form, incl am authoriz	uding accompanying schedu ed to prepare this form.	lles and stateme	nts, ar	nd to th	ne best of my	
Signatu	re ►		Title►		Da	ite ▶			
						Fo	orm 88 6	8 (Rev 1-2012)	

•