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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)

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

OMB No. 1545-0047 Open to Public Inspection

B Chest deputation of the Brooke, Inc.    Advanced August   Composition				calendar year, or tax year beginning and ending					
Number of the organization of the season of the organization of		$\overline{}$		1 · · · · ·		ย Employ	er identification number		
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North Carolina Zoological Park   Not   North Carolina Zoological Park   North Carolina Zoological	<b>₩</b>	`'	Amended return		<u>,                                    </u>	G Gross rece	ipts\$ 294,308		
North Carolina Zoological Park   No rth Zoological Park   No			Application pending		H(a) is this an	mun return for	affiliator? Vos X No		
Asheboro   NC 27205   #*1%, **statuch a bet (see notroutoness)   Asheboro	ON				11(4) 13011349	Toup return for a			
Table   Tabl	~			<u> </u>			- 1		
Newbette:   N/A				*	If "No	)," attach a list	(see instructions)		
Part   Summary		1							
1 Briefly describe the organization's mission or most significant activities:  To support the welfare of animals, and in particular that of horses, donkeys and mules working in the poorest parts of the world.  2 Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of voting members of the governing body (Part VI, line 1a)  4 Number of independent voting members of the governing body (Part VI, line 1b)  4 Number of independent voting members of the governing body (Part VI, line 1b)  5 Total number of voluntiesrs (estimate in necessary)  7 Total number of voluntiesrs (estimate in necessary)  7 Total number of voluntiesrs (estimate in necessary)  8 Contributions and grants (Part VIII, line 1b)  9 Program service revenue (Part VIII, column (A), lines 12  10 Investment income (Part VIII, column (A), lines 3, 4, and 70)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 70)  12 Total revenue - add lines 8 through 1 (must equal Part VIII, column (A), lines 1-3)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Selaines, other compensation, employee benefits (Part IX, column (A), lines 5-10)  15 Selaines, other compensation, employee benefits (Part IX, column (A), lines 4-1)  16 Total inceptions and similar amounts paid (Part IX, column (A), line 14)  17 Total acceptances (Part IX, column (A), line 14)  18 Total inceptions and similar amounts paid (Part IX, column (A), line 14)  19 Selaines, other compensation, employee benefits (Part IX, column (A), lines 5-10)  10 0 0 0  10 16 Perfections of the compensation, employee benefits (Part IX, column (A), lines 5-10)  10 0 0 0  10 16 Perfections of the compensation, employee benefits (Part IX, column (A), lines 5-10)  10 0 0 0 0  11 Other Devaluations of the Part IX, column (A), line 14)  11 Other Acceptances (Part IX, column (A), line 14)  12 Total acceptances (Part IX, column (A), line 14)  13 Grants and similar amounts paid (Part IX, column (A), line 25)  14 Selaines, othe	20	J	Website: > 1				er 🕨		
1 Briefly describe the organization's mission or most significant activities;  To support the welfare of animals, and in particular that of horses, donkeys and mules working in the poorest parts of the world.  2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 4 3 3 3 4 4 3 5 5 701al number of voting members of the governing body (Part VI, line 1b) 5 Total number of votindeers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 5 Net unrelated business revenue from Part VIII, column (C), line 12 5 Net unrelated business taxable income from 990-T, line 34  8 Contributions and grants (Part VIII, line 1b)  8 Contributions and grants (Part VIII, line 1th) 9 Program service revenue (Part VIII, line 1th) 287, 690 294, 308 10 Investment income (Part VIII, line 1th) 10 Program service revenue (Part VIII, lines 3, 4, and 7d) 11 Investment income (Part VIII, lines 3, 4, and 7d) 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 13 Grants and similar amounts pad (Part IX, column (A), lines 4-3) 14 Benefits past to or for members (Part IX, column (A), lines 4-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 17 Total programs and the programs of	12		•	<del></del>	ear of formation 2	007	M State of legal domicile <b>DE</b>		
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15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  16a Professional fundraising-fees-(Part IX, column (A), line 11e)  1 Total for fighting (Signal by Benefits) (Part IX, column (A), line 12e)  17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)  18 Joal expenses Add lines 13 off (must equal Part IX, column (A), line 25)  19 Bevenuelless expenses Add lines 13 off (must equal Part IX, column (A), line 25)  20 Total assets (Part IX, line 16)  20 Total assets (Part IX, line 16)  21 Total wide lines (Part X, line 16)  22 Net assets or fund balances Subtract line 21 from line 20  23 Total wide lines of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  29 Part II Signature of officer  10 Proper preparers name  10 Date   Check   X   F   PTIN			1		340		<del></del>		
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Beginning of Current Year  350,310 643,976 350,310 643,976 86,233 599,073 22 Net assets of fund balances Subtract line 21 from line 20 264,077 44,903  Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  HIMALI FERNANDO (REASURER  Preparer Type or print name and title  Preparer's signature David Zigo			10 Charex	Denses Add lines 13-70/(must equal Part IX, column (A), line 25)					
Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Print/Type or print name and title  Preparer's signature  Paid  Preparer's name  Preparer's signature  Date  Check If PTIN  David Zigo  Preparer  Use Only  A The Pines Court  Firm's address > Saint Louis, MO 63141  May the IRS discuss this return with the preparer shown above? (see instructions)  I Yes No		58	12 DEvendo	CC   CC					
Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Print/Type or print name and title  Preparer's signature  Paid  Preparer's name  Preparer's signature  Date  Check If PTIN  David Zigo  Preparer  Use Only  A The Pines Court  Firm's address > Saint Louis, MO 63141  May the IRS discuss this return with the preparer shown above? (see instructions)  I Yes No		ets	20 Total as						
Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Print/Type or print name and title  Preparer's signature  Paid  Preparer's name  Preparer's signature  Date  Check If PTIN  David Zigo  Preparer  Use Only  A The Pines Court  Firm's address > Saint Louis, MO 63141  May the IRS discuss this return with the preparer shown above? (see instructions)  I Yes No		Ass	21 Total vie	bilities (Part X. Iffice 26)					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here    Nature of officer   Date   Check   Image: Primit perparer   Date   Check   Image: Primit perparer   Date	0	要言							
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Sign		P							
true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Sign	1				tements, and to	the best of r	my knowledge and belief, it is		
Sign Here HIMAL FERNANDO TREASURER  Print/Type or pnnt name and title  Print/Type preparer's name  Print/Type preparer's name  Preparer Use Only  A The Pines Court  Firm's address Saint Louis, MO 63141  May the IRS discuss this return with the preparer shown above? (see instructions)  Date 29 October 2012  Check X if PTIN  Date Check X if PTIN  Firm's EIN Saint Print Sein Saint 27-4373863  Phone no 314-434-2769  X Yes No							,		
Here  HIMAL FERNANDO TREASURER  29 OCTOBER 2012  Type or pint name and title  Print/Type preparer's name  Preparer's signature  David Zigo  David Zigo  Preparer  Firm's name  RZ Financial Group, LLC  Use Only  3-A The Pines Court  Firm's address  Saint Louis, MO 63141  May the IRS discuss this return with the preparer shown above? (see instructions)  RY Yes  No	E			KtrinaOL					
Here  HMAL FERNANDO TREASURER  Type or print name and title  Print/Type preparer's name  Preparer's signature  David Zigo  David Zigo  Preparer  Use Only  A The Pines Court  Firm's address > Saint Louis, MO 63141  May the IRS discuss this return with the preparer shown above? (see instructions)  Preparer  Use Only  Treasure 29 October 2012  29 October 2012  Check X if PTIN  Print Selin > 27-4373863  Phone no 314-434-2769		Sic	an 📗			Date	th.		
Type or pnnt name and title  Pnnt/Type preparer's name  Preparer's signature  Preparer's signature  Date  Check X if PTIN  PTIN  Poon of 7648  Preparer  Firm's name  RZ Financial Group, LLC  Use Only  3-A The Pines Court  Firm's address  Saint Louis, MO 63141  Phone no 314-434-2769  May the IRS discuss this return with the preparer shown above? (see instructions)	Ω			HIMALI FERNANDO TLEASURER		29	"OCTOBER 2012		
Preparer Use Only    Saint Louis, MO 63141   Phone no 314-434-2769     May the IRS discuss this return with the preparer shown above? (see instructions)	. <b>2</b>			<u> </u>					
Preparer Use Only    Saint Louis, MO 63141   Phone no 314-434-2769     May the IRS discuss this return with the preparer shown above? (see instructions)	2	_	Print/Ty	pe preparer's name Preparer's signature	Date	Check	X if PTIN		
Preparer Use Only    Saint Louis, MO 63141   Phone no 314-434-2769     May the IRS discuss this return with the preparer shown above? (see instructions)	S	Paid	d David	Zigo David Zigo	10/29	/12 self-emp			
Use Only  3-A The Pines Court  Firm's address > Saint Louis, MO 63141  Phone no 314-434-2769  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No	Ø	Pre			F	im's EIN			
May the IRS discuss this return with the preparer shown above? (see instructions)		Use			****				
May the IRS discuss this return with the preparer shown above? (see instructions)			Firm's a	Coint Touis NO 62141	<sub>P</sub>	hone no	314-434-2769		
700		May							
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	) American Friends Statement of Program Ser	of the Brooke, Inc3-	1173163	Page 2
		is a response to any question in this	Part III	X
To sup	scribe the organization's mission port the welfare s and mules worki	of animals, and in par ng in the poorest part	ticular that of hors s of the world.	ses,
prior Form	ganization undertake any significan n 990 or 990-EZ? escribe these new services on Sch	t program services during the year which we	re not listed on the	Yes X No
3 Did the org		ske significant changes in how it conducts, ar	ny program	Yes 🕱 No
expenses grants and	Section 501(c)(3) and 501(c)(4) or diallocations to others, the total exp	accomplishments for each of its three largest ganizations and section 4947(a)(1) trusts are enses, and revenue, if any, for each program	e required to report the amount of a service reported	
		f animals, in particul	600,000 )(Revenue \$ donke	eys, and
4b (Code	) (Expenses \$	including grants of\$	) (Revenue \$	
		·	_	
••				
4c (Code	) (Expenses \$	including grants of\$	) (Revenue \$	
		•	•	
•				
				-
4d Other prog	gram services (Describe in Schedus \$ 1,448 inclu		(Revenue \$	

	1990 (2011) American Friends of the Brooke, Inc3-1173163  Int IV Checklist of Required Schedules	<del></del> _	<u>P</u>	age 3
Pè	int 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,"		163	NO
•	complete Schedule A	1	X	]
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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,			1
	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			1
	"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,"			ŀ
	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	ľ		
	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,			
	VII, 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,"	ļ		l
	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			l
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			l
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ	X
đ	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	<u> </u>	X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<del> </del>	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	<del> </del>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	425		
L	Schedule D, Parts XI, XII, and XIII  Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a		X
b	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	<b>-</b>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<b></b> -	X
b	Did the organization framean an office, employees, or agents obtaine of the office of the office.  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140	<b></b>	-
J	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	İ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	x	l
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			<del>                                     </del>
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
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		X
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	L	X
202	Did the organization operate one or more hospital facilities? If "Yes" complete Schedule H	202		X

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

Form 990 (2011) American Friends of the Brooke, Inc3-1173163

Page	4
raue	_

_Pa	art IV Checklist of Required Schedules (continued)			
		Ye	s I	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization	İ		
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	丄		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 2º If "Yes," complete Schedule I, Parts I and III			<u>X</u>
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	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	<u>a</u>		X
b	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	1		
	to defease any tax-exempt bonds?	:		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	1		
25a	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	a	1:	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		T	
	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	اد	1:	X
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	;	1:	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1	T	
	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			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	a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	1		
	Schedule L, Part IV	Ы	1:	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	$\top$	$\top$	_
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1	1	
	conservation contributions? If "Yes," complete Schedule M	, [		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		T	
	Part I		1:	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	$\top$	T	
	complete Schedule N, Part II	:		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1	$\top$	_
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	; [		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	1		_
	IV, and V, line 1	, i		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	1		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	1		
_	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	ь		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		1	
	related organization? If "Yes," complete Schedule R, Part V, line 2	;		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	$\top$	T	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	
	Part VI	,		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	T	┰	
	19? Note. All Form 990 filers are required to complete Schedule O	X	:	
			20.	

1a Enter the number reported in 80x 3 of Form 1086. Enter 0-16 inct applicable   1a   1b   1b   1c   1c   1c   1c   1c   1c		n 990 (2011) American Friends of the Brooke, Inc3-1173163 art V Statements Regarding Other IRS Filings and Tax Compliance		F	age 5
1a Enter the number reported in 8xx 3 of Form 1096. Enter 0-x1 inct applicable   1b		Check if Schedule O contains a response to any question in this Part V			
b Enter the number of Forms W-26 included in line 1a. Enter 0-8 in not applicable C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the catendar year ending with or within the year covered by this return.  3 In the sum of lines 1a and 2a is greater them 250, you may be required to e-file (see instructions)  3 Do the organization have unrelated businesses gross income of \$1,000 or more during the year?  3 If If Yeas, 1 has in filed a Form 850 of Thor this year? If No. [provide an explanation in Schedule O  4 Alary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in Series (not year) the provided of the organization and year of the organization and year of the organization and year of the organization of the organization and year of the organization and year of the organization and year of the organization and year of the organization and year of the organization and year of the organization and year of the organization and year of the organization and year of the organization and year of year of the organization and year of year of the organization of the organization and year of year		1 1		Yes	No
c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamiling) winnings to prize winners?  2a Elater the number of employees reported on Form W.S. Transinital of Wage and Tax Statements, like for the calendar year ending with or within the year covered by this return  2 b   fall elast one is reported on line 2a, did the organization file all required feederal employment tax returns?  Notes. If the sum of lines 1a and 2a is greater than 250, you may be required to effice (es instructions)  3a   Did the organization have unrelated business gross income of \$1,000 or more during the year?  4   At any time during the calendar year, did the organization have an interest in, or a significant or other nuthorly over, a financial account in a foreign country    5   If "Yes," has the rare of the foreign country    5   If "Yes," the time the name of the foreign country    5   If "Yes," the time the name of the foreign country    5   West the organization as party to a prohibited tax shelter transaction at any time during the tax year?  5   West the organization as party to a prohibited tax shelter transaction at any time during the tax year?  5   West the organization as party to a prohibited tax shelter transaction at any time during the tax year?  5   West the organization and the organization has a transaction at any time during the tax year?  5   West the organization and the organization has the was or a party to a prohibited tax shelter transaction?  5   West the organization and the organization has the was or a party to a prohibited tax shelter transaction?  5   West the organization and the organization has the was or a party to a prohibited tax shelter transaction?  5   West the organization and the organization has the was or a party to a prohibited tax shelter transaction?  5   West the organization shell exclusive the was or a party to a prohibited tax shelter transaction?  5   West than the shelt that the shelt that the shelt that the shelt tha			-		
reportable gamming (gambling) winnings to prize winners?  Statements, filed for the calendar year ending with or within the year covered by this return  Statements, filed for the calendar year ending with or within the year covered by this return  by if at least one is reported on line 2s, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  B. Other the organization have unreliated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  If "Yes," the stiffied a Form 990-T for this year? If "No," provide an explanation in Schedule O  If "Yes," enter the name of the foreign country level, as a bank account, ecurrities account, or other financial account in a foreign country (such as a bank account, ecurrities account, or other financial accounts or foreign country level, as a bank account, ecurrities account, or other financial accounts.  If "Yes," enter the name of the foreign country level, as a bank account, ecurrities account, or other financial accounts are stellar to a probability and sheller transaction at any time during the tax year?  If "Yes," enter the name of the foreign country level and the organization in the organization the foreign 896-T2.  If "Yes," enter the name of the organization life form 886-T2.  If "Yes," other than a preserve developed the organization in the organization shell are payment in excess of \$75 made parity as a contribution or organization shell are payment in excess of \$75 made parity as a contribution and partly for goods and services provided?  Organizations that may receive deductible contributions under section 170(c).  If "Yes," did the organization end with the organization in the production of the value of the goods or services provided?  Organizations that may receive device the provided to the payor?  If the organization that the organization			-		
2a Elter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending who re within the year covered by this return  b If a feast one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines is and 2 ais greater than 250, you may be required to e-fife (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a If Yes, This it filed a Form 990-T for this year? If 'No.' provide an explanation in Schedule O  3b If Yes, This it filed a Form 990-T for this year? If 'No.' provide an explanation in Schedule O  3b If Yes, The return of the foreign country (such as a bank account, securities account, or other financial account; over, a financial account in a foreign country is the security over, a financial account in a foreign country is the security over, a financial account in a foreign country is the security over, a financial account in a foreign country is the security over, a financial account in a foreign country is the security of the security of the security of the security over, a financial account in a financial foreign country is the security of the security	С			Ì	l
Statements, filed for the calendar year ending with or within the year covered by the return  by If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  if If Yes, 'has in filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O  if Yes, 'has in filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O  if Yes, 'has in filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O  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  was the organization and the organization that it was or is a party to a prohibited tax wheller transaction?  if 'Yes' is one 5a of 5b, did the organization that it was or is a party to a prohibited tax sheller transaction?  if 'Yes' is one 5a of 5b, did the organization file Form 8896-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solication an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization notify the donor of the value of the goods or services provided?  To be of the organization notify the donor of the value of the goods or services provided?  To be of the organization notify the donor of the value of the goods or services provided?  To be of the organization receive a payment in excess of \$76 made party as a contribution and party for goods and services provided to the payor?  To do the organization receive a payment in excess of \$76 made party as a contribution of underset the number of forms 8282 filed duming the year  Did the organization receive a contribution of cares, boats, aniplanes, or other vehicles, did the organization fl	_		1c		X
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  1f "Yes," has it filed a Form 990-f for this year? If 'No," provide an explanation in Schedule O  4. 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 accounts over, a financial account in a foreign country    5. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5. Was the organization aparty to a prohibited file time as or a party to a prohibited six shelter transaction?  6. If "Yes" to line 5a or 5b, did the organization file Form 8868-T7  6. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization inclied with every solicitation an express statement that such contributions or gifts were not tax deductible?  6. Organization stat may receive deductible contributions under section 170(c).  8. Did the organization receive a payment in excess of \$75 made party as a combibution and partly for goods and services provided to the payor?  8. Organization receive a payment in excess of \$75 made party as a combibution and partly for goods and services provided to the payor?  9. If "Yes," indicate the number of Forms 8282 filed during the year  10. If the organization receive a payment in excess of \$75 made party as a combibution and partly for goods and services provided?  10. If the organization receive any forms 822 filed during the year  10. Under the organization receive any forms that may receive deductible?  11. The org	2a	· · · · · · · · · · · · · · · · · · ·			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3 Did the organization have unrelated business gross income of \$1.000 or more during the year?  4 At any time during the calendaryear, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, a foreign country over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country ▶  5 See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5 Was the organization apart to a prohibited tax shelter transaction?  5 If 'Yes', either the name of the foreign country ▶  5 See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5 Was the organization in that it was or is a party to a prohibited tax shelter transaction?  5 If 'Yes', did the organization that it was or is a party to a prohibited that shelter transaction?  6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that it was or is a party to a prohibited that such contributions or gifts were not tax deductible?  6 If 'Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6 Organizations that may receive deductible contributions under section 170(c).  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made party is a contribution and party for goods and services provided to the payor?  7 To contribution of the Forms 8282?  8 Did the organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization o		•	┨╻		
3a	D		26	<del> </del> -	-
b if "Yes," has if filed a Form 990-T for this year" if "No," provide an explanation in Schedule O  3 At any time during the calendary year, did the organization have an interest in, or a signature or other authority  over, a financial account in a foreign country   Securities account, or other financial accountry  if "Yes," enter the name of the foreign country   Poses mistructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  3 Was the organization for the organization that it was or is a party to a prohibited tax shelter transaction?  5 Was the organization have annual gross receipts that are normally greater than \$100,000, and did 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?  5 Uf "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6 Uf "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servicias provided to the payor?  7 Organizations that may receive deductible contributions under section 170(c).  8 Uf the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servicias provided to the payor?  8 Uf "Yes," did the organization notify the donor of the value of the goods or services provided?  9 Uf "Yes," did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 Uf the organization received a contribution of qualified intellectual property, did the organization file a Form 1980-07  1 Post the organization received a contribution of qualified intellectual property, did the organization file a Form 1980-07  1 Post the organization maintaining donor advised fund maintained by a sponsoring organization, have excess bursans bindings at any time dump the year?  9 Sponsoring organizations mai	20				
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)?  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?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line 5a or 5b, did the organization line Form 8886-17  6c If "Yes" to line 5a or 5b, did the organization line Form 8886-17  6d Does the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  6d If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  7 If "Yes," ridd the organization notify the donor of the value of the goods or services provided?  7 If "Yes," indicate the number of Forms 8282 filed during the year  9 If "Yes," indicate the number of Forms 8282 filed during the year  10 If the organization received a contribution of qualified intellectual property, did the organization file Form 8890 as required?  10 If the organization received a contribution of cars, boats, enjances, or other vehicles, did the organization file Form 8890 as required?  11 If the organization received a contribution of cars, boats enjances, or other vehicles, did the organization file Form 890 and the section 504(s)(3) supporting organizations. Liftles upporting organization, or a donor advised funds and section 504(s)(3		- · · · · · · · · · · · · · · · · · · ·			_ <u> </u>
over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  b If "Yes," enter the name of the foreign country ▶  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Ual any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" in line 5a or 5b, did the organization file Form 8886-7?  5b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization should any contributions that were not tax deductible?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Organizations that may receive deductible contributions under section 170(c).  6d Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  6c Did the organization onest, exchange, or otherwise dispose of tangelie personal property for which it was required to file Form 8282?  6d If "Yes," indicate the number of Forms 8282 filed during the year  6d Did the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7d Did the organization quiring the year, pay premiums, directly or indirectly, or a personal benefit contract?  7e Did the organization received a contribution of qualified infeltedual property, did the organization file Form 8989 as required?  7f If the organization received a contribution of qualified infeltedual property, did the organization file Form 8990 are given the property or programation file or form solition or advised funds and section 59(6); supporting organization, have excess business holdings at any time during the year?  7e Sponsoring organizations maintaining donor advised funds and section 59(6); supporting organization, have excess form maintaining donor advised f			30		-
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See instructions for filing requirements for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  Fives' to line 5 a or 5b, did the organization file Form 8866-77  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?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  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?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization received a contribution of qualified intellectual property, did the organization florted?  To the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, a variety or indirectly, or a personal benefit contract?  To the organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, a variety or indirectly, or a personal benefit contract?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the organization make a distribution to a donor, donor advised fund supporting organiz	h	,	48	<u> </u>	
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For	990 (2011) American Friends of the Brooke, Inc3-1173163		Р	age <b>6</b>
	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b	elow,		
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	s in S	ched	lule
	O. See instructions. Check if Schedule O contains a response to any question in this Part VI			X
<u>Sec</u>	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 3	1		
	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			i
ь	Enter the number of voting members included in line 1a, above, who are independent  1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		_	
_	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct	,		₩.
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	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?	5		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets.	6		X
7a	Did the organization have members or stockholders, or other persons who had the power to elect or appoint	<b>–</b>		
	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,			
-	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	ing		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
		_	Yes	
	Did the organization have local chapters, branches, or affiliates?	10a		X
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		***
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	-	X
b 120	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	
12a h	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
·	describe in 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 approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
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).			
16a				
	with a taxable entity during the year?	16a		X
b	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			
60.	organization's exempt status with respect to such arrangements?	16b		L
<u>Sec</u> 17	List the states with which a copy of this Form 990 is required to be filed ▶ VA , NC			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,			
. •	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ▶ Chapel & York 1000 N. West St., Suite 1200			
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Form **990** (2011)

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Form 990 (2011) <b>American</b>	rrienas	OI	tne	Brooke.	TDC32-TT/3T93

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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
- 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 nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for	bos	k, unle icer aı	Pos theck ess pe	erson	than o	an ee)	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	hours for related organizations in Schedule O)		Former Highast compensated employes Key employee Officer Institutional trustee		-cormer -lighest compensated -imployee -complete compensated		Tormer Highest compensated amployee (see employee)  Officer		(W-2/1099-MISC)	(**2103341130)	organization and related organizations
(1)David Jones						1					
Pres\Director	0.50	X		X				0	0	0	
(2) Marjorie Griffi		•	nl	ir	•						
Director	0.50	X	L_		_	$\sqcup$		0	0	0	
(3) Louisiana Lush		_				1 1			_	_	
Director	0.50	X	_	ļ		$\vdash$		0	0	0	
(4) Himali Fernando											
Treasurer	0.50	├	-	X		$\vdash$		0	0	0	
(5) Jasvir Kaur Secretary	0.50			X				_	_	^	
(6) Sharon Schofiel		╁		₽	-	$\vdash$		0	0	0	
(6) Shalon Scholler	0.00						X	o	o	0	
(7) Sue Coles	0.00						x	0	0	0	
(8)	0.00								<u> </u>	<u>_</u>	
(9)							_				
(10)											
(11)						$  \cdot  $					
(12)						$  \cdot  $				· · · · · · · · · · · · · · · · · · ·	
(13)						$  \cdot  $					
(14)			ļ		-	$  \cdot  $					

Form 990 (2011) American Friends of the Brooke, Inc3-1173163 Page 9 Statement of Revenue (B) Related or (C) Unrelated (D) Revenue (A) Total revenue excluded from tax under sections exempt function business revenue revenue 512, 513, or 514 1a Federated campaigns 1a 1b b Membership dues 1c c Fundraising events 1d d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 294,308 g Noncash contributions included in lines 1a-1f 294,308 h Total. Add lines 1a-1f Program Service Revenue Busn. Code 2a b f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceed Rovalties (i) Real (II) Personal 6a Gross rents b Less rental exps c Rental inc or (loss Net rental income or (loss) Gross amount from (II) Other (i) Secunities sales of assets other than inventor **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b All other revenue Total. Add lines 11a-11d 294,308 0

Total revenue. See instructions

## Form 990 (2011) American Friends of the Brooke, Inc3-1173163

Page **10** 

Part IX Stat	ement of F	unctional	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 respon	se to any question in this	Part IX		
Do	not include amounts reported on lines 6b.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b	, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				·
3	Grants and other assistance to governments				
	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16	500,000	500,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				<del></del>
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				<u> </u>
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	-			
b	Legal				
C	Accounting	3,192		3,192	
d	Lobbying				
е		7			<del> </del>
f	Investment management fees				
g		65		65	
12	Advertising and promotion	6,045			6,045
13	Office expenses	1,785		1,785	· · · · · · · · · · · · · · · · · · ·
14	Information technology	258		258	<del></del>
15	Royalties				
16	Occupancy .	4 4 4 6	1 110		
17	Travel	1,448	1,448		
18	Payments of travel or entertainment expense	s			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates		······································		
22	Depreciation, depletion, and amortization	600		600	<u></u>
23	Insurance	689	· · · · · · · · · · · · · · · · · · ·	689	<del> </del>
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e if				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O)				
a		-			
b	j				
C	i				
d	All other consers				
e 25	All other expenses	513,482	501,448	5,989	6 DAE
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	513,482	5U1,445	5,369	6,045
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here if				
DAA	following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2011)
-					1 5101 444 (4011)

Form 990 (2011) American Friends of the Brooke, Inc3-1173163

Page **11** 

art )	K Balance Sheet			
		(A) Beginning of year		(B)
14	Cook pan interest hooses	350,192	1	End of year <b>643,858</b>
',	Cash—non-interest bearing Savings and temporary cash investments	330,192	2	043,636
3	Pledges and grants receivable, net		3	<del></del>
		118		118
4	Accounts receivable, net Receivables from current and former officers, directors, trustees, key	110	-4	110
5	·		i	
	employees, and highest compensated employees Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section		-	<del></del>
"	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	
7	Notes and loans receivable, net		7	···.
8	Inventories for sale or use		8	· · · · · · · · · · · · · · · · · · ·
9	Prepaid expenses and deferred charges		9	
1 -	Land, buildings, and equipment. cost or			<del></del>
'Va	other basis. Complete Part VI of Schedule D			
	Less. accumulated depreciation 10b	<del></del>	10c	
11	Investments—publicly traded securities		11	
12	Investments—other securities See Part IV, line 11		12	
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	350,310		643,976
17		84,736		99,073
18	Grants payable	04,730	18	500,000
19	Deferred revenue		19	300,000
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	Payables to current and former officers, directors, trustees, key			
22	employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X			
	of Schedule D	1,497	25	
26	Total liabilities. Add lines 17 through 25	86,233	26	599,073
	Organizations that follow SFAS 117, check here X and complete			
	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	264,077	27	44,903
28	Temporanly restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here and			
	complete lines 30 through 34.			
30	-		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32			32	-
33	Total net assets or fund balances	264,077	33	44,903
33		350,310		643,976

<u>For</u>	1990 (2011) American Friends of the Brooke, Inc3-1173163			Pag	<u>e 12</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
			-		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	29	4,3	<u>808</u>
2	Total expenses (must equal Part IX, column (A), line 25)	_2	51:	3,4	182
3	Revenue less expenses Subtract line 2 from line 1	3	-21	9,1	<b>174</b>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26	<b>4</b> , C	77
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6	4	4,9	<u> 208</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				ЛL
			`	/es	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other		_	ı	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			- 1	
	Schedule O		1 1	- 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		i I		
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2011)

DAA

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

Department of the Treasury Internal Revenue Service Name of the organization

Form 990 or 990-EZ.

DAA

# **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.

American Friends of the Brooke, Inc

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

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

33-1173163

Pá	ırt l	Reas	on for Public Charity	y Status (All organizatio	ns mus	t compl	ete thi	s part.	) See	instru	uction	S.		
The	orga	nızation is no	t a private foundation beca	use it is (For lines 1 through 1	1, check	only one	box )			-				
1	$\sqcap$		•	ssociation of churches describe		-		)(i).						
2	$\sqcap$			)(A)(ii). (Attach Schedule E)				,,,						
3	H			vice organization described in	section	170(b)/1	VΔViii\							
4	H	•		ed in conjunction with a hospit				70(b)(4)	/A\/iii\	Enter	the hos	enital'e	namo	
7	ш	city, and stat	-	ed in conjunction with a nospi	ai desciii	ocu iii oc	cuon i	, ((,),( ,)	(~)(···)	Line	uic iio.	opitar o	· iaiiic	•
_	$\Box$	•		t of a college or university own	 ed or one	arated by	3 00/6	roments	Junet d	escaba	d in			
5	Ш	-		=	ieu oi ope	sialed by	a gove	i i i i i i i i i i i i	ii uiiit u	CSCIIDE	iu III			
c	П		(b)(1)(A)(iv). (Complete Pa		n anatio	- 470/b)/	41/41/2							
6			=	governmental unit described i					. 46		مداماني			
7	X	•	•	a substantial part of its suppor	t irom a g	jovernine	intai uni	t or mon	i trie ge	nerai p	oublic			
			section 170(b)(1)(A)(vi).		3									
8		-		170(b)(1)(A)(vi). (Complete F	-		<b>.</b> 4		6			_		
9	LJ	_		(1) more than 33 1/3% of its s							-	3		
		•		empt functions—subject to cert	-									
		* *	•	and unrelated business taxable		-		itax) iro	om bus	inesses	5			
40		•	•	30, 1975 See section 509(a)		•	•							
10	H	•	•	d exclusively to test for public:	-		•							
11		•		d exclusively for the benefit of,					-		42			
				orted organizations described i							cuon			
		<u> </u>		s the type of supporting organi					-					
	$\Box$	a Type	··	c Type III-Function			d		e III–O					
е		-	<del>_</del>	rganization is not controlled di			-							
				her than one or more publicly :	supported	organiza	ations d	escribed	ın sec	aion 50	9(a)(1)			
		or section 50		termination from the IDS that	tic o Tun	o I Tuno	II or Ti	ına III a	unnadu	~~				
f		_	, check this box	termination from the IRS that	цізатур	е і, туре	: II, OI 1	ype iii s	upporti	iy				
_		•	•	rotion accontact any gift or con	tribution f	rom onv	of the							
g		_	<del>-</del>	ation accepted any gift or con	iribulion i	ioni any	oi tile							
		following pe		controls outbor along or togeth		oroono de	aanibaa	م (نار ما	- d			1	Yes	No
				controls, either alone or togeth	er with be	ersons de	escribed	ı ııı (ıı) a	riu			44=63	168	No
		• •	w, the governing body of the			•						11g(i)		
			member of a person descri									11g(ii)		
		* -		n described in (i) or (ii) above?								11g(iii)		
<u>h</u>	N		Y Time to the second se	t the supported organization(s)	1	manization	(A) Date	ou notify	L 6divi	a tha		(-::\ A		
(1)		e of supported janization	(ii) EIN	(iil) Type of organization (described on lines 1–9		organization sted in your		•	organizat	s the ion in col		(vii) Amo supp		
		,		above or IRC section		document?		of your		zed in the				
				(see instructions))	Yes	No	Yes	port? No	Yes	No				
/A\		<del></del>			103	1.40	1.65	140	1.43	- 10				
(A)							Ì							
(B)	-				<del>                                     </del>		<del>                                     </del>							
D)														
(C)														
(C)					1			İ						
(D)				· · · · · · · · · · · · · · · · · · ·										
יטו			İ					i						
(E)					†	<del>                                     </del>		<del>                                     </del>						
(=)					1				1					
			<u> </u>		1	<del>                                     </del>	<del>                                     </del>	<del> </del>	<del>                                     </del>		<u> </u>	· · · · · ·		
Tota	4													
		erwork Redu	ction Act Notice, see the	Instructions for		·	<u>.                                    </u>		Sched	ule A /	Form 9	990 or	990-F	7) 2n
									u					,

Schedule A (Form 990 or 990-EZ) 2011 American Friends of the Brooke, Inc33-1173163 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 56,379 37,691 294,308 401,061 12,683 2 Tax revenues levied for the 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 56,379 37,691 294,308 401,061 12,683 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 260,723 Public support. Subtract line 5 from line 4 140,338 Section B. Total Support (b) 2008 (c) 2009 (d) 2010 (e) 2011 Calendar year (or fiscal year beginning in) ▶ (a) 2007 (f) Total <u>56,379</u> Amounts from line 4 12,683 37,691 294,308 401,061 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 401,061 11 12 Gross receipts from related activities, etc (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 34.99% 15 15 Public support percentage from 2010 Schedule A, Part II, line 14 16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

instructions

Schedule A (Form 990 or 990-EZ) 2011 American Friends of the Brooke, Inc3-1173163 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support (f) Total (e) 2011 Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization'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 Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support (Subtract line 7c from Section B. Total Support (f) Total (b) 2008 (c) 2009(d) 2010 (e) 2011 Calendar year (or fiscal year beginning in) ▶ (a) 2007 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on 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, First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2010 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 % Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2010 Schedule A, Part III, line 17 18 % 18 19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2011 American Friends of the Brooke, Inc3-1173163

Page 4

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).

Support Schedule - Unusual Grants

Large Contribution \$ 0

### **SCHEDULE F** (Form 990)

**Statement of Activities Outside the United States** 

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Department of the Internal Revenu	he Treasury le Service		► Attac	h to Form 990. ▶ See separat	e instructions.		Inspection
Name of the org		Amoria	n Friende	of the Brooke,	Tnc	Employer identif	fication number
Part I	Genera			Outside the United State			
raiti		0, Part IV, line			bo. Complete ii tii	, organization	ranswered res to
1 For a				ords to substantiate the amount	of its grants and other	 er	<del></del>
-				istance, and the selection criter			
	or assistance		<b>3</b>				X Yes No
<del>-</del>						1 -41	<u> </u>
_		Describe in Pari the United State		s procedures for monitoring the	use of its grants and	otner	
3 Activit	ies per Regio	n. (The following	g Part I, line 3 table	can be duplicated if additional s	pace is needed)		
(a) Regi		b) Number of	(c) Number of	(d) Activities conducted in	(e) If activity I		(f) Total
	l	offices in the region	employees, agents, and independent	region (by type) (e g , fundraising, program services,	a program describe spe	eafic type of	expenditures for and investments
	- 1		contractors in region	investments, grants to recipients	service(s)	in region	in region
				located in the region)		<del></del>	
Europe	•	_		L			
(1)	<del></del>	1		Animal Care	Animal Ca	re	500,000
(2)							
_(3)						···	
_(4)							
(5)							
(C)							
(6)		<del></del>					
_(7)							
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1107			·			-	
(11)		·····					
(12)							
(13)							
(14)					- <del></del>		
(15)							
(16)		····					
(17)							
3a Sub-tota		1					500,000
<b>b</b> Total from o							
sheets to P	1						

500,000

c Totals (add

lines 3a and 3b)

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, In@3-1173163 Schedule F (Form 990) 2011 American Friends of the Brooke, Part II

(I) Method of valuation (book, FMV, appralsal, other) (h) Description of non-cash assistance Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed. (g) Amount of non-cash assistance (f) Manner of disbursement cash Check 500,000 (e) Amount of cash grant (d) Purpose of grant Support (c) Region Europe (b) IRS code section and EIN (if applicable) (a) Name of organization <del>1</del>3 (14) (10) (12) (13) (15) (16) 9 3 9 2 9 6 3 9 গ্ৰ

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

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Schedule F (Form 990) 2011

ch	edule F (Form 990) 2011 American Friends of the Brooke, Inc3-1173163		Page 4
P	art IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	☐ Yes	<b>X</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

#### Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

The Board has resolved that all Organizations to which it makes grants

or funds programs will be required to submit the following:

- 1.A grant application which specifies the amount requested, the need to be addressed, and a detailed proposed use of the funds.
- 2. In case of an organization outside the USA, a copy of the organization's organizing documents, registration documents within the jurisdiction and information about the organization's activities and budget in order to ensure it is suitable to receive funds from a US 501 (c) (3) public charity. When a grant is made to an organization, the organization will be required to:
- 1. Make a report on the use of the funds, to be returned to the Organizatic within 12 months of the granting of the funds.
- 2. Sign a statement that the grantee will refund any portion of the grant not used in accordance with terms of the grant.
- 3. Agree any other conditions imposed by the Board depending on the specifics of the grant and the organization to which funds are being given No grant will be made without meeting the terms set forth by the Board.

Part I, Line 3 - Activities per Region

Region Expendi

Expenditures Investments

Europe \$ 500,000 \$

0

### **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

American Friends of the Brooke, Inc

**Questions Regarding Compensation** 

Employer identification number 33-1173163

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
_	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	·			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization uses to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director Explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
-	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	O 1 1 1 FOM NO 1 1 FOM NO 1 1 TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			}
_	compensation contingent on the revenues of	5a		x
	The organization?	5b		X
L	Any related organization? If "Yes" to line 5a or 5b, describe in Part III			<del></del>
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		•	1
U	compensation contingent on the net earnings of			
	The organization?	6a		X
	- ·	6b		X
r.	Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	- 35		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
,	·	7		x
_	payments not described in lines 5 and 6? If "Yes," describe in Part III	<b>-</b>	<del> </del>	<u> </u>
8				
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe		l	x
_	in Part III	8	<del> </del>	<u> </u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	<u> </u>	<u></u>

Page 2

In@3-1173163 American Friends of the Brooke,

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2011

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

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

			a citata a canada	bac trommited (7)	(D) Montavable	(E) Total of columns	
. (A) Name	(i) Base compensation	(ii) Bonus & incentive (iii) Other compensation reportable compensation compensatio	(III) Other reportable compensation	other deferred	benefits benefits	(E) (B)(I)-(D)	(F) Compensation reported as deferred in prior Form 990
Sharon Schofield (m)	:	0.0	: '	0	0	0	0.0
Sue Coles (n)	0.0	0:0	0 0	0	0 0	о о	• • • • • • • • • • • • • • • • • • • •
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						S.C.	Schedule J (Form 990) 2011

Supplemental Information Part III

Schedule J (Form 990) 2011

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Schedule J (Form 990) 2011

:

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

American Friends of the Brooke, Inc

Employer identification number

33-1173163

Form 990, Part III, Line 4d - All Other Accomplishment Supported the welfare of animals, in particular the horses, donkeys, and mules in the poorest parts of the world.

Form 990, Part VI, Line 2 - Related Party Information Among Officers Brooke International-UK American Friends of the Brooke, Inc Secretary **Employee** 

Works for both Organ.

American Friends of the Brooke, Inc. Brooke International-UK Treasurer **Employee** 

Works for both Organ.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The Form 990 is distributed, either in hard copy or electronic file, to al directors and officers of the organization for review. specific requirement for written confirmation from the directors and officers that they have reviewed the Form 990 prior to filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy All directors and officers are required to review the Conflict of Interest Policy on an annual basis and sign a Conflict of Interest Annual Certification Form.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

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

Page 2

Name of the organization

Employer identification number

American Friends of the Brooke, Inc

33-1173163

Upon request.

**Federal Statements**