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DLN: 93493222001172

Department of the Treasury

## **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 The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 D Employer identification number B Check if applicable Address change 38-2418377 Doing Business As E Telephone number Name change (231)347-1171Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite G Gross receipts \$803,958 445 E MITCHELL Terminated City or town, state or country, and ZIP + 4 PETOSKEY, MI 49770 Amended return Application pending Name and address of principal officer  $\mathbf{H(a)}$  Is this a group return for KENNETH C McALPIN affiliates? 445 E MITCHELL PETOSKEY, MI 49770 H(b) Are all affiliates included? If "No," attach a list (see instructions) **▽** 501(c)(3) **┌** 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status Group exemption number 🕨 H(c) **Website:** ► thesocialcontract com K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► **M** State of legal domicile MI L Year of formation 1982 Summary Part I Briefly describe the organization's mission or most significant activities THE ORGANIZATION'S MISSION IS TO FOSTER EDUCATIONAL PROGRAMS OF A PUBLIC INTEREST NATURE DEALING WITH IMMIGRATION, LANGUAGE POLICIES THAT PROMOTE NATIONAL UNITY, AND CONSERVATION OF NATURAL Activities & Governance RESOURCES 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) . 5 Number of independent voting members of the governing body (Part VI, line 1b) . 4 3 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 5 12 0 Total number of volunteers (estimate if necessary) . 6 0 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 1,343,511 767,388 19,744 8,036 Program service revenue (Part VIII, line 2g) . 9,555 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 15,424 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 35,681 6,730 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 1,402,652 803.417 92,787 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 127,856 13 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 Expenses 744,862 696,901 5-10) Professional fundraising fees (Part IX, column (A), line 11e) . . . . 40,278 36.159 16a b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright 97,370$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,072,130 787,937 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,981,007 1,617,903 19 Revenue less expenses Subtract line 18 from line 12 . -578,355 -814,486 Net Assets or Fund Balances **Beginning of Current End of Year** Year 1,661,485 2,526,040 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . . . . 67,961 118.030 22 Net assets or fund balances Subtract line 21 from line 20  $\,$  . 2,408,010 1,593,524 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. 2012-08-08 Signature of officer Sign Here John E Fought Treasurer Type or print name and title

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Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	by
THE ORGANIZATION'S MISSION IS TO UNDERTAKE EDUCATIONAL PROGRAMS IN THE PUBLIC INTEREST DEALING WIMMIGRATION, LANGUAGE POLICIES THAT PROMOTE NATIONAL UNITY, AND CONSERVATION OF NATURAL RESOUR  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	by
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<ul> <li>Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?</li></ul>	by
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the prior Form 990 or 990-EZ?	<b>b</b> y
the prior Form 990 or 990-EZ?	<b>b</b> y
Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  (Code ) (Expenses \$ 482,740 including grants of \$ 0) (Revenue \$ 13, EDUCATIONAL PROGRAMS DESIGNED TO PROTECT THE COUNTRY'S LINGUISTIC UNITY BY MAKING ENGLISH THE OFFICIAL (NON-EXCLUSIVE) LANGUISTIC UNITY BY MAKING ENGLISH THE OFFICIAL (NON-EXCLUSIVE) LANGUIST	by
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	154 )
GOVERNMENT OPERATIONS AND DEFENDING ITS ROLE AS THE NATION'S COMMON LANGUAGE BY DOING RESEARCH AND DISSEMINATING INFORMA A QUARTERLY NEWSLETTER DISTRIBUTED TO ABOUT 12,000 INDIVIDUALS, DIRECT MAIL, MAINTAINING AN INTERNET WEBSITE, PUBLISHING ARTICI CONDUCTING MEDIA INTERVIEWS, AND DEFENDING THE USE OF ENGLISH AND THE RIGHT OF EMPLOYERS AND INSTITUTIONS TO HAVE LANGUAGE THEIR PLACES OF BUSINESS	TION THROUGH LES,
<b>4b</b> (Code ) (Expenses \$ 811,810 including grants of \$ 47,470 ) (Revenue \$ 13,40 )	070 )
EDUCATIONAL PROGRAMS DEALING WITH IMMIGRATION POLICIES THAT INCLUDE PUBLISHING A QUARTERLY JOURNAL, MAINTAINING A RESOURCE SPONSORING PERIODIC PRESS CONFERENCES, HOSTING AN ANNUAL CONFERENCE, PLACING MEDIA ADS, AND PROVIDING GRANTS TO ORGANIZAT EDUCATIONAL OBJECTIVES	BOOKSTORE,
<b>4c</b> (Code ) (Expenses \$ 45,318 including grants of \$ 45,317 ) (Revenue \$	0)
VARIOUS ACTIVITIES THAT PROMOTE CONSERVATION OF NATURAL RESOURCES, INCLUDING PROTECTING THE DARK SKY ENVIRONMENT, PROTECT WILDLIFE, AND PROMOTING THE DESIGNATION AND MAINTENANCE OF DARK SKY PARKS	,
4d Other program services (Describe in Schedule O )	
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
<b>4e</b> Total program service expenses►\$ 1,339,868	

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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	Yes	
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	10		No
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, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
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 U S? If "Yes," complete Schedule F, Part II and IV	15	Yes	
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 U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
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		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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Par	t IV Checklist of Required Schedules (continued)		1	
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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 $I$	25a		No
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		No
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28 a	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)  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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 owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Schedule N, Part II	32		No
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
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		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
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	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V	•	٠١	
			Yes	No
la	Enter the number reported in Box 3 of Form 1096 Enter - 0 - if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
h	return			
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
Pa	year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
la	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 or securities account)?	4a		No
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			
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have annual gross resolute that are normally greater than \$100,000, and did the	5c 6a		No
ia	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?	od		INO
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
_	Organizations that may receive deductible contributions under section 170(c).	<b>-</b> -		NI -
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	_		
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		No
3	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		
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
-	sources against amounts due or received from them )			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13a		
	allocated to each state	TOG		
D	Enter the aggregate 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 aggregate amount of reserves on hand			
	13c	_		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2011) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for Part VI a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI . . . . . . . . . . . . . . Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax 1a Enter the number of voting members included in line 1a, above, who are 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any Yes 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? . Νo Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Nο filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Νo 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo or persons other than the governing body? . . . . . . . . . . . . Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes Each committee with authority to act on behalf of the governing body? . . . . . . Yes 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 Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Yes 10a Did the organization have local chapters, branches, or affiliates? . **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt 10b Yes 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes the form? **b** Describe in Schedule O the process, if any, used by the organization to review the Form 990 . **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . 12a Yes b Were officers, directors or trustees, and key employees required to disclose annually interests that could give Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes Did the organization have a written whistleblower policy? . . . . . 13 Yes 13 **14** Did the organization have a written document retention and destruction policy? . . . . 14 Yes 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? a The organization's CEO, Executive Director, or top management official . . . . 15a Yes Other officers or key employees of the organization . 15b Yes If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Νo **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 16b Section C. Disclosure 17 List the States with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, FL, GA, HI, IL, KS, KY,  $\mathsf{MA}$  ,  $\mathsf{MD}$  ,  $\mathsf{ME}$  ,  $\mathsf{MI}$  ,  $\mathsf{MN}$  ,  $\mathsf{MO}$  ,  $\mathsf{MS}$  ,  $\mathsf{NC}$  ,  $\mathsf{ND}$  ,  $\mathsf{NH}$  ,  $\mathsf{NJ}$  ,  $\mathsf{NM}$  , NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply ☐ Own website ☐ Another's website ☐ Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization JOHN F FOUGHT 445 F MITCHELL

PETOSKEY, MI 49770 (231) 347-1171

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

Check this box if neither the organiz	ation nor any re	lated o	rganı	zatio	ns o	compe	nsat	ed any current or fo	rmer officer, direct	or, or trustee	
(A) Name and Title	(B) Average hours per week (describe	Position more unles an	(C) Position (do not check more than one box, unless person is both					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)	related organizations
(1) MARY LOU TANTON DIRECTOR	1	х		х				0	0	0	
(2) JOHN H TANTON CHAIRMAN	20	х		Х				53,273	0	0	
(3) JOHN E FOUGHT TREASURER	7	х		Х				8,269	0	0	
(4) RICHARD CLARK DIRECTOR	0	х						0	0	0	
(5) KENNETH McALPIN PRESIDENT	40	Х		Х				182,143	0	14,743	
(6) NIKI CALLOWAY SECRETARY	40			х				53,833	0	8,277	

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

	(A) Name and Title	(B) Average hours per week (describe hours	director/trustee)						(D) Reportab compensat from the organization 2/1099-MI	ion (W-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estimated amount of othe compensation from the organization an		
		for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)	(	organiza	I .	
	Col. Total							<u> </u>							
1b c	Sub-Total	to Part VII, Sec	tion A	· ·	<u> </u>	÷		<u>-</u>							
d	Total (add lines 1b and 1c) .							<b>F</b>	297	7,518		0		23,020	
2	Total number of individuals (inclu \$100,000 of reportable compens					ted	above	) who	received mo	re tha	n				
3	Did the organization list any <b>form</b> on line 1a? <i>If "Yes," complete Sch</i>				e, k	ey e	mploy	ee, o	or highest com	ipens:	ated employee	3	Yes	No No	
4	For any individual listed on line 1 organization and related organization and related organization.											4	Yes	140	
5	Did any person listed on line 1a services rendered to the organiza									tion o	r individual for	5		No	
Se	ction B. Independent Cont	tractors													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax ye	highest comper the organizatio													
	Nam	<b>(A)</b> ne and business add	dress							Descr	<b>(B)</b> uption of services	$\frac{1}{1}$	(C Comper		
												$\pm$			
												_			
	Fotal number of independent conti \$100,000 of compensation from t			ot lın	nited	to	those	liste	d above) who	receiv	ed more than				

Part v		Statement of Revenue					
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
22	1a	Federated campaigns 1a	0				
Contributions, gifts, grants and other similar amounts	ь	Membership dues 1b	0				
56		·					
tš, ≞	С	Fundraising events 1c					
<u>#5,</u> #=	d	Related organizations 1d	0				
ω. E	e	Government grants (contributions) <b>1e</b>	0				
등종	f	All other contributions, gifts, grants, and <b>1f</b>	767,388	i			i
重要	_	sımılar amounts not ıncluded above					
윤당	g	Noncash contributions included in					
걸		lines 1a-1f \$	▶	767 200			
ပြဲက	h	Total. Add lines 1a-1f	· · · · ·	767,388			
an a			Business Code				
틽	2a	SUBSCRIPTIONS	511120	2,611	2,611	0	0
35 38	ь	RENTAL ICNOME	531120	3,979	0	0	3,979
ъ П	С	RENTAL INCOME	511140	13,154	0	0	13,154
Ž.		NENTAL INCOME	311140	13,134	0	0	13,134
Ž.	d						
Ξ	е						
Program Serwce Revenue	f	All other program service revenue		0	0	0	0
နို့ ကြ		Tabal Addison 20 20					
	g	Total. Add lines 2a-2f		19,744			<u> </u>
	3	Investment income (including dividend	. H	0.555	0.555	0	
		and other similar amounts)	<u> </u>	9,555	9,555	0	0
	4	Income from investment of tax-exempt bond p	· · · · · · · · · · · · · · · · · · ·	0	0	0	0
	5	Royalties		0	0	0	0
		(ı) Real	(II) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	С	Rental income 0	0				
		or (loss)	<u> </u>				
	d	Net rental income or (loss)					
		(ı) Securities	(II) Other				
	7a	Gross amount from sales of					
		assets other than inventory					
	ь	Less cost or					
		other basis and sales expenses					
	С	Gain or (loss) 0	0				
	d	Net gain or (loss)					
	8a	Gross income from fundraising					
ψ.		events (not including					
문		\$0					
ž.		of contributions reported on line 1c) See Part IV, line 18					
ď		a					
<u>.</u>	b						
Other Revenue	C	Less direct expenses <b>b</b> Net income or (loss) from fundraising 6	events 🕨				
•	9a	ı					
	Ja	Gross income from gaming activities See Part IV, line 19					
		a					
	b	Less direct expenses b					
	С	Net income or (loss) from gaming activ	vities				
	10a	Gross sales of inventory, less					
		returns and allowances .					
		a	6,479				
	b	Less cost of goods sold <b>b</b>	541				
	С	Net income or (loss) from sales of inve		5,938	5,938	0	0
		Miscellaneous Revenue	, Business Code				
	11a	ADMINISTRATIVE SERVICES	541219	597	597	0	0
	b		900099	195	195	0	0
		RESTITUTION	200033	173	173		
	С						
	d	All other revenue		0	0	0	0
	е	Total. Add lines 11a-11d		792			
				, 32			
	12	<b>Total revenue.</b> See Instructions	▶	803,417	18,896	0	17,133

# 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

Do no	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	39,173	39,173		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	22,294	22,294		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	31,320	31,320		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	320,538	250,080	55,692	14,766
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	303,777	246,398	40,611	16,768
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	16,871	13,511	2,409	951
9	Other employee benefits	16,338	9,646	4,670	2,022
10	Payroll taxes	39,377	32,887	5,122	1,368
11	Fees for services (non-employees)				
а	Management	0	0	0	0
b	Legal	10,890	10,890	0	0
c	Accounting	14,250	0	14,250	0
d	Lobbying	0	0	0	0
е	Professional fundraising See Part IV, line 17	40,278			40,278
f	Investment management fees	0	0	0	0
g	Other	307,190	307,190	0	0
12	Advertising and promotion	17,140	17,140	0	0
13	Office expenses	44,211	22,106	22,105	0
14	Information technology	11,781	10,043	1,738	0
15	Royalties	0	0	0	0
16	Occupancy	63,621	54,297	9,324	0
17	Travel	37,043	36,833	210	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	2,919	0	2,919	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	17,831	0	17,831	0
23	Insurance	3,784	0	3,784	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	PRINTING AND PUBLISHING	247,283	226,066	0	21,217
ь	STATE REGISTRATION FEEES	9,994	9,994	0	0
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,617,903	1,339,868	180,665	97,370
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 204,753 181,132 1 1 2.260.733 1,433,186 2 2 3 0 3 0 3.537 4 2.086 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 6 0 0 7 18.591 8 16.499 9 4.007 3.619 Prepaid expenses and deferred charges . . . . 132,354 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 107,391 34.419 **10c** b Less accumulated depreciation . . . . . 24,963 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 2,526,040 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 1,661,485 118,030 67,961 17 17 Accounts payable and accrued expenses . 18 18 0 19 0 19 0 20 0 20 0 21 0 21 0 Escrow or custodial account liability Complete Part IV of Schedule D . . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . . 0 24 0 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 25 D . . . . 26 118,030 26 67,961 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 1,602,662 27 1,571,215 Unrestricted net assets . . . . 805,348 28 22,309 28 Temporarily restricted net assets . . . . . Fund 29 0 29 0 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 2.408.010 33 1.593.524 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 2.526.040 34 1.661.485

Pa	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		8	303,41
2	Total expenses (must equal Part IX, column (A), line 25)	2			517,90
3	Revenue less expenses Subtract line 2 from line 1	3		-8	314,48
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,4	108,01
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		1,5	593,52
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
		_		Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
За	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?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the readult or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

Inspection

**Employer identification number** 

) 5									38-2418	277				
Pa	rt I	Reas	on for Pu	ıblic Charity Sta	tus (All or	ganizations	s must com	nlete this			 S			
				te foundation becaus		_				moti detient				
1	Γ	A chur	ch, convent	ion of churches, or a	ssociation o	fchurches :	section 170(b	o)(1)(A)(i)						
2	Г	A scho	ol describe	d in <b>section 170(b)(1</b>	L <b>)(A)(ii).</b> (A1	ttach Sched	ule E)							
3	Γ	A hosp	ital or a cod	perative hospital se	rvice organiz	zatıon descr	ibed in <b>sectio</b>	on 170(b)(1	L)(A)(iii).					
4	Γ			h organization opera ity, and state	ted in conjur	nction with a	hospital des	cribed in <b>s</b> e	ection 170(b)	(1)(A)(iii).	Enter the			
5	Γ	An orga	anızatıon op	erated for the benefi	t of a college	e or universi	ty owned or o	perated by	a governme	ntal unıt des	cribed in			
		sect ion	170(b)(1)(	<b>(A)(iv).</b> (Complete P	art II )									
6	Γ	A feder	al, state, or	local government o	r governmen	tal unit desc	rıbed ın <b>sect</b> i	ion 170(b)(	(1)(A)(v).					
7		describ	ed in	at normally receives (A)(vi) (Complete P		al part of its	support from	ı a governm	nental unit or	from the ger	neral public			
8	Γ	A com	nunity trust	described in <b>section</b>	n 170(b)(1)(	<b>A)(vi)</b> (Cor	mplete Part I	I )						
9	Γ	An orga	anızatıon th	at normally receives	(1) more th	nan 331/3%	of its support	t from cont	rıbutıons, me	mbership fee	es, 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 <b>section 509(a)(2).</b> (Complete Part III )												
10	Γ	An orga	anızatıon or	ganized and operated	d exclusively	y to test for	public safety	See <b>sectio</b>	n 509(a)(4).	509(a)(4).				
11	Γ	one or the box	more public	ganized and operated ly supported organiz ibes the type of supp <b>b</b> Type I	ations descr orting organ	ribed in sect nization and	ion 509(a)(1	) or section es 11e thro	n 509(a)(2) : ugh 11h	See <b>section</b>				
e f	Γ	other the section	nan foundat 1 509(a)(2) rganızatıon	ox, I certify that the ion managers and ot received a written d	her than one	or more pub	olicly support	ed organiza	ations descri	bed in sectio	on 509(a)(1) or			
g			this box	2006, has the organ	ization accei	nted any dift	or contributi	on from an	v of the		ı			
9			ig persons?		izacion acce	pica any gni	or contributi	ion nom an	y or the					
		(i) a pe	rson who di	rectly or indirectly c	ontrols, eith	er alone or t	ogether with	persons de	escribed in (ii	)	Yes No			
		and (111	) below, the	governing body of th	ne the suppo	rted organiz	atıon?			119	g(i)			
			•	er of a person descrı							y(ii)			
		(iii) a 3	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	above?			11g	ı(iii)			
h		Provide	the follow	ng information about	the support	ed organızat	ion(s)							
(i) Name of supported organization		e of rted	ted EIN lines 1- 9 above vour governing		e ion in ted in erning	(v) Did you notify the organization in col (i) of your support?		(vi)  Is the  organization in  col (i) organized  in the US?		(vii) A mount of support?				
				(see instructions))	Yes	No	Yes	No	Yes	No				
				1		1		1			1			

Total

instructions

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

-	under Part III. If the	organization f	alls to qualify u	nder the tests i	sted below, ple	ease com	piete i	Part III.)
	ection A. Public Support endar year (or fiscal year beginning	1						
	in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	( <b>d)</b> 2010	<b>(e)</b> 201	. 1	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,395,498	3,204,718	2,291,836	1,343,511	7	67,388	11,002,951
2		C	0	0	0		0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	C	0	0	0		О	0
4	Total. Add lines 1 through 3	3,395,498	3,204,718	2,291,836	1,343,511	7	57,388	11,002,951
5	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)							7,460,396
6								3,542,555
S	ection B. Total Support		1	ı	ı			_
	endar year (or fiscal year	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 201	1	<b>(f)</b> Total
_	beginning in)							
7 8	A mounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,395,498 73,657	3,204,718 105,619	2,291,836 44,572	1,343,511 15,424	,,	9,555	11,002,951 248,827
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0		0	0
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	86,363	52,117	45,131	52,731	:	26,474	262,816
11	Total support (Add lines 7 through 10)							11,514,594
12	Gross receipts from related activiti	es, etc (See ınst	ructions )	•		12		0
13	First Five Years If the Form 990 is check this box and stop here	for the organization	on's first, second,	third, fourth, or fi	fth tax year as a		organız	ation, ▶
	ection C. Computation of Pub							
14	Public Support Percentage for 201:			11 column (f))		14		30 766 %
15	Public Support Percentage for 2010	O Schedule A, Pai	rt II, line 14			15		31 171 %
16a	<b>33 1/3% support test—2011.</b> If the				ne <b>14</b> ıs 33 1/3%	or more,	:heck t	
	and stop here. The organization qua 33 1/3% support test—2010. If the box and stop here. The organization 10%-facts-and-circumstances test- is 10% or more, and if the organization mee organization	organization did n qualifies as a pu — <b>2011.</b> If the orga tion meets the "fa	not check the box iblicly supported of anization did not c acts and circumst	on line 13 or 16a organization heck a box on line ances" test, chec	e 13, 16a, or 16t k this box and <b>st</b>	and line 1	4 xplaın	<b>▶</b> ┌
	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization	nization meets the tion meets the "fa	e "facts and circu acts and circumst	mstances" test, c ances" test The	heck this box and organization qual	d <b>stop her</b> e Ifies as a p	e. oublicly	

**▶**□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 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 tax-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 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a 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 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

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

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

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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV

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

#### **Facts And Circumstances Test**

MAINTENANCE OF A CONTINUOUS BONA FIDE SOLICITATION CAMPAIGN. THE ORGANIZATION ATTEMPTED TO RAISE FUNDS FROM THE GENERAL PUBLIC DURING 2011 THROUGH PUBLICATION OF A QUARTERLY NEWSLETTER, DIRECT MAIL CAMPAIGNS, AND INTERNET APPEALS IN ADDITION, PERSONAL APPEALS WERE MADE TO PROSPECTIVE DONORS NEWSLETTER THE NEWSLETTER IS PUBLISHED FOR THE PURPOSE OF UPDATING DONORS ABOUT MATTERS AFFECTING THE USE OF ENGLISH WITHIN THE U.S. ABOUT 6% OF THE NEWSLETTER IS DEVIOTED TO FUNDRAISING APPEALS THERE WERE 53,000 ISSUES OF THE NEWSLETTER DISTRIBUTED IN 2011, 50,000 COPIES BY MAIL AND 3,000 COPIES BY DISTRIBUTION AT CONFERENCES ABOUT 675 DONORS MADE 2011 CONTRIBUTIONS FROM THESE. APPEALS TOTALING \$27,060 DIRECT MAIL THE CONTINUED 2011 USE OF DIRECT MAIL WAS FOR THE PURPOSE OF DISSEMINATING INFORMATION ABOUT THE NEED FOR ENGLISH TO BE THE OFFICIAL LANGUAGE OF GOVERNMENT IN THE U.S. AND FOR SOLICITING FUNDS THERE WERE 13 SEPARATE DIRECT MAIL MAILINGS WITH A TOTAL OF 399,222 PIECES MAILED A TOTAL OF APPROXIMATELY 9.800. DONORS RESPONDED TO THESE APPEALS CONTRIBUTING A TOTAL OF \$273,283 INTERNET ABOUT 70 DONORS CONTRIBUTED THROUGH THE INTERNET GIVING A TOTAL OF \$4,895 PERSONAL APPEALS APPROXIMATELY 270 INDIVIDUALS, BUSINESSES AND FOUNDATIONS RESPONDED TO PERSONAL APPEALS WITH DONATIONS TOTALING \$462.150 SERVICES PROVIDED THROUGHOUT 2011 THE ORGANIZATION PUBLISHED AND DISTRIBUTED EDUCATIONAL MATERIAL REGARDING IMMIGRATION, CONSERVATION, AND THE ADVANTAGES OF MAKING ENGLISH OUR OFFICIAL LANGUAGE. IT ALSO PUBLISHED A QUARTERLY JOURNAL OF ACADEMIC ARTICLES. AND MAINTAINED A BOOK STORE OF PUBLICATIONS DEALING WITH THESE ISSUES FURTHER. IF THE PUBLIC SUPPORT TEST HAD BEEN BASED ON YEAR 2011 ALONE, PUBLIC SUPPORT WOULD HAVE BEEN 59 90 PCT

#### **Explanation**

OTHER INCOME INCLUDES BOOK STORE SALES NET OF COST \$5,938, SUBSCRIBTIONS \$2,611, RENTAL OF OFFICE SPACE \$3,979, MAILING LIST RENTAL \$13,154, RESTITUTION \$195, AND ADMINISTRATIVE SERVICES REVENUE \$597, TOTAL \$26,474

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493222001172

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Political Campaign and Lobbying Activities

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.

Yes

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

- ◆ 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

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name	of the	organization
US		

Employer identification number

38-2418377

Part I-A	Complete if	the organization i	<u>s exempt under se</u>	ction 501(c) o	or is a section 527	<sup>7</sup> organization.

- in opposition to candidates for public office in Part IV Political expenditures
- 3 Volunteer hours

Part I-B	Complete if	the organization	is exempt under	r section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
  - b If "Yes," describe in Part IV

#### Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?
- Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

	······································	. 49
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (	election
	under section 501(h)).	

Α	Check	$\neg$	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
			expenses, and share of excess lobbying expenditures)
В	Check	Г	if the filing organization checked box A and "limited control" provisions apply

	Check   If the filing organization checked bo	x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means an		(a) Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
.a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)	5,000	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	16,125	
c	Total lobbying expenditures (add lines 1a and 1	b)	21,125	
d	O ther exempt purpose expenditures		1,596,778	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	1,617,903	
f	Lobbying nontaxable amount Enter the amount columns	230,895		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	57,724	
h	Subtract line 1g from line 1a If zero or less, ent	er-0-	0	

i Subtract line 1f from line 1c If zero or less, enter -0 j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

— Yes	
-------	--

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	( <b>d)</b> 2011	<b>(e)</b> Total			
2a	Lobbying non-taxable amount	330,650	269,151	249,050	230,895	1,079,746			
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,619,619			
C	Total lobbying expenditures	190,614	57,256	15,590	21,125	284,585			
d	Grassroots non-taxable amount	82,663	67,288	62,263	57,724	269,938			
e 	Grassroots ceiling amount (150% of line 2d, column (e))					404,907			
f	Grassroots lobbying expenditures	24,343	20,569		5,000	51,978			

_	edule C (Form 990 or 990-EZ) 2011				Page <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768 
		(	a)	(	b)
		Yes	No	Am	ount
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?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities? If "Yes," describe in Part IV				
j	Total 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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5), d	or sect	tion
			_	Y	es 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?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	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 the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

#### Part IV Supplemental Information

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

Identifier | Return Reference | Explanation

DLN: 93493222001172

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

US						
				38-2	2418377	
Pai	organizations Maintaining Donor organization answered "Yes" to Form	990, Part IV, line 6.				
		(a) Donor adv	rised funds	(	<b>(b)</b> Funds and other	accounts
	Total number at end of year					
2	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
ŀ	Aggregate value at end of year					
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t			onor advı		Yes N
5	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the l conferring impermissible private benefit				r purpose	Yes N
Par	t III Conservation Easements. Comple	ete if the organization a	answered "Yes"	' to Form	n 990. Part IV. lir	ne 7.
<u>l</u>	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recression of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a quantum process.	eation or pleasure)	Preservation of Preservation of	a certified	d historic structure	
-	easement on the last day of the tax year	danned conservation com	tribution in the for	ini or a co	Held at the End	of the Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easeme	ents		2b		
c	Number of conservation easements on a certified	historic structure include	ed ın (a)	2c		
c d	Number of conservation easements on a certified Number of conservation easements included in (c		ed in (a)	2c 2d		
d	Number of conservation easements included in (c	c) acquired after 8/17/06		2d	e organization duri	na
d		c) acquired after 8/17/06		2d	e organization duri	ng
d 3	Number of conservation easements included in (c Number of conservation easements modified, tran	:) acquired after 8/17/06 nsferred, released, extingi	uished, or termina	2d	e organization duri	ng
d s	Number of conservation easements included in (c Number of conservation easements modified, tran the taxable year -	e) acquired after 8/17/06 insferred, released, extinging ervation easement is local ding the periodic monitori	uished, or termina	2d ated by th	violations, and	ng Yes <b>∏ N</b> e
d i	Number of conservation easements included in (conservation easements modified, transithe taxable year   Number of states where property subject to conservation have a written policy regard	e) acquired after 8/17/06 insferred, released, extinging ervation easement is local ding the periodic monitoricals?	uished, or termina ted ► ng, inspection, ha	2d ated by the andling of	violations, and	
d i	Number of conservation easements included in (conservation easements modified, transithe taxable year	e) acquired after 8/17/06 insferred, released, extinging ervation easement is local ding the periodic monitorials?	uished, or terminated •	2d ated by the andling of	violations, and ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	
d 33	Number of conservation easements included in (conservation easements modified, transitive taxable year - Number of states where property subject to conservation have a written policy regard enforcement of the conservation easements it holds Staff and volunteer hours devoted to monitoring, inspections.	e) acquired after 8/17/06 insferred, released, extinguing ervation easement is local ding the periodic monitorilds?	ted •ng, inspection, had conservation ease ervation easemen	2d ated by the andling of ements during	violations, and represent violations, and re	
d ;;	Number of conservation easements included in (conservation easements modified, transitive taxable year ————————————————————————————————————	ervation easement is local ding the periodic monitoring and enforcing constituting, and enforcing constitution, and enforcing constitution, and enforcing constitution, and enforcing constitution easement of the footnote to the organization.	ted - ng, inspection, had conservation ease ervation easement requirements of s	2d ated by the andling of ements during ection and expen	violations, and uring the year ► g the year  F se statement, and	Yes No
d d 33 44 55 55 77	Number of conservation easements included in (conservation easements modified, transitive the taxable year	ervation easement is local ding the periodic monitoring exting and enforcing constituting, and enforcing constitution, and enforcing constitution easement of the footnote to the organism of Art, Historical extensions of Art, Historical ensures extensions extensions of Art, Historical ensures extensions e	ted   mg, inspection, has conservation ease ervation easement requirements of some in its revenue a anization's finance cal Treasures	andling of ements during ection nd expenial staten	violations, and uring the year •g the year  se statement, and nents that describe	Yes No
d 33 11 55 5 5 7 7 2 3 3	Number of conservation easements included in (conservation easements modified, transitive the taxable year ————————————————————————————————————	ervation easement is local ding the periodic monitorial dispecting and enforcing constitution, and enforcing constitutions of the footnote to the organisements etions of Art, Historial dispections of Art, Historial dispections of Last 116, not to report in its relation, ed for public exhibition, ed	ted   mg, inspection, has conservation ease ervation easement of some similar in the second of the s	andling of ements during ection and expenial staten ment and arch in fu	violations, and uring the year	Yes No
d 3 1 5 7	Number of conservation easements included in (conservation easements modified, transitive the taxable year   Number of states where property subject to conservation have a written policy regard enforcement of the conservation easements it holds that the staff and volunteer hours devoted to monitoring, in Amount of expenses incurred in monitoring, inspecting the search conservation easement reported on line 170 (h)(4)(B)(i) and 170 (h)(4)(B)(ii)?  In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text the organization's accounting for conservation easement.  Organizations Maintaining Collect Complete if the organization answered if the organization elected, as permitted under SF art, historical treasures, or other similar assets in the state of the state of the state of the similar assets in the state of the	ervation easement is local ding the periodic monitorial dispecting and enforcing constitution, and enforcing constitutions of Art, Historial ed "Yes" to Form 990, FAS 116, not to report in itself for public exhibition, ed for public exhibition, education, educatio	ted   mg, inspection, has conservation ease ervation easements of significant strength of the second strength of the second statements of the seco	andling of ements during ection and expensial statem ment and arch in fue items t and bala	violations, and uring the year  g the year  se statement, and nents that describe  her Similar Ass  balance sheet work rtherance of public	Yes No
d 3 1 5 7	Number of conservation easements included in (conservation easements modified, transitive the taxable year   Number of states where property subject to conservation have a written policy regard enforcement of the conservation easements it holds that the staff and volunteer hours devoted to monitoring, in Amount of expenses incurred in monitoring, inspectively.  Staff and volunteer hours devoted to monitoring, inspectively.  The provide of the staff and 170 (h)(4)(B)(ii)?  In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text the organization's accounting for conservation easement. If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its If the organization elected, as permitted under SF historical treasures, or other similar assets held if	ervation easement is local ding the periodic monitorilds?  Inspecting and enforcing consecting, and enforcing consecting, and enforcing consecting and enforcing consecting and enforcing consecting and enforcing consecting.  In a conservation easement of the footnote to the organism of	ted   mg, inspection, has conservation ease ervation easements of significant strength of the second strength of the second statements of the seco	andling of ements during ection and expensial statem ment and arch in fue items t and bala	violations, and uring the year g the year se statement, and nents that describe her Similar Ass balance sheet work rtherance of public ance sheet works of	Yes No
d 3 4 5 7 2art	Number of conservation easements included in (conservation easements modified, transitive the taxable year   Number of states where property subject to conservation for easements it holes the organization have a written policy regard enforcement of the conservation easements it holes that the conservation easements it holes that the conservation easements it holes that the conservation easement reported on line 170 (h)(4)(B)(i) and 170 (h)(4)(B)(ii)?  In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text the organization's accounting for conservation easements if the organization elected, as permitted under SF art, historical treasures, or other similar assets held for provide the following amounts relating to these its	ervation easement is local ding the periodic monitorilds?  Inspecting and enforcing consecting, and enforcing consecting, and enforcing consecting and enforcing consecting and enforcing consecting and enforcing consecting.  In a conservation easement of the footnote to the organism of	ted   mg, inspection, has conservation ease ervation easements of significant strength of the second strength of the second statements of the seco	andling of ements during ection and expensial statem ment and arch in fue items t and bala	violations, and uring the year g the year se statement, and nents that describe her Similar Ass balance sheet work rtherance of public ance sheet works of	Yes No

Revenues included in Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	<u>:, His</u>	tori	<u>cal Trea</u>	sur	es, or Otl	<u>ner Si</u>	<u>milar Asse</u>	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	lowing tha	t are	a sıgnıfıcan	t use o	fits collection	n	
а	Public exhibition		d	Γ	Loan or	excha	ange prograi	ms			
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ıın hov	w the	y further t	he or	ganızatıon's	exemp	ot purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							sımılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answered	"Yes"	to Form 990	),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontributio	ns or	other asset	s not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng t	able				Amou	ınt	
С	Reginning halance						1	_	Alliot	4110	
d	Beginning balance  Additions during the year						1				
e	Distributions during the year						1	_			
f	Ending balance						1	_			
2a	Did the organization include an amount on Fo	orm 990 Part V lin	م 212					<u>'                                       </u>		Yes	
	If "Yes," explain the arrangement in Part XIV	•	6 21.						,	163	, 140
	rt V Endowment Funds. Complete		n ans	We re	ad "Yes"	to Fo	orm 990 E	art IV	line 10		
FC	Endownient i anas. complete	(a)Current Year		Prior '						)Four Y	ears Back
1a	Beginning of year balance		<u> </u>					· ·		-	
b	Contributions										
С	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as		•		•		•		
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
c	Term endowment ▶										
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	atıon	that a	are held ar	nd ad	mınıstered 1	or the		Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								. 3a(ii)		
	If "Yes" to 3a(II), are the related organizatio	•				•			3b		
4	Describe in Part XIV the intended uses of th										
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	art X	<u>, line 10.</u>					Т	
	Description of property				a) Cost or ot sıs (ınvestm		<b>(b)</b> Cost or ot basis (other		) Accumulated depreciation	( <b>d</b> ) B	ook value
1a	Land					0		0			0
b	Buildings					0		0	0		0
c	Leasehold improvements					9,507		0	2,252		7,255
d	Equipment				122	2,847		0	105,139		17,708
e	Other					0		0	0		0
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colui	mn (B	), line	10(c).) .				. ►		24,963
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			· · ·				Schedule D (I	Form 9	90) 2011

Pari VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200. Talac	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	Porm 990, Part X, line	
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
	-	Cost or end-or-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
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Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	803,417
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,617,903
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-814,486
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV )	8	0
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-814,486
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	804,958
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 1,541		
e	Add lines 2a through 2d	2e	1,541
3	Subtract line <b>2e</b> from line <b>1</b>	3	803,417
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 0		
b	Other (Describe in Part XIV) 4b		
C	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	803,417
Par	<b>XIII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	1,619,444
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	1,541
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,617,903
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIV) 4b 0		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	1,617,903
Pa	rt XIV Supplemental Information		
Cor	nnlete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	art I\/	lines 1 h and 2 h

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

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 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
SchD_P12_S00_L02d		PART XII, LINE 2d COST OF SALES OF \$541 NETTED AGAINST REVENUE ON FORM 990 AND OVERSTATED DONATION INCOME OF \$1,000 NETTED AGAINST EXPENSES ON FORM 990 TOTAL \$1,541
SchD_P13_S00_L02d	, .	PART VIII, LINE 2d COST OF SALES OF \$541 NETTED AGAINST REVENUE ON FORM 990 AND OVERSTATED DONATION INCOME OF \$1,000 NETTED AGAINST EXPENSES ON FORM 990 TOTAL \$1 541

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As Filed Data -

DLN: 93493222001172

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treesure

**Statement of Activities Outside the United States** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

	I Revenue Service					Inspection
	e of the organization				Employer ident	ification number
JS					38-2418377	
Pa				<b>he United States.</b> C	omplete if the organiz	ation answered
_	"Yes" to Form 990, I					
1	<b>For grantmakers.</b> Does th assistance, the grantees' 6					
	the grants or assistance?					✓ Yes ✓ No
2	For grantmakers. Describe in United States	Part V the organiz	zatıon's proceduı	res for monitoring the use	e of grant funds outside th	e
3	Activites per Region (Use Pa	ırt V ıf addıtıonal s	pace is needed	)		
	( <b>a)</b> Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	Sub-Saharan Africa	0	0	<del></del>		31,320
3a	Sub-total					

**b** Total from continuation sheets

c Totals (add lines 3a and 3b)

to Part I

31,320

_	Part IV, li	ne 15, for an	sistance to Orgar y recipient who rece space is needed.	nizations or Entitions or Entit	es Outside the Un 000. Check this box	ited States. Comp If no one recipient	lete if the organizat received more than	tion answered "Yes' n \$5,000	to Form 990, ► 厂
<b>1</b> (a) Na organiz		(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Sub-Saharan Africa	TO PROVIDE GENERAL SUPPORT TO REHABLITATION OF ARID ENVIRONMENTS CHARITABLE TRUST TO DEVELOP PRACTICAL STRATEGIES FOR THE RECLAMATION ANS SUSTAINABLE MANAGEMENT OF	31,320	WIRE TRANSFER	0		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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			<del></del>			1	
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-					1		
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			<u> </u>	<u> </u>		<del>                                     </del>	1
						1	dula E (Earry 000) 2011

# Part 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 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
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 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	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)	Г	Yes	্	Νo
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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	┍	Νo
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)	Г	Yes	┍	Νo
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).	Г	Yes	~	No

Schedule F (Form 990) 2011

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

information.		
Identifier	ReturnReference	Explanation
5chF_P01_S00_L02	Schedule F, Part I, Line 2	THE FOREIGN ORGANIZATION'S ACTIVITY IS MONITORED THROUGH PERSONAL CONTACT WITH THE INDIVIDUAL WHO MANAGES THE ORGANIZATION AND THROUGH PERIODIC MONITORING OF THE ORGANIZATION'S WEB SITE
		Schedule F (Form 990) 2011

DLN: 93493222001172

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

**Supplemental Information Regarding Fundraising or Gaming Activities** Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,

or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Open to Public Inspection

**Employer identification number** Name of the organization U S 38-2418377 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply ✓ Mail solicitations e Solicitation of non-government grants f Solicitation of government grants Internet and e-mail solicitations Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name and address of (ii) Activity (iv) Gross receipts (vi) A mount paid to (iii) Did (v) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) fundraiser listed in custody or organization control of col (i) contributions? Yes CONSULT ON EBERLE & ASSOCIATES INC DIRECT MAIL 1420 SPRING HILL STE 490 PROGRAM 273,283 40,278 233,005 Yes McLEAN, VA 22102 273,283 40,278 233,005 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing All States

Part I	Fundraising Events. Commore than \$15,000 on Form				
		(a) Event #1	<b>(b)</b> Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	(4)
1 2	Gross receipts				
2	Less Charitable				
3	contributions Gross income (line 1				
	minus line 2)				
4	Cash prizes				
5	Non-cash prizes				
6	Rent/facility costs				
.   7	Food and beverages				
8	Entertainment				
9	Other direct expenses .				
10	Direct expense summary Add lir	nes 4 through 9 in colum	an (d)	<b>.</b>	(
111	•	_	• •		,
art I	<b>Gaming.</b> Complete if the o \$15,000 on Form 990-EZ, li		i tes lo foilii 990, Pa	rt IV, iiile 19, or repo	orted more than
		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	Gross revenue				
2	Cash prizes				
3	Non-cash prizes				
1 4					
4	Rent/racinty costs				
5	Other direct expenses				
6	Volunteer labor	┌ Yes		┌ Yes	
		Г №	ΓNο	Γ No	_
7	Direct expense summary Add line	s 2 through 5 in columr	n (d)		(
8	Net gaming income summary Com	ndine lines 1 and 7 in co	olumn (a)	<u> </u>	
	nter the state(s) in which the organiz				
Is	the organization licensed to operate	e gamıng actıvıtıes ın ea	ch of these states?		· Fyes Fno
<b>b</b> If	"No," Explain				
 a W	ere any of the organization's gaming				
	"Yes," Explain				- , res , NO

Sche	dule G (Form 990 or 990-EZ) 20	11			Page <b>3</b>				
11	Does the organization operate ga	aming activities with nonmembers? .		Г <sub>Yes</sub> Г	- No				
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity						
	formed to administer charitable (	gamıng?		· · · · F Yes F	- No				
13	Indicate the percentage of gamii	ag activity operated in		1 1					
a				13a					
b									
14		f the person who prepares the organiza		<u> </u>					
	Name ►								
	Address ►								
	revenue?	ntract with a third party from whom the			- No				
		ed by the third party 🟲 \$							
С	If "Yes," enter name and address	S							
	Name 🟲								
	Address ►								
16	Gaming manager information								
	Name 🟲								
	Gaming manager compensation I	<b>\$</b> \$							
	Description of services provided	<b>&gt;</b>							
17 a		Employee er state law to make charitable distribu		· · ·	- No				
b	Enter the amount of distributions	Enter the amount of distributions required under state law distributed to other exempt organizations or spent							
_		activities during the tax year > \$		hadala C /					
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see					
	Identifier	ReturnReference	Explana	tion					
		•	•						

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Schedule I (Form 990)

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

OMB No 1545-0047

2011

DLN: 93493222001172

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Employer identification number

38-2418377

Part I General Inform	nation on Grants	and Assistance				I	
the selection criteria used	mentan records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to evaluation's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to the t.V., line 21 for any recipient that received more than \$5,000. Use the t.V., line 21 for any recipient that received more than \$5,000. Use the dulle 1-1 (Form 990) if additional space is needed.  (b) ETN (c) EC code section (d) Amount of cash grant (d) Amount of cash assistance assista						
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Describe in PartIV the organization's procedures for monitoring the use of grant funds in the United States  Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed							
organization	(b) EIN	1,		cash	valuation (book, FMV, appraisal,		
POMPANO BEACH,FL	20-1795072	501(c)(4)	10,000	0			GENERAL SUPPORT
(2) 911 FAMILIES FOR A SECURE AMERICAPO BOX 156 HAWLEY,PA 18428	20-1456278	501(c)(3)	10,000	0			GENERAL SUPPORT
(3) CALIFORNIANS FOR POPULATION STABILIZAION INC1129 STATE ST SUITE 3D SANTA BARBARA, CA 931016748	94-2581509	501(c)(3)	6,000	0			
2 Enter total number of sectors 2 Enter total number of other 3 En							3 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) TO UNDERWRITE COMPENSATION FOR THE EXECUTIVE DIRECTOR OF THE MICHIGAN DARK SKIES PROGRAM CONDUCTED AT EMMET COUNTY'S DARK SKIES PARK	1	13,998	0		
(2) REGRANTING OF TEMPORARILY RESTRICTED CONTRIBUTIONS TO EXECUTIVE DIRECTOR OF THE DUSTIN INMAN SOCIETY, A 501(c)(3) ORGANIZATION, ON BEHALF OF ORIGINAL DONOR	1	6,745	0		GENERAL FINANCIAL ASSISTANCE

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

Identifier	Return Reference	Explanation
SchI_P01_S00_L02	, ,	GRANTEES AND THEIR PURPOSE AND PROGRAMS ARE KNOWN PERSONALLY TO AT LEAST ONE OF THE OFFICERS OR DIRECTORS OF THE ORGANIZATION ALL GRANTS ARE MADE WITHOUT RESTRICTIONS AND ARE TO BE USED AS DETERMINED BY THE GRANTEE

DLN: 93493222001172

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

THE STATE OF	F Attach to Form 990. F See separate instructions.	
Name of the organization		Employer identification number
		38-2418377
Part I Questions Regard	ing Compensation	

				Yes	Νo
1a	Check the appropriate box(es) if the organization provided any 990, Part VII, Section A, line 1a Complete Part III to provide				
		lousing allowance or residence for personal use			
		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	lealth or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization reimbursement orprovision of all the expenses described above	ve? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursin officers, directors, trustees, and the CEO/Executive Director,		2		
3	Indicate which, if any, of the following the organization uses to organization's CEO/Executive Director Check all that apply	·			
		Vritten employment contract Compensation survey or study			
		Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII,	Continue A line 15 with respect to the films organization			
4	or a related organization	section A, fille 1a with respect to the filling organization			
а	Receive a severance payment or change-of-control payment?		4a		Νo
b	Participate in, or receive payment from, a supplemental nonqu	ualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-based com		<b>4</b> c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the	applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must comple	ete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, d compensation contingent on the revenues of	ıd the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line 1a, d compensation contingent on the net earnings of	id the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, of payments not described in lines 5 and 6? If "Yes," describe in		7		No
8	Were any amounts reported in Form 990, Part VII, paid or acc subject to the initial contract exception described in Regs se in Part III		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable section 53 $4958-6(c)$ ?	le presumption procedure described in Regulations	9		-

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

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

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

	,,,,,,		<u> </u>	,	, , , , , , , , , , , , , , , , , , ,		· <i>,</i>	
(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) JOHN H TANTON	(I) (II)	53,273 0	0	0	0	0	53,273 0	
(2) MARY LOU TANTON	(I) (II)	0	0 0	0 0	0	_	0	
(3) JOHN E FOUGHT	(I) (II)	8,269 0	0	0	0	_	8,269 0	
(4) RICHARD CLARK	(I) (II)	0	0	0	0	0	0	
(5) KENNETH McALPIN	(I) (II)	182,142 0	0 0	I ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	13,661 0	1,083 0	196,886 0	
(6) NIKI CALLOWAY	(I) (II)	53,833 0	0 0	0	3,975 0		62,110 0	
			•	•				ula 1 (Farma 000) 2011

Schedule J (Form 990) 2011 Page **3** 

#### Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	· '	COMPENSATION FOR THE CHAIRMAN, PRESIDENT, TREASURER, AND SECRETARY ARE SET BY THE BOARD OF DIRECTORS BASED ON COMPENSATION PAID BY COMPARABLE ORGANIZATIONS FOR SUCH POSITIONS

Schedule J (Form 990) 2011

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As Filed Data -

DLN: 93493222001172

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public

Inspection

Name of the organization US

Employer identification number

38-2418377

ldentifier	Return Reference	Explanation
F990_P06_S0A_L02	Form 990, Part VI, Section A, Line 2	DIRECTOR AND OFFICER JOHN TANTON AND DIRECTOR MARY LOU TANTON ARE HUSBAND AND WIFE
F990_P06_S0A_L06	Form 990, Part VI, Section A, Line 6	MEMBERS ARE INDIVIDUALS WHO RECEIVE THE QUARTERLY NEWSLETTER AND WHO HAVE MADE A CONTRIBURTION TO THE ORGANIZATION WITHIN THE LAST TWO YEARS THE ORGANIZATION DOES NOT HAVE STOCKHOLDERS
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	THE TREASURER OF THE ORGANIZATION RVIEWS A COPY OF FORM 990 WITH EACH DIRECTOR BEFORE THE FORM IS FILED
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY DURING A REGULAR BOARD MEETING FURTHER, EACH BOARD MEMBER IS REQUIRED TO DIVULGE ANY CONFLICT OF INTEREST THEY MAY HAVE DURING THAT MEETING OR WHENEVER SUCH A CONFLICT MIGHT ARISE DURING THE YEAR IF A CONFLICT IS DISCLOSED BY A DIRECTOR, THE OTHER DIRECTORS, WITH THE REPORTING DIRECTOR ABSENT, WILL DTEREMINE IF A CONFLICT EXISTS AND ITS RESOLUTION
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	COMPENSATION FOR THE CHAIRMAN, PRESIDENT, AND TREASURER ARE SET BY THE BOARD OF DIRECTORS BASED ON COMPENSATION PAID BY COMPARABLE ORGANIZATIONS FOR SUCH POSITIONS
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	THE AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE NOT, AS A GENERAL RULE, MADE AVAILABLE TO THE PUBLIC

#### **Additional Data**

**Software ID:** 11000129

**Software Version:** v1.00

**EIN:** 38-2418377

Name: US

#### Form 990, Special Condition Description:

#### **Special Condition Description**