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### Form 990

### **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047 2011

Department of the Treasury

Open to Public Inspection

Cresk-of applicable   C	D Employer Identification Number  45-3785398 E Telephone number  818-990-0550  G Gross receipts \$ 100,000.  H(a) Is this a group return for affiliates? H(b) Are all affiliates included? If 'No.' attach a list (see instructions)  H(c) Group exemption number  on 2011 M State of legal domicile CA  FE, SUPPORT AND ENCOURAGE THE  XPERIENCES THROUGH PROGRAMS  IMAGE IN CHILDREN; TO  IS OR HER POTENTIAL.  re than 25% of its net assets  3 14 4 00 5 0 6 0 7a 0. 7b 0.  Prior Year Current Year  100,000.  Beginning of Current Year End of Year  0. 100,000.  0. 100,000.  the best of my knowledge and belief, it is true, correct, and    X   Date   Date   DRESIDENT	Center dispinable   C		nai Revenue							austy state reput	<del> </del>				
Address change   Name change   Name change   SHERMAN OAKS, CA 91403-5360   E Telephone number   SHERMAN OAKS, CA 91403-5360   E Telephone number   SHERMAN OAKS, CA 91403-5360   E Telephone number   SHERMAN OAKS, CA 91403-5360   G Gross recepts \$	## A STAND S	Address change International control of the control	<u>A</u>	For the 2	2011 calen	dar year, or tax	year begii	nning 10/	31	, 20	11, and endir	ig 12/			, 2011	
Name change   Amended return   Termanded   Amended return   Termanded   Amended return   Termanded   Amended return   X Application pending   F   Name and addiess of principal critical   X   2010   SHERMAN OAKS, CA 91403-5360   G   Gross recepts   High is this a group return for attitudes   High is the area	E Telephone number  818-990-0550  G Gross receipts \$ 100,000.  H(a) is this a group return for affiliates?  H(b) Are all affiliates included?  If 'No,' attach a list (see instructions)  H(c) Group exemption number  on 2011 M State of legal domicile CA  FE, SUPPORT AND ENCOURAGE THE  XPERIENCES THROUGH PROGRAMS  IMAGE IN CHILDREN; TO  IS OR HER POTENTIAL.  re than 25% of its net assets  3 1  4 0  5 0  6 0  7a 0.  7b 0.  Prior Year Current Year  100,000.  Beginning of Current Year End of Year  0. 100,000.  0. 0. 0.  100,000.  the best of my knowledge and belief, it is true, correct, and  Date  PRESIDENT	Response number   Response n	В	Check if ap	plicable	С							D Empl	oyer Iden	tification Nun	nber
Name change   C/O GSO 15260 VENTURA BLVD. #2100   E Telephonen number B18-990-05   SHERMAN OAKS, CA 91403-5360   Tax-exempt status   X   501(c)   3   (inset no   1.526)   Ventural #2100 SHERMAN OAKS, CA 91403-5360   Tax-exempt status   X   501(c)   3   (inset no   1.526)   Ventural #2100 SHERMAN OAKS, CA 91403-5360   Tax-exempt status   X   501(c)   3   (inset no   1.526)   Ventural #2100 SHERMAN OAKS, CA 91403-5360   Tax-exempt status   X   501(c)   3   (inset no   1.527)   Ventural #2100 SHERMAN OAKS, CA 91403-5360   Tax-exempt status   X   501(c)   3   501(c)   3   (inset no   1.527)   Ventural #2100 SHERMAN OAKS, CA 91403-5360   Tax-exempt status   X   501(c)   3   501(c)   3   (inset no   1.527)   Ventural #2100 SHERMAN OAKS, CA 91403-5360   Tax-exempt status   X   501(c)   3   (inset no   1.527)   Ventural #2100 SHERMAN OAKS, CA 91403-5360   Tax-exempt status   X   501(c)   3   (inset no   1.527)   Ventural #2100 SHERMAN OAKS, CA 91403-5360   Tax-exempt status   X   501(c)   3   (inset no   1.527)   Ventural #2100 SHERMAN OAKS, CA 91403-5360   Tax-exempt status   X   501(c)   3   (inset no   1.527)   Ventural #2100 SHERMAN OAKS, CA 91403-5360   Tax-exempt status   X   501(c)   3   (inset no   1.527)   Ventural #2100 SHERMAN OAKS, CA 91403-5360   Tax-exempt status   X   501(c)   3   (inset no   1.527)   Ventural #2100 SHERMAN OAKS, CA 91403-5360   Tax-exempt status   X   501(c)   3   (inset no   1.527)   Ventural #2100 SHERMAN OAKS, CA 91403-5360   Tax-exempt status   X   501(c)   3   (inset no   1.527)   Ventural #2100 SHERMAN OAKS, CA 91403-5360   Tax-exempt status   X   501(c)   3   (inset no   1.527)   Ventural #2100 SHERMAN OAKS, CA 91403-5360   Tax-exempt status   X   501(c)   3   (inset no   1.527)   Ventural #2100 SHERMAN OAKS, CA 91403-5360   Tax-exempt status   X   501(c)   3   (inset no   1.527)   Ventural #2100 SHERMAN OAKS, CA 91403-5360   Tax-exempt status   X   501(c)   3   (inset no   1.527)   Ventural #2100 SHERMAN OAKS, CA 91403-5360   Tax-exempt status   X   501(c)   3   (inset no   1.	E Telephone number  818-990-0550  G Gross receipts \$ 100,000.  H(a) is this a group return for affiliates?  H(b) Are all affiliates included?  If 'No,' attach a list (see instructions)  H(c) Group exemption number  on 2011 M State of legal domicile CA  FE, SUPPORT AND ENCOURAGE THE  XPERIENCES THROUGH PROGRAMS  IMAGE IN CHILDREN; TO  IS OR HER POTENTIAL.  re than 25% of its net assets  3 1  4 0  5 0  6 0  7a 0.  7b 0.  Prior Year Current Year  100,000.  Beginning of Current Year End of Year  0. 100,000.  0. 0. 0.  100,000.  the best of my knowledge and belief, it is true, correct, and  Date  PRESIDENT	Ramot change   C		Addre	ss change	FIREWORK	<b>FOUNDAT</b>	CION					45	-3785	398	
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Terminated Amended return   X Application pending   F Name and address of principal officer   KATHERYN HUDSON   C/O GSO 15250 VENTURA #2.100 SHERMAN OAKS, CA 91403-5360   M(b) is this a group return for affilialess   M(b) whe all affilialess included?   Times   Times   M(c) (Cooperation   Times   M(c) (Cooperation   Times   M(c) (Cooperation   Times   M(c) (Cooperation   M(c) (Cooperation   Times   M(c) (Cooperation   M(c) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	G Gross receipts \$ 100,000.  H(a) is this a group return for affiliates?  H(b) Are all affiliates included?  If 'No,' attach a list (see instructions)  H(c) Group exemption number  on 2011 M State of legal domicile CA  TE, SUPPORT AND ENCOURAGE THE  XPERIENCES THROUGH PROGRAMS  IMAGE IN CHILDREN: TO  IS OR HER POTENTIAL.  re than 25% of its net assets  3	Tank part of the part of the organization's mission or most significant activities: TO_PROMOTE_SUPPORT_AND_ENCOURAGE_TR   Summary		<del></del>	•	SHERMAN C	AKS, CA	91403-	5360				81	3-990	-0550	
Amended return   Application pending   F. Name and address of principal officer   KATHERYN HIDSON   Application pending   F. Name and address of principal officer   KATHERYN HIDSON   Application pending   F. Name and address of principal officer   KATHERYN HIDSON   Application pending   F. Name and address of principal officer   KATHERYN HIDSON   Application pending   F. Name and address of principal officer   KATHERYN HIDSON   Application   F. Name and address of principal officer   KATHERYN HIDSON   Application   F. Name and address of principal officer   KATHERYN HIDSON   Application   F. Name and address of principal officer   KATHERYN HIDSON   Application   F. Name and address of principal officer   KATHERYN HIDSON   Application   Applicatio	Hea) is this a group return for affiliates? H(b) Are all affiliates included? If 'No,' attach a list (see instructions)  H(c) Group exemption number on 2011 M State of legal domicile CA  FE, SUPPORT AND ENCOURAGE THE XPERIENCES THROUGH PROGRAMS  IMAGE IN CHILDREN; TO  IS OR HER POTENTIAL THE than 25% of its net assets  3 1 4 0 5 0 6 0 7a 0. 7b 0.  Prior Year Current Year  100,000.  Beginning of Current Year End of Year 0. 100,000.  Beginning of Current Year End of Year 0. 100,000.  Under the best of my knowledge and belief, it is true, correct, and the best of my knowledge and belief, it is true, correct, and the best of my knowledge and belief, it is true, correct, and the best of my knowledge and belief, it is true, correct, and the best of my knowledge and belief, it is true, correct, and the best of my knowledge and belief, it is true, correct, and the best of my knowledge and belief, it is true, correct, and the best of my knowledge and belief, it is true, correct, and the best of my knowledge and belief, it is true, correct, and the best of my knowledge and belief, it is true, correct, and the prior the	The composition of the properties of proceed offices   Composition   C		$\vdash$												-
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Form of organization   X   Corporation   Trust   Association   Other   Livear of Formation   2011   M State of Legal or Part I   Summary	M State of legal domicile CA  TE, SUPPORT AND ENCOURAGE THE XPERIENCES THROUGH PROGRAMS  IMAGE IN CHILDREN: TO	Total trumber of volunteers (estimate if necessary)   Total unmber of volunteers (estimate if necessary)   Total number of volunteers (e	<u>L</u>				501(c) (	)◀ (i	nsert no )	494/(a)(1	) or   52/	l		_	_	
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EDUCATION OF CHILDREN: TO PROVIDE CHILDREN WITH LIFE EXPERENCES THROUGH AND CLASSES; TO ENCOURAGE AND PROMOTE A POSITIVE SELF IMAGE IN CHILDREN; ENCOURAGE THE CHILD TO SET LIFE GOALS AND TO REALIZE HIS OR HER POTENTIA Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets whither of voting members of the governing body (Part VI, line 1a) A number of independent voting members of the governing body (Part VI, line 1b) A number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2011 (Part V, line 2a) Total number of volunteers (estimate if necessary) Total revenue (Part VIII, inte 1b) Total revenue (Part VIII, inte 1b) Total revenue (Part VIII, column (A), lines 3, 4, 400 / 70/3 SEP 0 7 2012 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1be) Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1be) Total rumber of members (Part IX, column (A), line 4) Total revenue (Part VIII, necessary) Total number of volunteers (Part IX, column (A), line 25) Total number of volunteers (Part IX, column (A), line 25) Total number of volunteers (Part IX, column (A), line 25) Total revenue (Part VIII, necessary) Total rumber of volunteers (Part IX, column (A), line 25) Total rumber of volunteers (Part IX, column (A), line 25) Total rumber of volunteers (Part IX, line 26) Total sasets (Part X, line 26) Total assets (P	XPERIENCES THROUGH PROGRAMS IMAGE IN CHILDREN: TO  IS OR HER POTENTIAL.  re than 25% of its net assets  3	EDUCATION OF CHILDREN: TO PROVIDE CHILDREN WITH LIFE EXPERIENCES THROUGH PROGRAMS AND CLASSES; TO ENCOURAGE AND PROMOTE A POSITIVE SELF IMAGE IN CHILDREN: TO	Pa		Summar	У			· <del></del>							
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b Net unrelated business taxable income from Form 990_E; line 34.  8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 10 Investment income (Part VIII, line 2g) 11 Other revenue (Part VIII, column (A), lines 3, 4, 30 / 7d) SEP 0 7 2012 12 Total revenue – add lines 8 through 11 (must equal Part VIII peturnatival lines 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20.  Part II Signature Block  Under genalities of perityry, I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it complete Declaration of prepare forms have organized from all information of which preparer has any knowledge.  Signature of officer  Coate  PRESIDENT  Prior Year  Prior Ye	3	2 Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2011 (Part VI, line 1b) 6 Total number of volunteers (estimate if necessary) 7a Total number of volunteers (estimate if necessary) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990.II. line 3a.  8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, column (A), lines 3, 4, 4, 70) EP 0 7 2012 10 Investment income (Part VIII, column (A), lines 3, 4, 4, 70) EP 0 7 2012 11 Other revenue (Part VIII, column (A), lines 3, 4, 4, 70) EP 0 7 2012 12 Total revenue — add lines 8 through 11 (must equal Part VIII, phymotex) 13 Grants and similar amounts paid (Part IX, column (A), lines 1s) 14 Benefits paid to or for members (Part IX, column (A), lines 1s) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 a Professional fundraising fees (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 20 20 Total liabilities (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subract line 21 from line 20 23 Total liabilities (Part X, line 26) 24 Net assets or fund balances Subract line 21 from line 20 25 Professional fundraising expenses (Part IX, column (A), line 25) 26 Professional fundraising expenses (Part IX, column (A), lines 15) 27 Total liabilities (Part X, line 16) 28 Professional fundraising expenses (Part X, column (A), lines 25) 29 Professional fundraising expenses (Part X, column (A), lines 25) 20 Total liabilities (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Net assets or fund balance	ă													
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b Net unrelated business taxable income from 990_T_:line_34	Prior Year   Current Year   100,000.   100,000.     100	B Net unrelated business taxable income from Form 990.E. Line. 34.  8 Contributions and grants (Part VIII, line Ih)  9 Program service revenue (Part VIII, line 29)  10 Investment income (Part VIII, column (A), lines 3, 4, 40, 70)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue – add lines 8 through 11 (must equal Part VIII, Selfmin (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  13 Grants and similar amounts paid (Part IX, column (A), lines 11s)  14 Benefits paid to or for members (Part IX, column (A), lines 11s)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising expenses (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  23 Total sasets (Part X, line 26)  24 Net assets or fund balances Subtract line 21 from line 20  25 Net assets or fund balances Subtract line 21 from line 20  26 RATHERYN HUDSON  27 Signature Block  28 Regimning of Current Year  29 Signature Block  20 Prior Year  20 Check  21 Check  22 Prior Self-employed  23 Prior Self-employed  24 Prior Self-employed  25 Prior Self-employed  26 Prior Self-employed  27 Prior Self-employed  28 Prior Self-employed  29 Prior Self-employed  20 Prior Self-employed  20 Prior Self-employed  20 Prior Self-employed  21 Self-employed  22 Prior Self-employed  23 Self-employed  24 Prior Self-employed  25 Prior Self-employed  26 Prior Self-employed  27 Prior Self-employed  28 Prior Self-employed  29 Prior Self-employed  20 Prior Self-employed  20 Prior Self-employed  21 Self-employed  22 Prior Self-employed  23 Prior Self-employed  24 Prior Self-employed  25 Prior Self-employed  26 Prior Self-emplo	<del>Q</del>						L (O) L	10						
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17 Other expenses (Part IX, column (A), lines 5, 64, 8C, 9C, 10C, and 11e)  18 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  19 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (D), line 25)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20.  Part II Signature Block  Under reprints, Idealars that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it signature block  Signature of oritron.  Signature of oritron.  PRESIDENT	Beginning of Current Year  O.  100,000.  Beginning of Current Year  O.  100,000.  O.  0.  100,000.  the best of my knowledge and belief, it is true, correct, and  A  Date  PRESIDENT	12 Total revenue - add lines 8 through 11 (must equal Part VIII. column (A), lines 1-2)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-2)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (A), line 25)  17 Other expenses (Part IX, column (A), line 11e)  b Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  23 Net assets or fund balances Subtract line 21 from line 20  24 II Signature Block  4 Compense of party IX, column (a), lines 13 in mornation of which preparer has any knowledge and belief, it is true, correct, and preparer because of party IX, column (a), lines 13 in mornation of which preparer has any knowledge and belief, it is true, correct, and preparer because of party IX, column (A), lines 5-10)  25 Net assets or fund balances Subtract line 21 from line 20  26 Date  27 Print Party HUDSON  Type or print name and title  28 Print name  29 ALVIN J. BROWN, CPA  29 Print name  20 ALVIN J. BROWN, CPA  20 Print saddess  20 Firm's addess  20 Firm's addess  21 Firm's addess  21 Firm's addess  22 SHERMAN OAKS, CA 91403-5360  23 Phone no (818) 990-0550	ē	ے ا	O Brazzania de											100,000.
13 Grants and similar amounts paid (Part IX, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20.  Part II Signature Block  Under penipus of penipus, I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it signature beloficer. It is a say that of officer is based on all information of which preparer has any knowledge.  Signature of officer is based on all information of which preparer has any knowledge.  PRESIDENT	Beginning of Current Year  O.  100,000.  Beginning of Current Year  O.  100,000.  O.  0.  100,000.  the best of my knowledge and belief, it is true, correct, and  A  Date  PRESIDENT	12 Total revenue - add lines 8 through 11 (must equal Part VIII. column (A), lines 1-2)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-2)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (A), line 25)  17 Other expenses (Part IX, column (A), line 11e)  b Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  23 Net assets or fund balances Subtract line 21 from line 20  24 II Signature Block  4 Compense of party IX, column (a), lines 13 in mornation of which preparer has any knowledge and belief, it is true, correct, and preparer because of party IX, column (a), lines 13 in mornation of which preparer has any knowledge and belief, it is true, correct, and preparer because of party IX, column (A), lines 5-10)  25 Net assets or fund balances Subtract line 21 from line 20  26 Date  27 Print Party HUDSON  Type or print name and title  28 Print name  29 ALVIN J. BROWN, CPA  29 Print name  20 ALVIN J. BROWN, CPA  20 Print saddess  20 Firm's addess  20 Firm's addess  21 Firm's addess  21 Firm's addess  22 SHERMAN OAKS, CA 91403-5360  23 Phone no (818) 990-0550	e E	10 10	ogram serv	rice revenue (P	art VIII, IIni	e∠g) (A) Junan 3 d	.   🖺 S	EP 07	2012 19	<b>!</b>				
12 Total revenue — add lines 8 through 11 (must equal Part VIII pluming A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 13)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)   17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20.  Part II Signature Block  Signature plot officer    KATHERYN HUDSON   PRESIDENT	Beginning of Current Year  O.  100,000.  Beginning of Current Year  O.  100,000.  O.  0.  100,000.  the best of my knowledge and belief, it is true, correct, and  A  Date  PRESIDENT	12 Total revenue — add lines 8 through 11 (must equal Part VIII-column (A), lines 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 4)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (D), line 25) ▶  17 Other expenses (Part IX, column (A), line 31 - 11d, 11f-24e)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20.  23 Total liabilities (Part X, line 26)  24 Net assets or fund balances Subtract line 21 from line 20.  25 Net assets or fund balances Subtract line 21 from line 20.  26 Total signature Block  27 Signature Block  28 Print Part Part Pludson  29 Total signature Block  29 Print Part Pludson  20 Total signature Block  20 Total signature Block  20 Total signature Block  21 Signature Block  22 Print Part Pludson  23 Total signature Block  24 Signature Block  25 Signature Block  26 Signature Block  27 Signature Block  28 Signature Block  29 Print Part Part Pludson  20 Total signature Block  20 Total signature Block  20 Total signature Block  20 Total signature Block  21 Total signature Block  22 Net assets or fund balances Subtract line 21 from line 20.  28 Total signature Block  29 Total signature Block  20 Total signature Block  20 Total signature Block  21 Total signature Block  22 Total signature Block  23 Total signature Block  24 Total signature Block  25 Total signature Block  26 Total signature Block  27 Total signature Block  28 Total signature Block  29 Total signature Block  20 Total signature Block  20 Total signature Block  21 Total signature Block  22 Total signature Block  23 Total signature Block  24 Total signature Block  25 Total signature Block  26 Total signature Block  27 Total signature Block  28 Tota	ě	11 04	vestment in	come (Part VII	i, column (	A), lines 3, 4	4, and 100	11-1	S	<b>I</b>				
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Part III   Statement of Program Service Accomplishments   The State Company of Schedule Contains a response to any question in this Part III   The State Contains a response to any question in this Part III   The State Contains a response to any question in this Part III   The State Contains a response to any question in this Part III   The State Contains a response to any question in this Part III   The State Contains a response to any question in this Part III   The State Contains a response a response to the part of the part		n <b>990</b> (2		FIREWORK FOUNDATION	45-378	5398		Page 2
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Form 990 (2011) FIREWORK FOUNDATION

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	i	Х
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	: 	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a		Х
	<b>b</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	11 b		Х
•	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		X
	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	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		<u>X</u>
	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	11 f		X
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		X
	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		<u>X</u>
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	$\dashv$	<u>X</u>
l	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		<u>X</u>
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		<u> x</u>
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		<u>X</u>
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2011) FIREWORK FOUNDATION

Part IV | Checklist of Required Schedules (continued)

			Yes	No
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		х
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		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 8	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	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		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		Х
ŀ	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		Х
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		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
	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)		* ,%	
ē	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u> </u>
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
29	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		_X
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		Х
BAA		Form	990 (	(2011)

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1 a	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			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c		<u>X</u>
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
_	ments, filed for the calendar year ending with or within the year covered by this return 0			
b	olf at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			·
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
E	of Yes,' enter the name of the foreign country	1	^	# (\$ n) (* 1.3.) (* 1.3.)
<b>.</b>	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.		** ******	<u>-</u> -
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	<b>5</b> C		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6Ь		, , , e )
7	Organizations that may receive deductible contributions under section 170(c).		2.3%.JL	و ندر طور کار
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	ر . ر د ال عا		
_	services provided to the payor?	7a		X
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	38185	X
	If 'Yes,' indicate the number of Forms 8282 filed during the year  7d	<u> </u>		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	AC-862	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		* ****
9	Sponsoring organizations maintaining donor advised funds.		ž	
	Did the organization make any taxable distributions under section 4966?	9a		on framework
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	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.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
t	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
t	Enter the amount of reserves the organization is required to maintain by the states in			
_	which the organization is licensed to issue qualified health plans  13b			
	Enter the amount of reserves on hand	14		W
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	14b		l

Form 990 (2011) FIREWORK FOUNDATION 45-3785398 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? Х 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? 8ь Х Is there any officer, director or 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 (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X 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 purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 120 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 Х Did the process for determining compensation of the following persons include a review and approval by independent ٠٠ پور persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Х **b** Other officers of key employees of the organization 15<sub>b</sub> 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 taxable entity during the year? 16 a 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16<sub>b</sub> Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization

GSO BUSINESS MANAGEMENT, LLC 15260 VENTURA BLVD 2100 SHERMAM OAKS CA 91403-5360 818-9 BAA

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization	mpe	ensated any current o	fficer, director, or trus	tee						
		(C)								
(A) Name and title	(B) Average hours per week	unles	ss per	son i	s boti	an one h an offi rustee)	cer	(D)  Reportable  compensation from	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 MISC)	related organizations (W-2/1099 MISC)	from the organization and related organizations
(1) KATHERYN HUDSON PRESIDENT	0	х						0.	0.	0.
(2)	-									<u></u>
_(3)					-					<del></del>
_(4)								-		***
(5)					-					
<u>(6)</u>		-			<del></del>					
								<u> </u>		
_(8)										
_(9)								, , <u>,                                </u>		
(10)										
<u>(11)</u>								<del>-</del>		
(12)										
(13)										<del></del>
(14)										<del></del>
									<del></del>	<del></del>

Part VII   Section A. Officers, Directors, Trust	ees, k	(ey	Em	ıplo	ye	es,	and	Highest Com	pensated Emp	loyees (cont)
(A) Name and title	(B) Average hours	offic	unle er an	Pos heck ss pe	rson Irrecto	than is both or/trus	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	per week (describ e hours for related organi- zations in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)	<del> </del>									
(21)										
(22)										
(23)										
(24)										
(25)								-		
1 b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limite)		ose I	ısted	d ab	ove)	) wh	<ul><li>L</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li><li>I</li>&lt;</ul>	0. 0. 0. ceived more than	0. 0. 0. \$100,000 of report	0. 0. able compensation
from the organization ▶ 0  3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in 4  For any individual listed on line 1a, is the sum of rethe organization and related organizations greater the such individual	<i>ndıvıdu</i> portabl	<i>al</i> e co	mpe	ensa	tion	and	oth	er compensation		Yes No 3 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' of the organization of the organizati	ompen comple	satio te S	n fr	om i Iule	any <i>J fo</i>	unre r suc	elate ch p	d organization or erson	ındıvıdual	5 X
1 Complete this table for your five highest compensation from the organization. Report compe	ed inde	epen	den	t cor	ntra	ctors	tha	t received more t	han \$100,000 of	
(A)  Name and business addres		1 101	me	cale	illua	r yea	ar er	Description	)	(C) Compensation
		•								
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		t lım	ıted	to t	hose	list	ed a	above) who receiv	ed more than	-

Pa	rt VIII   Statement of Revenue			,	γ	
APPRIATE AND ADDRESS OF THE PARTY OF THE PAR			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns     1 a       b Membership dues     1 b       c Fundraising events.     1 c       d Related organizations     1 d       e Government grants (contributions)     1 e					
CONTRIBUTIONS	f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contributions included in lns 1a-1f:  h Total. Add lines 1a-1f	100,000.	100,000.			
PROGRAM SERVICE REVENUE	2a	Business Code				
PROGRA	f All other program service revenue g Total. Add lines 2a-2f	<b>•</b>				
	<ul> <li>Investment income (including dividends, in other similar amounts)</li> <li>Income from investment of tax-exempt bo</li> <li>Royalties</li> </ul>					
	6a Gross rents b Less rental expenses c Rental income or (loss)	(II) Personal	Commence of the second	**	3	
	d Net rental income or (loss) .  7 a Gross amount from sales of assets other than inventory	(ii) Other	***************************************	×	3	
	b Less cost or other basis and sales expenses c Gain or (loss)				*	
ENUE	d Net gain or (loss)  8a Gross income from fundraising events (not including \$		***************************************			
OTHER REVEN	of contributions reported on line 1c) See Part IV, line 18  b Less direct expenses  c Net income or (loss) from fundraising ever	nts ►				
	9a Gross income from gaming activities See Part IV, line 19  b Less direct expenses b					
	c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances	es Þ				
	and allowances  b Less cost of goods sold  c Net income or (loss) from sales of inventor	ory . ►				
		Business Code				
	d All other revenue					
	e Total. Add lines 11a-11d 12 Total revenue. See instructions	. ► 	100,000.	0.	0.	0.

Page 10

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 r	esponse to any questio	n in this Part IX	,	
Do 1 6b,	not include amounts reported on lines 7b, 8b, 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				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members		"		
	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
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.				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits.				
10	Payroll taxes			<del></del>	····
	Fees for services (non-employees)				
	Management				
	Legal	<del></del>			
	Accounting	***************************************		-	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17			, ,	
f	Investment management fees				
ç	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
	Royalties				
	Occupancy			<del></del>	<del></del>
	Travel				<del></del>
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest			***	
21	Payments to affiliates				<del></del>
22	Depreciation, depletion, and amortization				
	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)		,		
а					
b					
c					<u> </u>
c				·	
_	All other expenses				
	Total functional expenses. Add lines 1 through 24e	0.	0.	0.	0.
26	Joint costs. Complete this line only if	<u> </u>	· · · · · · · · · · · · · · · · · · ·	0.	<u> </u>
	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here				
	SOP 98-2 (ASC 958-720)				
	001 30-2 (A00 300-720)		l		

**Balance Sheet** 

**(B)** End of year (A) Beginning of year 1 100,000. Cash - non-interest-bearing 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10a **b** Less accumulated depreciation. 10b 10 c 11 Investments — publicly traded securities. 11 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 0 100,000 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 Total liabilities. Add lines 17 through 25. 0 26 0. Organizations that follow SFAS 117, check here and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 R Organizations that do not follow SFAS 117, check here ► X and complete FUZD lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund. 31 32 Retained earnings, endowment, accumulated income, or other funds 32 100,000. 33 Total net assets or fund balances 0 33 100,000. 34 Total liabilities and net assets/fund balances 0. 34 100,000.

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Form 990 (2011)

F <u>o</u> rn	n 990 (2011) FIREWORK FOUNDATION 45	-3785398		Pa	age <b>12</b>
Pai	rt XI Reconciliation of Net Assets			•	
	Check if Schedule O contains a response to any question in this Part XI				
_		1 - 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	00,0	<u> 200.</u>
2	Total expenses (must equal Part IX, column (A), line 25) .	2			0.
3		3	1	00,0	000.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4			<u>0.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1	00 (	300
Dai	rt XII   Financial Statements and Reporting			υυ, ι	000.
rai	Check if Schedule O contains a response to any question in this Part XII				
	Oneck it deficulte decontains a response to any question in this Fait All	<del> </del>		Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			163	110
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
t	b Were the organization's financial statements audited by an independent accountant?		2b		Х
(	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	the audit,	2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
C	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were iss separate basis, consolidated basis, or both	ued on a			4
	Separate basis Consolidated basis Both consolidated and separate basis				
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	∋ Single	3a		х
t	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the recognition why in Schedule O and describe any steps taken to undergo such audits	quired audit	3 h		

Form 990 (2011)

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TEEA0112L 07/06/11

## SCHEDULE À (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

	Descen for Bub		/All organizations	must a	amala	to this	nort \		/85398		
Part I			(All organizations					See i	nstruct	ions.	
	<b>-</b>		e it is (For lines 1 thro	_		-					
1 ⊢	=		ciation of churches des		section	n 170(b)	(IXAXI)	•			
2	╡		(ii). (Attach Schedule			0414					
3	<b>-</b>	•	e organization describe				,, ,	041.54054	=		
4 _	_		in conjunction with a h	nospitai (	describe	a in <b>sec</b>	tion 17	и(БХІХ	A)(III) Er	nter the hos	pital's
5 [	name, city, and state		f a college or university								
	<b>_ 170(b)(1)(A)(iv).</b> (Co	mplete Part II )						ппена	i uriit de:	scribed in s	ecuon
6			overnmental unit descr								
7	in section 170(b)(1)(	normally receives a s <b>A)(vi).</b> (Complete Pai	substantial part of its si rt II )	upport fr	om a go	overnme	ntai uni	t or fron	n the ger	neral public	described
8 🖳		escribed in section 17	<b>'0(b)(1)(A)(vi).</b> (Comple	te Part I	1)						
9 X		normally receives (1	) more than 33-1/3% o	f its sup	port fror	n contril	butions,	membe	ership fee	es, and gro	ss receipts
	investment income a	d to its exempt function in the section 509(a)(2). (Colors	ons – subject to certail s taxable income (less mplete Part III )	n except section	ions, ar 511 tax)	nd (2) nd ) from b	more t usinessi	han 33- es acqu	1/3% of ired by ti	its support he organiza	from gross tion after
10	An organization orga	nized and operated e	xclusively to test for pr	ublic safe	ety See	section	1 509(a)	(4).			
11	~ more publicly suppor	ted organizations des	xclusively for the bene scribed in section 509(a ion and complete lines	a)(1) or s	ection 9	509(a)(2	ctions o ). See s	of, or ca section	rry out th <b>509(a)(3)</b>	he purposes . Check the	s of one or e box that
	a Type I	<b>b</b> Type II	_	I — Fund	-		ted		d $\square$	Type III -	Other
e 🗆	By checking this box	, I certify that the org	anization is not control	led direc	tly or in	directly	by one	or more	ت اdisqual :	ified person	S
	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).										
f	If the organization re check this box	ceived a written detei	rmination from the IRS	that is a	a Type I	, Type II	or Type	e III sup	porting	organızatıor	n, 🗌
g	Since August 17, 200	06, has the organizati	on accepted any gift o	r contrib	ution fr	om any	of the fo	ollowing	persons	37	
	<i>a</i> .										Yes No
	(i) A person who o	directly or indirectly co erning body of the sur	ontrols, either alone or oported organization?	togethe	r with pe	ersons d	escribe	d in (ii)	and (III)	11g (i)	
		er of a person describ	· -							11 g (ii)	
	• •	•	described in (i) or (ii) a	bove?						11 g (iii)	<del></del>
h			e supported organization							1.9()	I
***************************************	(i) Name of supported	(II) EIN	(III) Type of organization	1	s the	(v) Did v	ou notify	(VI)	s the	(viı) Amoun	t of support
	organization	.,-	(described on lines 1-9 above or IRC section	organiz	ation in	the organ	ou notify lization in n (i) of	organiz	ation in	(***)	. от обррот
			(see instructions))	your go	verning ment?	your su		organize	ed in the		
				Yes	No	Yes	No	Yes	No		
				1							
(A)						1	}				
(B)				1						•	
(C)						l.					
(D)				<u> </u>					<u> </u>		
	· · ·										
<u>(E)</u>				ļ					<u> </u>		
						1					
Total						<u></u>					
BAA Fo	or Paperwork Reduction	n Act Notice, see the	Instructions for Form	990 or 9	90-EZ.		S	Schedule	A (Form	m 990 or 99	0-EZ) 2011

#### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support					<del>-</del> -				
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')									
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3									
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)	· jo spile d		49.	BK . v Č	\$ .				
6	<b>Public support.</b> Subtract line 5 from line 4	\$		*	* *	4	•			
Sec	tion B. Total Support			<u> </u>	<del></del>		<del></del>			
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total			
7	Amounts from line 4									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
9	Net income from unrelated business activities, whether or not the business is regularly carried on .									
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)									
11	Total support. Add lines 7 through 10	«*			*		-			
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12				
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, c	or fifth tax year as	a section 501(c)(	3) ▶ □			
	tion C. Computation of Pul									
14				e 11, column (f))	<b>.</b>	14	<u>%</u>			
	Public support percentage from 2	_	•			. [ 15 ]	<u>%</u>			
16 a	16a 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.									
t	b 33-1/3% support test — 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
	17a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.									
	b 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization									
	Private foundation. If the organiz				, or 17b, check this	box and see ins				
Baa					Sch	edule A (Form 99	90 or 990-FZ) 2011			

Page 3

### Partill Support Schedule for Organizations Described in Section 509(a)(2)

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

500	to quality under the tests in	, , , , , , , , , , , , , , , , , , ,						
	etion A. Public Support	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total	
1		(a) 2007	( <b>b)</b> 2008	(c) 2009	( <b>d)</b> 2010	(e) 2011	(i) Total	
	and membership fees received (Do not include any 'unusual grants.')					100,000.	100,000.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's						_	
3	tax-exempt purpose Gross receipts from activities that are not an unrelated trade						0.	
	or business under section 513						0.	
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	,					0.	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
	Total. Add lines 1 through 5	0.	0.	0.	0.	100,000.	100,000.	
7 8	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.	
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.	
(	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.	
8	Public support (Subtract line 7c from line 6)	4.00	8 <b>46</b> . <b>9</b> . <b>5</b>				100,000.	
Sec	tion B. Total Support							
Calen	ndar year (or fiscal yr beginning in) >	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total	
	Amounts from line 6	0.	0.	0.	0.	100,000.	100,000.	
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.	
	Add lines 10a and 10b.	0.	0.	0.	0.	0.	0.	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.	
13	Total support. (Add Ins 9, 10c, 11, and 12)	0.	0.	0.	0.	100,000.	100,000.	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 501(c)(3	) <b>►</b> [X]	
	tion C. Computation of Pul							
	Public support percentage for 20			e 13, column (f)).		15	<u> </u>	
	Public support percentage from a tion D. Computation of Inv				-	16	ક	
					(0)	1 4 7		
17 18	Investment income percentage for			-	mn (t))	17	<del></del>	
	Investment income percentage fi 33-1/3% support tests = 2011. If				nd line 15 is mar	18   18   18   18   18   18   18   18	% d line 17	
	<b>19a 33-1/3% support tests</b> — <b>2011.</b> If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <b>b 33-1/3% support tests</b> — <b>2010.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and							
line 18 is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization							ization -	
20	Private foundation. If the organization	zation did not che	ck a hoy on line	14 19a or 19h c	heck this hav and	see instructions	►□	

Schedule A	(Form 990 of 990-E2) 2011 FIREWORK FOUNDATION 45-3/85398	Page 4
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 1 Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	0;
	·	
	~	
. <b>_</b>		
		<del>-</del> -

# SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990 or 990-EZ.

ı	C 7				
ı	EZ	2011			
•	on	Opan to Public ා lnspection			
	Employer identific	ation number			

FIREWORK FOUNDATION 45-3785398
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION
TO PROMOTE, SUPPORT AND ENCOURAGE THE EDUCATION OF CHILDREN; TO PROVIDE CHILDREN
WITH LIFE EXPERIENCES THROUGH PROGRAMS AND CLASSES; TO ENCOURAGE AND PROMOTE A
POSITIVE SELF IMAGE IN CHILDREN; TO ENCOURAGE THE CHILD TO SET LIFE GOALS AND TO
REALIZE HIS OR HER POTENTIAL.
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS
NO REVIEW WAS OR WILL BE CONDUCTED.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE
NO DOCUMENTS AVAILABLE TO THE PUBLIC.
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