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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

Open to Public

Department of the Treasury

Inter	nal Reveni	the Treasury ue Service	► The organization may l	nave to use a copy of this	return to satisfy	state repo	rtıng requir	rements	Inspection
\overline{A}	For the	2011 cale	ndar year, or tax year beginr	ing January 1	, 2011, and	d ending	Decen	nber 31	, 20 11
В	Check if	applicable	C Name of organization Funera	l Consumers Alliance, In	c.			D Employe	er identification number
	Address		Doing Business As						521095109
	Name ch	ange	Number and street (or P O box	if mail is not delivered to stree	t address) F	Room/suite		E Telephor	ne number
	Initial reti	•	33 Patchen Road						802-865-8300
$\bar{\Box}$	Terminat		City or town, state or country, a	nd ZIP + 4		-			
$\bar{\sqcap}$	Amended		South Burlington, VT 05403					G Gross re	ceipts \$ 205,037
$\overline{\Box}$			F Name and address of principal of	officer			H(a) is this a		or affiliates? Yes No
_	пфриоци	on ponding	Josh Slocum, Executive Dire						cluded? Yes No
$\overline{}$	Tax-ever	npt status	✓ 501(c)(3)		4947(a)(1) or] 527			list (see instructions)
<u>:</u>	Website		w.funerals.org	(6) () - (1110017110)	1 4347 (a)(1) OI	321		exemption	
_			 	ociation ☐ Other ►	I Year o	of formation	<u> </u>		of legal domicile PA
_	art I	Summ		ondien onlor-	2 . oa. c	01101111411011	1070	III Otato	or regar dominate 171
	1		scribe the organization's m	nission or most significa	nt activities:	FCA edu	cates the r	nublic on	their legal rights and
	•	•	or end-of-life-planning. We w	_					
Se	1		eral choices, and provide ex						industry changes that
nan	1		ciai choices, and provide ex	pert consumer-onemed	analysis for me	and p	oncymake		
Activities & Governance	2	Check th	is box ▶☐ if the organizati	on discontinued its one	rations or disp	oced of	nore than	25% of	te not accote
Ĝ	4		of voting members of the g	•	•	Josed Oi i	nore man	3	9
~ઇ	4		of independent voting mem	• • •	•	 ina 1h\		4	0
ţį	1		· -		• •			5	
Ę	5		nber of individuals employed		•	:a)	• • •	· · · · · · · · · · · · · · · · · · ·	3
Ac	1		nber of volunteers (estimate	• •				6	25
			elated business revenue fro					7a	0
	b	Net unrei	ated business taxable inco	me from Form 990-1, III	ne 34	· · · ·	Prior Ye	7b	0 Current Year
ne				413			Prior 16		Current Year
	8		ions and grants (Part VIII, I	•		· ·		154,525	109,834
Jen J	9	-	service revenue (Part VIII, I	<u> </u>				14,880	95,203
Revenue	10		nt income (Part VIII, columi					4310	1,543
	11		enue (Part VIII, column (A),					22,320 196,035	0
		12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)							206,580
	13		nd similar amounts paid (Pa					1,088	60
	14		oaid to or for members (Pa					0	0
es	15		other compensation, employ	•		-10)		136,929	140,651
Šuš	16a		nal fundraising fees (Part I)			ı ·		0	0
Expenses	b	Total fund	draising expenses (Part IX,	colum∦ (D), 📭 🔁 🤁 🔁	WED	<u> </u>	^ ``.	, m ¹ 1397	<u>1, 6 4 % y</u>
ш	17		oenses (Part IX, column (A)					75,156	91,711
	18	Total exp	enses. Add lines 13-17 (m	ust equal Part IX, colum	յո (A) "Ijne 25)	Ⅰ . ∟		212,085	198,662
	19	Revenue	less expenses. Subtract lin	ne 18 from line 12 u	LUIZ B			(16,050)	7,918
Net Assets or Fund Balances						Beg	jinning of Cu	rrent Year	End of Year
sets	20	Total ass	ets (Part X, line 16)	L OGDE	N, UT			228,687	235,653
d As	21	Total liab	ılıtıes (Part X, line 26)		• • • • •	. L		0	0
ŽŽ	22	Net asset	ts or fund balances. Subtra	ct line 21 from line 20	<u> </u>			228,687	235,653
P	art II	Signat	ure Block						
			ry, I declare that I have examined						ny knowledge and belief, it is
tru	e, correct	t, and compl	ete Declaration of preparer (other	than officer) is based on all inf	ormation of which	preparer ha	is any knowl	edge	
			youll st	our					
Sig	_	Signa	ature of officer	/ - m -		2 - 4-	Da	te (7/12//1
He	re	 	Moshvasi	ocum, Exec	c. Dire	010	<u> </u>		5/10/10
_		Туре	or print name and title						/
Pa	id	Print/Ty	pe preparer's name	Preparer's signature		Date		Check [T If PTIN
	epare	r L						self-emp	
	epare se Onl		ame 🕨				Firm	n's EIN ▶	
J	,. 0111	y —	ddress >					ne no	
Ma	y the IF	RS discuss	s this return with the prepa	rer shown above? (see	nstructions) .				· · Yes No
For	Paperv	vork Redu	ction Act Notice, see the sep	parate instructions.		Cat No	11282Y		Form 990 (2011)

			•
orm	990	(201)	1)

Page 2

Part I				
	Check if Schedule O contains a response t	o any question in	this Part III	<u> </u>
1	Briefly describe the organization's mission:			
	Funeral Consumers Alliance is dedicated to protecting			
	public on negotiating the funeral transaction in an af			
	survivors. We also work with allied human services of			n tunerai planning, we
	offer objective advice to media and law and policy m			t on the
2	Did the organization undertake any significant proprior Form 990 or 990-EZ?		ng the year which were not listed	· · Yes ✓ No
	If "Yes," describe these new services on Schedule			
3	Did the organization cease conducting, or mak	_		
	services?			· · 🗌 Yes 🗹 No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service acco			
	expenses. Section 501(c)(3) and 501(c)(4) organizations and allocations to others, the total expenses			
	grants and allocations to others, the total expense	s, and revenue, ii a	my, for each program service rep	ortea.
4-	(Code:) (Expenses \$ 57,564 in	soluding grants of 6	0) /Payanua \$	n/a)
4a	(Code:) (Expenses \$ 57,564 in Direct Advice to Consumers, Policymakers, and Med	iciduling grants of the	0) (Revenue \$	nails from consumers
	policymakers and the media. We educate consumers			
	constantly updated free advice on our website, regul			
	assistance to newspapers, television and radio netwo			
	consumers. Most notably we worked in-depth with 60			
		o williates to help pi	oduce a Segment on the need for the	ederal regulation of
	cemeteries. This segment aired in May, 2012.	cugaetina coluti	one to griovaneos and directing co	mnlamante to annronriate
	Our staff assist with numerous consumer complaints	s, suggesting solution	ons to grievances and directing co	inplantants to appropriate
	regulatory bodies.	v for its impost on	griouing concumers and the are se	ncumor competitiveness
	We frequently critique proposed legislation and police	y for its impact on	grieving consumers and the pro-co	insumer compeniiveness
	of the funeral marketplace.			oso volumtom
	NOTE-Expenses are estimated, and FCA does not de	rive revenue airecti	y from this program. Contributions	are voluntary.
	(Code:) (Expenses \$ 76,751 ir	soluding grants of 9	0) (Revenu e \$	74,538)
4b	(Code:) (Expenses \$ 76,751 ir Support and Development of Affiliated Organizations) (Nevende 4	14,330
	FCA staff remain in constant contact with the nearly		arily and not controlled by ECA) or	rganizations comprising
	hundreds of thousands of consumer members. We of			
	cremation price surveys, individual advice on state l			
	structure of the funeral industry in the affiliated grou			
	around the country to offer free lectures to the memi			
	seminars. In 2011 FCA donated a copy of the new bo			
	affiliated organization. Additionally FCA offers affilia			
	NOTE-Revenues come in the form of membership du			
	<u></u>			
4c	(Code:) (Expenses \$ 13,284 ir	ncluding grants of	60) (Revenue \$	20,665.20)
	Development, Sale, and Provision of Educational Ma			
	FCA publishes a newsletter three times yearly (most	years) with comme	ntary, advice, and investigations o	funeral-related practices
	aimed at both affiliated organizations and the genera			
	for sale educational materials for funeral consumers	, including the book	Final Rights, a state-customized f	uneral planning kit
	titled Before I Go: You Should Know, and a manual a	imed at helping fun	eral directors create consumer-frie	ndly price lists.
	As a public charity we frequently extend gratis subs	criptions to our pub	lications to consumers and other p	oarties. We also donate
	funeral planning materials to those unable to pay su	ch as senior citizen	s on a fixed income.	
4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ including grants of \$)	(Revenue \$	
4e	Total program service expenses ▶	147,599		

Form **990** (2011)

Part	Checklist of Required Schedules			
	In the exponential described in section $EO1(a)/2$ or $4O47(a)/4$ (ather than a private foundation)? If "Vec."		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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
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		1
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	✓	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
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</i> "Yes," <i>complete Schedule D, Part II</i>	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		√
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	√	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			\$3. v
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		>
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		\
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		√
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 .	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
D	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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
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		✓
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		✓
20 a		20a		✓
h	If "Ves" to line 20a, did the organization attach a copy of its audited financial statements to this return?	206		I

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		√
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		✓
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
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		✓
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√ √
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		√ √
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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		1
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	_	✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			_
38	Part VI	37	_	✓
	19? Note. All Form 990 filers are required to complete Schedule O	38	✓	

Form 99	0 (2011)		ı	Page \$
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			. \square
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	3	· .	***
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	3		, ,
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		- 83 · `	
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	:,"	ki.	3 7
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	3		625
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	√	L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	سعدهد	1408	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		/
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	.1	1	,
	account)?	4a		/
b	If "Yes," enter the name of the foreign country:	- : xxx	Z¥ -	23
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	~ J;*		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	ļ	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١,
	organization solicit any contributions that were not tax deductible?	6a	<u> </u>	/
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of			
	gifts were not tax deductible?	6b	ž.,	\ <u>\</u>
7	Organizations that may receive deductible contributions under section 170(c).	, 't 'i	,	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		عفق د	. <u> </u>
	and services provided to the payor?	7a	<u> </u>	/
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	l l		,
	required to file Form 8282?	7c	-	✓
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?		-	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			┼
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-	+
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	X*4.2 *.	2 1	
	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?	9 <u> ** - : </u>	<u> </u>	
•	Sponsoring organizations maintaining donor advised funds.	3.7	(Ya	
9	Did the organization make any taxable distributions under section 4966?	9a	T-EL	
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	\vdash	17
10	Section 501(c)(7) organizations. Enter:	0.00	1 80 646.0	N Salaria
	Initiation fees and capital contributions included on Part VIII, line 12	1 1 1		
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	— ?* .*.		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	- 2		
b	Gross income from other sources (Do not net amounts due or paid to other sources			() t
-	against amounts due or received from them.)	Par Africa	. 44,	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	-
ıza b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	<u>, _ a</u>	(5, 2	- 1"
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	 *	4 3000
а	Note. See the instructions for additional information the organization must report on Schedule O.	1.00	-36	·†
b	Enter the amount of reserves the organization is required to maintain by the states in which	,	1	
	the organization is licensed to issue qualified health plans	70-7	1	. , "

c Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year? .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

13c

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Set				
	Check if Schedule O contains a response to any question in this Part VI	· · ·		<u> </u>
Section	on 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 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.	The state of the s	- 8	* * * * * * * * * * * * * * * * * * *
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	4 5 6	✓	√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а b 9	The governing body?	8a 8b	√ √	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Cc	de.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a	√	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		✓	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a 12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	√	
13 14 15	Did the organization have a written whistleblower policy?	13	✓	✓ 2
a b	The organization's CEO, Executive Director, or top management official	15a 15b	✓	
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?	16a		✓
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	<u></u>	
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Georgia Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(d	z)(3)s	only)
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.		•	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Sherry Swett, 33 Patchen Road, South Burlington, Vermont 05403	of the		

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

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

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

				(0	2)					
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and Title	Average	box,	unles	s pe	rson	is both	an	Reportable compensation	Reportable compensation from	Estimated amount of
	hours per week		_	_		or/trust	<u> </u>	from	related	other
	(describe hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	lighe:	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	related organizations	dual	tions	~	mplo	st co yee	4	(W-2/1099-MISC)		organization and related
	ın Schedule	trust	al tru		yee	mpe				organizations
	O)	ee	stee			Highest compensated employee				
(1) (Complete board of directors with contact	_									
info provided on Sched. O.)					ļ					
(2) Laurie Powsner, President	- 20			,						0
(3) Rodger Ericson, Vice-President	20	-		✓	<u> </u>			0	0	0
(3) Rouger Elicson, vice-Fresident	10	1		1				0	0	0
(4) David Morrison, Treasurer	 	Ť			-		\vdash			
	5	✓		✓				0	0	-0
(5) Ruth Bennett, Secretary]									-
	5	✓	<u> </u>	✓				0	0	0
(6) Jim Null		,		,						
(7) Barbara Van Droof	5	✓	<u> </u>	✓	-			0	0	0
(1) Baibaia vali biooi	5	1	ļ	/				0	0	0
(8) Karen Smith	1									
	5	✓		✓				0	0	0
(9) John Abraham										_
	5	✓	<u> </u>	✓	ļ		-	0	0	0
(10) Nancy Petersen				,	1					
(44) Last Classes Franchise Discotor	5	 		✓			-	0	0	0
(11) Josh Slocum, Executive Director	40				1	1		47,187		o
(12) Sherry Swett, Administrator		1			Ė					
3	40				✓			44,513	0	0
(13)										
		↓	 	<u> </u>	↓_	<u> </u>	<u> </u>	 		
(14)				1						
		1	1	l	1	1	i		1	

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
					(0	•				Ť	
	(A)	(B)	(do n	ot ch		ition more	than o	ne	(D)	(E)	(F)
	Name and title	Average	box, amous person is setting			an	Reportable	Reportable	Estimated		
		hours per week			_		or/trust	, —	compensation from	compensation from related	amount of other
		(describe	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the .	organizations	compensation
		hours for related	rect Irect	tutic	ĕr	em	lest	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		organizations	or to	nal		oloy	com		(and related
		in Schedule O)	ıste	trus		ee :	pen			1	organizations
		-,	0	tee			sate				
(15)				_	-	_	a				
(10)	·										
(16)					-			-			
1		,									
(17)	· · · · · · · · · · · · · · · · · · ·						_				
3222									J]
(18)											
32											
(19)										1	
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(20)											
(21)									İ		1
(22)	·		į.								,
								_			ļ <u></u>
(23)											
					-	<u> </u>					ļ
(24)											
(OF)											
(25)									•		
1b	Sub-total		<u> </u>	l	<u> </u>	L		<u> </u>	91.700		
C	Total from continuation sheets to Part		n Δ	•	•		•		31,700		
d	Total (add lines 1b and 1c)			•	•		•	•	91,700		
2	Total number of individuals (including but							2) W			00 of
_	reportable compensation from the organi			1036	, 1131	.cu i	above	J) * *	no received in	ore triair wroo,o	00 01
	<u> </u>									<u> </u>	Yes No
3	Did the organization list any former of	ficer, direc	tor, c	r tr	uste	ee,	key e	emp	oloyee, or high	est compensat	
	employee on line 1a? If "Yes," complete	Schedule J	for su	ıch	indi	ividu	ıal				3 7
4	For any individual listed on line 1a, is the	sum of re	portal	ble (con	nper	nsatio	n a	nd other comp	ensation from t	he A
	organization and related organizations	greater that	an \$1	150,	000)? <i>li</i>	"Ye	s, "	complete Sch	edule J for su	ch
	individual										, 4 ✓
5	Did any person listed on line 1a receive of									ation or individu	ual 🔯 📆 🏋
	for services rendered to the organization	? If "Yes," c	ompl	ete	Scr	nedu	ile J f	or s	such person		_ 5
Section	on B. Independent Contractors										
1	Complete this table for your five highest										
	compensation from the organization. Rep	ort compe	nsatio	on to	or tr	ne c	alend	ar y	ear ending wit	n or within the c	organization's tax
	year.										
	(A) Name and business add	ress							(B) Description of s	ervices	(C) Compensation
No so								-			
140 00	ntractors received \$100,000 or more							-			
								\vdash			
								_	-		
								\vdash			
	Total number of independent contractor	ors (includir	ng bu	ıt n	ot	limıt	ed to	th	ose listed abo	ove) who	THE CALL PORT
_	received more than \$100,000 of compens		_						0		

Part	VIII	Statement of Revenue				
*		** ** ** ** ***	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
1 200	~	and the control of th	Total revenue	exempt	business	excluded from tax
•	<i>",</i> ž			function revenue	revenue	under sections 512, 513, or 514
y y	1a	Federated campaigns ` 1a (, da	×	. 1. 2 & 1
Grants	b	Membership dues 1b	3	*****		
يَ ق		-	j 🔅 🦈 🤌	- " " ",	- 4	
Contributions, Gifts, Grants and Other Similar Amounts	C	<u> </u>	4			-, kk, k
	d	Related organizations 1d	4		i i i i i i i i i i i i i i i i i i i	1 3.4.15
	е	Government grants (contributions) 1e	<u> </u>			1 3/2
	T	All other contributions, gifts, grants,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The Market	
햧		and similar amounts not included above 1f 109,834	<u>4</u>	No Car	\$ 1 - 1 m	
d tr	g	Noncash contributions included in lines 1a-1f. \$			Prince.	
O E	h	Total. Add lines 1a–1f ▶	109,834	***********	**************************************	***
ne		Business Code	- (,3) ⁽⁰⁾	70° , 45°		
Ven	2a	Direct Advice to Consumers/Media		•		
Re	b	Support to Affiliated Orgs	74,538	74,538		
ice	С	Publications	20,665	20,665		
ē	d					
n S	<u> </u>			 		
yraı	f	All other program service revenue .				
Program Service Revenue	g	Total. Add lines 2a–2f	95,203		The same of the sa	
<u> </u>	3	Investment income (including dividends, interest,		1 selle si - 30 cm	- 2000 , 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· •- 1% ,
	3	and other similar amounts)	1,543			
		,	1,543			
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties	<u> </u>	1 12	to the second	
	_	<u>''</u>	J∵			
	6a	Gross rents 0		550		
	b	Less: rental expenses 0				
	С	Rental income or (loss) 0			<u> </u>	<u> </u>
	d	Net rental income or (loss) ▶				
	7a	Gross amount from sales of (i) Securities (ii) Other			E Prize a	
		assets other than inventory 0				
	b	Less: cost or other basis	14. at 1. ""			
		and sales expenses . 0	7-			
	С	Gain or (loss) 0				
	d	Net gain or (loss)				
		, ,	' in g		**************************************	
ne	8a	Gross income from fundraising				
ē		events (not including \$			c . "M	
Other Revenu		of contributions reported on line 1c).				
<u> </u>		See Part IV, line 18 a				
ŧ	ь	Less: direct expenses b	- }}}			
0	C	Net income or (loss) from fundraising events .			×2	· · · · · · · · · · · · · · · · · · ·
	1	Gross income from gaming activities.		, % w / ,	1 1 1 1000 4 4 4 4	***
	30	See Part IV, line 19 a		Some Same of the same	1 2 3 5-	
	b	Less: direct expenses b Net income or (loss) from gaming activities >		á	12 EV 12 - 1 - 1 - 1	\- <u></u>
•	C			*	15 (15	. 43 ° 48 °
	10a	Gross sales of inventory, less		A VOTA	54 40	
		returns and allowances a			West 1	
	b	Less: cost of goods sold b	1			
	c	Net income or (loss) from sales of inventory)	ļ	ļ,
		Miscellaneous Revenue Business Code		<u> </u>		
	11a		 			
	b			 	ļ	
	С			-		
	d	All other revenue		<u> </u>	<u> </u>	
	е	Total. Add lines 11a-11d ▶		ing a si :	W. F. W.	and street will
	12	Total revenue. See instructions	206,580)	_	

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 respon-	se to any question	in this Part IX	<u> </u>	<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	60	60		
2	Grants and other assistance to individuals in			·	*
_	the United States. See Part IV, line 22	0	0	· ž : \$ \$ \$	<u> </u>
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	o	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	91,699	79,759	11,940	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			
7 8	Other salaries and wages	15,252	12,202	3,050	
	section 401(k) and 403(b) employer contributions)	9,170	7,336	1,834	
9	Other employee benefits	15,840 8,690	12,672 5,561	3,168 3,129	
10 11	Payroll taxes	0,090	3,301	3,123	
	Management	0		•	
b	Legal	0			
C	Accounting	0			
đ	Lobbying	0	***		
e	Professional fundraising services. See Part IV, line 17	0	Or to W. L.		
f	Investment management fees	0			
g 10	Other	0			
12 13	Advertising and promotion	4,888	3,470	1,419	
14	Information technology	7,850	5,814	2,036	
15	Royalties	0			<u>-</u> .
16	Occupancy	13,343	10,674	2,669	,
17	Travel	2,409	2,409	0	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	1,494	748	747	
20	Interest	0			
21 22	Payments to affiliates	0			
23	Insurance	2398	1,918	480	
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	In-house fundraising expenses	13,661		, 60 V	13,661
b	Postage for publications shipped	3548	2,838	710	
c	Purchase of books, ed. mats., newsletter	8,358	7,045	1,313	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	198,662	152,506	32,495	13,661
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Balance Sheet Part X (A) (B) End of year Beginning of year 32,497 38.893 1 2 Savings and temporary cash investments 0 2 0 3 0 3 0 0 4 0 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 0 5 0 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) 0 6 0 4ssets 0 7 0 7 0 8 0 8 ol 9 0 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c b Investments—publicly traded securities 196,190 196,760.16 11 11 0 12 0 12 Investments—other securities, See Part IV, line 11 Investments—program-related. See Part IV, line 11 0 0 13 13 0 14 0 14 15 ol 15 0 228,687 16 235,653 16 Total assets. Add lines 1 through 15 (must equal line 34) 0 17 0 17 Accounts payable and accrued expenses 0 0 18 18 19 0 0 19 ol 20 0 20 0 21 O 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons. 22 0 23 0 23 Secured mortgages and notes payable to unrelated third parties . . . 0 Unsecured notes and loans payable to unrelated third parties . . . 24 0 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other habilities not included on lines 17-24). Complete Part X 0 0 25 26 Total liabilities. Add lines 17 through 25 Ō 26 0 Organizations that follow SFAS 117, check here ▶ 🗸 and complete or Fund Balances lines 27 through 29, and lines 33 and 34. 150,214.98 27 157,096 27 50.000 28 50,000 28 29 28.017 29 28,557 Organizations that do not follow SFAS 117, check here ▶ □ and ~×. ¥ eat. complete lines 30 through 34. 30 Net Assets 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds. 33 33 Total liabilities and net assets/fund balances 228,687 34 235.653 34

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u></u>	<u></u>	√
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1		20	6,580
2	Total expenses (must equal Part IX, column (A), line 25)	2		19	8,662
3	Revenue less expenses. Subtract line 2 from line 1	3		-	7,918
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		22	8,687
5	Other changes in net assets or fund balances (explain in Schedule O)	5			(952)
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		23	5,653
Part	XII Financial Statements and Reporting		-		
	Check if Schedule O contains a response to any question in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other		~~ ~	24	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olaın ın			6
	Schedule O.			55, ₹.	, <u>2</u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_			
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in		9	
	Schedule O.				
d	· · · · · · · · · · · · · · · · · · ·	ar were	1.73	13: 13:	1. S
	issued on a separate basis, consolidated basis, or both:		1.63	gir,	- 3.2 ~
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>		
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?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo audit or audits are undergo audit or audits.		1 1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	Juits	3b	000	<u> </u>
			Form	n 990	(2011

SCHEDULÈ C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

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

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

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

- 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, Part V, line 35c (Proxy Tax), then

	ection 501(c)(4), (5), or (6) orga of organization	anzadoria Complete Fart III		Employer ide	ntification number
Funer	al Consumers Alliance, Inc.				521095109
Part	I-A Complete if the	e organization is exempt unde	er section 501(c) or is a section 527	organization.
1 2 3	Political expenditures .	the organization's direct and indirect		. ॅ 	\$
Part	<u> </u>	e organization is exempt unde	•		
1 2 3 4a b Part 1 2 3 4 5	Enter the amount of any of the organization incurred Was a correction made? If "Yes," describe in Part I-C Complete if the Enter the amount direct activities	excise tax incurred by the organization excise tax incurred by organization ed a section 4955 tax, did it file Form IV. e organization is exempt underly expended by the filing organization is funds contributions. filing organization's funds contributions. expenditures. Add lines 1 and 2. file Form 1120-POL for this year? ses and employer identification numbers. For each organization listed, expenditures received that were profitured or a political action committee.	managers under m 4720 for this year section 501(ation for section uted to other orgen for the section for the and for the amount mptly and directly and directly managers.	section 4955	Yes No I(c)(3). Yes No Yes No izations to which the filing nization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

		section 501(h)).	n is exempt under section 501(c)(3) and filed	·	
A	Cł		longs to an affiliated group (and list in Part IV eases, and share of excess lobbying expenditur		oup member's
В	Cł	eck ▶ ☐ if the filing organization ch	ecked box A and "limited control" provisions a	pply.	
			ying Expenditures	(a) Filing	(b) Affiliated
		(The term "expenditures" m	eans amounts paid or incurred.)	organization's totals	group totals
	1a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)	50	
	b	Total lobbying expenditures to influence	a legislative body (direct lobbying)	25	
	С	Total lobbying expenditures (add lines 1	a and 1b)	75	
	d	Other exempt purpose expenditures .		198,587	
	е	Total exempt purpose expenditures (ade	I lines 1c and 1d)	198,662	
	f	Lobbying nontaxable amount. Enter	the amount from the following table in both	39,732	
	_	columns.		39,732	
		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		
	L	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	L	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 line 1f)	9,933	
	h	Subtract line 1g from line 1a. If zero or le	ess, enter -0	0	
	i	Subtract line 1f from line 1c. If zero or le	ss, enter -0	0	
	j	If there is an amount other than zero reporting section 4911 tax for this year	on either line 1h or line 1i, did the organization		☐ Yes 🗸 No

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) 2009	(c) 2010	(d) 2011	(e) Total	
2a	Lobbying nontaxable amount	41,676	35,998	36,141	39,732	153,547	
b	Lobbying ceiling amount (150% of line 2a, column (e))		4 4 10			230,321	
С	Total lobbying expenditures	145	400	35	75	655	
d	Grassroots nontaxable amount	10,419	7,199	9,035	9.933	36,586	
е	Grassroots ceiling amount (150% of line 2d, column (e))					54,879	
f	Grassroots lobbying expenditures	75	105	30	50	260	

Schedule C (Form 990 or 990-EZ) 2011

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT fi (election under section 501(h)).	led l	Form	5768		
For ea	ch "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a	a)		(b)	_
		Yes	No	Ar	nount	
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:					
a b	Volunteers?					
c d	Media advertisements?					
e f	Publications, or published or broadcast statements?					
g h :	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?					
j 2a			> *·			al e
b	If "Yes," enter the amount of any tax incurred under section 4912		3 (5)	orithians, a difference	· tolony 28	
d Part	·	(5), (or se	ction	· K.A	<u>. %.</u>
	501(c)(6).				Yes	No
1 2	Were substantially all (90% or more) dues received nondeductible by members?			1 2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Part		(5), (or se		ine 3	, is
1	Dues, assessments and similar amounts from members	•	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year	•	_2a	<u> </u>		
b	Carryover from last year	•	2b	 		
C	Total	•	2c	 		-
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	the	3			
	and political expenditure next year?		4	<u> </u>		
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5	<u> </u>		
Par	Supplemental Information ete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F	art I	I-A: a	nd Part	II-B. I	line
	o, complete this part for any additional information.				-,	
						
						· -
						-

Schedule C (For	rm 990 or 990-EZ) 2011	Page 4
Part IV	Supplemental Information (continued)	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Funeral Consumers Alliance, Inc.

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.

Open to Publi Inspection

Employer identification number

521095109

Listed below are the directors and officers of FCA, Inc., in response to Part VI, Section A, Line 9:
Laurie Powsner, President 34 Tee Ar. Place Princeton, NJ 08540
Rodger Ericson Vice President 2312 Giddens Dr. Cedar Park, TX 78613
9
David Morrison, Treasurer 600-A Eden Rd. Lancaster, PA 17601
Ruth Bennett, Secretary 1449 South Abrego Drive Green Valley, AZ 85614
John Abraham 9138 N. Palm Brook Drive Tucson, AZ 85743
Jim Null 69 Grove Circle Brevard, NC 28712-3899
Jill Hull Of Grove Grove Grove Bevard, No 20712 0000
Nancy Petersen 5510 NE Antioch Road #163 Kansas City, MO 64119
Barbara Van Droof 11523 Exeter Ave NE Seattle, WA 98125-5911
Karen Smith 6816 La Christa Way Knoxville, TN 37921
Part VI, Section B, Line 11B-Josh Slocum, Executive Director, provides a copy of the 990 to the board prior to filing. The executive committe
(president, vice-president, treasurer, and secretary) may ask questions or suggest changes.
Part VI, Section B, Line 15aThe board of directors examines salary data for comparably situated small nonprofits as well as the cost-of
Fait Vi, Section B, Line 13a The board of directors examines salary data for comparably studied since morpholics as well as the cost-of
living changes, if any, from year to year when determining the executive director's compensation.
Part VI, Section C, Line 19- FCA regularly shares its bylaws and policies and procedures documents with affiliated member organizations
both at their request and to solicit suggestions. We also share these documents as examples to affiliated organizations for their own
governance policies. We also provide these documents to any person, regardless of status, on request. We have an open-book policy.
Similarly we share the organization's Form 990 at the request of any person or organization. We do this either by email or by referring
the requestor to Guidestar.org, whichever is most convenient for the requestor.
Additionally, FCA's bylaws are posted publicly at our site, www.funerals.org.
requirements, 1 or 10 bytains are posted publicly at our site, were marked story.
FCA provides its financial statements to any party on request. When such requests are made they nearly always come from affiliated
organizations within the FCA federation. Additionally we began publishing a line-by-line budget in the fall edition of our newsletter in 2011.

cnedule O (Form 990 or 990-EZ) (2011)		Page Z
lame of the organization	Employer identification number	
	<u> </u>	
Part XI, Line 5the difference of \$952 is owed to changes in the market value of our investment portfolio.	·	-
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Funeral Consumers Alliance Profit & Loss Budget vs. Actual January through July 2012

	Jan - Jul 12	Budget	
Ordinary Income/Expense	Odii - Odi 12	Dadget	
Income			
Conference (Biennial)	15,669.00		
Defunct Affiliate funds	2,174 84	5,000 00	
Dues from affiliates	57,036 39	70,000.00	
Friends of FCA	1,075 00	70,000.00	
Gifts from Affiliates	5,674 31	12,500 00	
Headquarters Fundraising	27,137 91	52,400 00	
Roberts Direct Mail	8,674 00	25,000 00	
Sales - Publications	13,954 00	22,000.00	
Special Gifts	0 00	10,000.00	
Total Income	131,395.45	196,900 00	
i otal income	131,393.45	196,900 00	
Gross Profit	131,395 45	196,900 00	
Expense			
2012 Biennial expense	15,150 45		
Affiliate Support	236 54	500 00	
Board expense	1,650 20	3,000 00	
Equipment and maintenance	1,178 62	1,000 00	
Fundraising	6,040.75	10,000.00	
Health Insurance	7,997.52	15,000.00	
Insurance	302 00	3,300 00	
Legal Expense	0 00	500.00	
Management Salary	27,432.00	47,598 00	
Med FICA Tax	906 81	2,000 00	
Newsletter	0.00	3,500 00	
Office Supplies	1,138.16	2,000 00	
Other employee wages	35,107 40	60,457 00	
Other office expense	1,031 61	2,000 00	
Paypal	1,289 11	2,000 00	
Postage	2,221 53	4,000 00	
Publications	4,068 56	5,000 00	
Rent	6,797 00	11,652.00	
Retirement	4,665.88	9,312.00	
Social Security tax	3,877 47	5,000 00	
Telecommunication	2,066 65	5,000.00	
Travel	704.91	1,000 00	
Unemployment Insurance	534 39	500 00	
Utilities	1,283 02	2,500 00	
Total Expense	125,680.58	196,819 00	
Net Ordinary Income	5,714 87	81 00	

10:23 AM 08/07/12 Cash Basis

Funeral Consumers Alliance Profit & Loss Budget vs. Actual January through July 2012

Jan - Jul 12	Budget	
5,714.87	81.00	

Net Income

10:23 AM 08/07/12 Cash Basis

Funeral Consumers Alliance Profit & Loss Budget vs. Actual January through July 2012

Ordinary I	ncome/Expense	
Inc	ome	
	Conference (Biennial)	
	Defunct Affiliate funds	
	Dues from affiliates	
	Friends of FCA	
	Gifts from Affiliates	
	Headquarters Fundraising	
	Roberts Direct Mail	
	Sales - Publications	
	Special Gifts	
To	tal Income	
Gross	Profit	
Ex	pense	
	2012 Biennial expense	
	Affiliate Support	
	Board expense	
	Equipment and maintenance	
	Fundraising	
	Health Insurance	
	Insurance	
	Legal Expense	
	Management Salary	
	Med FICA Tax	
	Newsletter	
	Office Supplies	
	Other employee wages	
	Other office expense	
	Paypal	
	Postage	
	Publications	
	Rent	
	Retirement	
	Social Security tax	
	Telecommunication	
	Travel	
	Unemployment Insurance	
	Utilities	
	Onnace	

Net Ordinary Income

Total Expense

10:23 AM 08/07/12 Cash Basis

Funeral Consumers Alliance Profit & Loss Budget vs. Actual
January through July 2012

Net Income

10:20 AM
08/07/12
Cash Basis

Funeral Consumers Alliance Balance Sheet As of July 31, 2012

	As of July 3, 1, 220
ASSETS	
Current Assets	
Checking/Savings	
1-Chittenden checking	27,875 95
2-Chittenden credit card	12,093 89
5-Petty cash	100 00
Total Checking/Savings	40,069 84
Other Current Assets	
American Capital World Grwth(E)	50,049 44
Undeposited Funds	4,537 57
Van. Prime Money VMMXX	5,126 65
Van. Wellington (E) VWENX	124,025 17
Van.Short-Term Invest-Grade(CC) 29,202 04
Total Other Current Assets	212,940 87
Total Current Assets	253,010 71
TOTAL ASSETS	253,010.71
LIABILITIES & EQUITY Equity	
Capital Campaign Net Assets	29,202 04
Endow net asset (bd restricted)	60,997 79
Unrestricted Net Assets	157,096 01
Net Income	5,714 87
Total Equity	253,010 71
TOTAL LIABILITIES & EQUITY	253,010.71



August 10, 2012

Dear Karen,

Thank you for your interest in Chattanooga & in the Doubletree Hotel Chattanooga! We can provide accommodations and meeting space for the dates you requested and would be delighted to host your event.

Our hotel is located in the heart of Chattanooga's Riverfront District We are only two blocks from the Tennessee Aquarium/IMAX 3D Theatre, the Southern Belle Riverboat, and the Regional History Museum. The Doubletree is located one block from the complimentary electric shuttle system that connects all of the downtown attractions and eateries to our Hotel. Located just 10 miles from the Chattanooga Metropolitan Airport, we are an easy choice for your stay in the Scenic City.

The DoubleTree Hotel Chattanooga is pleased to offer the following to your group:

Accommodations

All of our Guest Rooms feature HDTV LCD Televisions, MP3 clock radios, Wolfgang Puck in-room coffee, Microwaves, Refrigerators, Doubletree "Sweet Dreams" sleep experience, as well as wired and wireless high speed internet access throughout the hotel.

Room Block and Rooms Rates as requested:

Room Occupancy	Rates/Rooms Nights				
_	10/12/12	10/13/12			
	Fri	Sat			
Standard Room with a King Size Bed					
Standard Rooms with 2 Queen Size Beds					
Total Rooms	10	10			

Guest Room Rates

We are pleased to confirm the following special net meeting/convention rates:

Singles	\$109.00		
Doubles	\$109.00		

All room rates are **net non-commissionable** and are quoted exclusive of appropriate state and local taxes, fees and assessments, currently 17.25%. Quoted rates will be offered, based on availability, to your attendees 3 days before and 3 days after the above dates.

Reservations

Reservations can be made directly by the attendee via the Internet using a Personalized Web Page. A unique URL will be created to send to your attendees, or they may reserve directly with the hotel reservations department by calling our toll-free number 1-800-HILTONS.



Meeting Space

Doubletree Hotel Chattanooga makes planning and hosting your meeting easy. With 11,000 square feet of meeting space, we can accommodate you conference, sales presentation, corporate retreat, theme party or formal affair, we can accommodate them all. Rely on our expertise to provide the perfect setting for any occasion.

FUNCTION SPACE AND FOOD AND BEVERAGE AS PER YOUR REQUEST

DAY/DATE/YEAR	TIME	FUNCTION / PPL	ROOM SET- UP	ROOM RENTAL
Friday 10/11/12	Half Day	Board Meeting	Conference	Waived
Saturday 10/12/12	All Day	Board Meeting	Conference	Waived
Sunday 10/13/12	Half Day	Board Meeting	Conference	Waived

The is a onetime \$50.00 set up fee for the space listed. All food & beverage items will be applied at the current rates. Our experienced Food and Beverage department will be happy to assist you with your catering needs and details. Tax (9.25%) and Service Charge (20%) will be added to all meal functions. We would require a credit card or cash deposit at the time of booking equaling 25% of the estimated event to secure event date, facility and time. The deposit is non-refundable.

Dining

ELEVEN - Inspired Traditional Dining

While staying at the Doubletree Hotel Chattanooga, there is no need to go anywhere else to enjoy great food. Our ELEVEN Restaurant features inspired cuisine along with regional dishes, created by our talented culinary team. ELEVEN Restaurant is open for breakfast, offering the Doubletree breakfast buffet complete with omelet chef, preparing to your exact specifications, along with many indulgent and healthy plated options. Lunch at ELEVEN offers a complete buffet (Monday - Friday, 11:30am - 1:30pm) featuring a daily food theme with new hot bar items, sautéed specialties and assorted desserts, in addition to a variety of plated salads, sandwiches and entrée options. For dinner, try one of our many healthful, signature dishes, like our pan seared, Parmesan Crusted Tilapia Fillet, or our Roasted North Georgia Herb Rubbed Chicken. If steak is more your style, we have several on the menu to chose from and of course, all of our beef is Niman Ranch, certified Black Angus.

H2O Lounge

Hip, modern, and comfortable best describe Chattanooga's newest lounge. Located within the Doubletree Hotel Chattanooga, H2O Bar features a full selection of wine, beer, and cocktails with menu service available for dining or snacking.

Relax around the all-season indoor fire pit while enjoying your favorite beverage. Catch your favorite sporting event on one of our several flat screen TV's, test your skills on our H2O Bar Wii system, or find a quiet spot to catch up on some work, check email or surf the net using our complimentary wireless high speed internet located throughout our hotel.

Parking

Parking in a secured lot is available for your group as well. Self parking is available at \$8.00 & valet parking is \$12.00 per night

Chattanooga's Premier Green Hotel

The Doubletree Hotel Chattanooga is committed to sustainable practices as the way we do business. The Doubletree Hotel Chattanooga's key priorities include community involvement, waste reduction, energy efficiency, and localized purchasing. Doubletree Hotel Chattanooga's efforts are not limited to inside the hotel; all staff members are part of an ongoing effort to also make Chattanooga a better place to live, do business, and play. We are always



continuously seeking for areas of improvement by carefully tracking our efforts. It is amazing how far we have come, but even more exciting to see how far we have to go in the years ahead.

Some of our Sustainability Achievements include:

- Sky Con Green Globe Certified
- Chattanooga Green Certificate of Achievement in Environmental Lodge Practices
- AHLA Completion of 2009 Green Guidelines Challenge.

We are very proud to have received the 2011 Governor's Environmental Stewardship Award

Hilton HHonors Event Planner Points

Make your next event extra rewarding with Hılton HHonors® Event Planner. Earn Points & Miles® with meetings, conferences, weddings, family reunions and other special occasions.

Honors members who hold qualifying events at the Doubletree Hotel Chattanooga can earn

1 HHonors bonus point and 1 airline mile per US\$ spent.

If you would like to visit our property, please let me know and we can set up a time. I also urge you to take a virtual tour of our hotel online at www.chattanooga.doubletree.com.

Thank you for your consideration and we hope to have an opportunity to treat your group to the very best in service, value and hospitality. I will follow up with you shortly, but please contact me if I can be of assistance.

We appreciate your consideration.

Sincerely,

Lori Jenkins, CHSP ljenkins@vhghotels.com Group Sales Manager Chattanooga Doubletree Hotel