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DLN: 93493320029902

Form **990** 匆

Department of the Treasury

Return of Organization Exempt From Income Tax

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

2011

OMB No 1545-0047

Open to Public

Internal Re			- The organization may have to us					- cquiroinio		Inspection
A Fort			endar year, or tax year beginning 01 C Name of organization	1-01-2011	and ending 12	-31-2011		D Employe	r ident	ification number
Addre			FOUNDATION OF THE AMERICAN BOARD OF TRIAL ADVOCATES	OF				57-096	9581	
			Doing Business As				_	E Telepho		ber
∏ Name								(214)8	71-75	23
┌ Initial			Number and street (or P O box if mail is 2001 BRYAN STREET SUITE 3000	not delivered	l to street address)	Room/su	ite	G Gross rec		
Term	ınated	d	2001 BRIAN STREET SOITE 3000							
Mer Amer	nded r	return	City or town, state or country, and ZIP + DALLAS, TX 75201	4						
Applic	cation	pending	Brief S, TX 75201							
		Γ	F Name and address of principa	ıl officer			H(a) Is thi	ı sagroupr	eturn fo	or
			WILLIAM R SIEBEN 2001 BRYAN STREET SUITE 30	000			affilia	tes?		┌ Yes 🔽 No
			DALLAS,TX 75201				H(b) Are al	l affiliates ir	cluded	?
										see instructions)
I ⊤ax-	exem	pt status	▼ 501(c)(3)	:no)	947(a)(1) or Γ 5	27		p exemptio		
J Wel	bsite	:: - WW\	W A B O T A O R G							
V	-6		Corporation Trust Association	Other be			l Voor of for		N C	tate of legal domicile SC
Part		Sumi	· · · · · · · · · · · · · · · · · · ·	Other F			L Year of fo	mation 1993	MS	tate of legal domicile. SC
Fall			scribe the organization's mission or							
Governance	7	TO SUPP CONSTI	ORT THE PURPOSES OF THE AME TUTIONAL VISION OF EQUAL JUS GENERATIONS	ERICANB	OARD OF TRIA	LADVO				
臺										
රි	2 (Check th	ıs box দ ıf the organızatıon dıscon	itinued its	operations or dis	sposed o	of more than 2	5% of its n	et ass	ets
×5	3 1	Number o	of voting members of the governing b	ody (Part	VI, line 1a) .				3	11
Activities &	4 N	Number o	findependent voting members of the	e governın	g body (Part VI,	line 1b)			4	11
<u> </u>	5 T	Γotal nun	nber of individuals employed in caler	ndar year 2	2011 (Part V , lır	ie 2a) .			5	7
ধ	6 T	Γotal nun	nber of volunteers (estimate if neces	ssary) .					6	0
	7 a ⊺	Γotal unr	elated busıness revenue from Part V	/III, colun	nn (C), line 12				7a	1,692
	Ь١	Net unrel	ated business taxable income from F	Form 990-	T, line 34 .	•	_		7b	692
							Prio	r Year		Current Year
۵. ا	8 Contributions and grants (Part VIII, line 1h)								903,556	
ž.							528,398		393,497	
Revenue	10		ment income (Part VIII, column (A),					-13,23	_	3,923
_	11		revenue (Part VIII, column (A), lines					6,52	2.6	7,787
:	12		evenue—add lines 8 through 11 (mu:		•		•	1,134,79	9	1,308,763
	13		and similar amounts paid (Part IX, o				0			
:	14		s paid to or for members (Part IX, co	0						
. :	15	Salarıe	s, other compensation, employee be	enefits (Pa	rt IX, column (A), lines				
Expenses		5-10)					273,077 216,74			
ं क्रुं ः	16a	Profess	sional fundraising fees (Part IX, colu	ımn (A), lır	e 11e)		0 (
ਡੋ	b	Total fun	draising expenses (Part IX, column (D), line	25) ト 0						
	17		expenses (Part IX, column (A), lines		•			879,50	_	734,505
	18		xpenses Add lines 13-17 (must eq			-		1,152,58	_	951,253
	19	Revenu	ie less expenses Subtract line 18 fr	rom line 12	2			-17,78		357,510
ू हुँ हुँ इस्								j of Current ear	·	End of Year
50 kg .	20	Totala	ssets (Part X, line 16)				<u>'</u>	2,186,59	7	2,454,969
끍쁘ㅣ	21		abilities (Part X, line 26)					496,28	_	432,945
## E	22		sets or fund balances Subtract line					1,690,31	_	2,022,024
Part			ature Block							_,,-
Under p	oenal dge a	ties of pe and belief,	rjury, I declare that I have examined th , it is true, correct, and complete. Decl:				r) is based on a	all informati		
Sign		****** Signature of officer Date								
Here		WILLIA	AM R SIEBEN TREASURER							
_			or print name and title							
		Preparer's			Date		Check if Preparer's taxpayer identification number			
Paid	signature CURTIS MAXFIELD se				elf- employed 🕨 🦵	(see instrue P00445178	ctions)			
Prepar	er's							1, 30,7731/6		
Use Or		ıf self-em	ployed),					EIN ▶ 75-2	2393478	
	•	address,	and ZIP + 4 F 8343 DOUGLAS AVENUE ST	TE 400				Phone no) (21A) 393-9300
		ı	DALLAC TV 75335					I HOUSE HO	. (214	, 555 5500

May the IRS discuss this return with the preparer shown above? (see instructions)

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
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.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
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		No
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	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	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V \cdot . $$.	•	.୮						
			Yes	No					
1a	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								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax								
	Statements filed for the calendar year ending with or within the year covered by this								
_	return	1							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the								
-	year?	3a	Yes						
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes						
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 or securities account)?	4a		No					
h	,			110					
U	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts								
	See histractions for himly requirements for Form 1D F 90-22 1, Report of Foreign Bank and Financial Accounts								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No					
) D							
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No					
	organization solicit any contributions that were not tax deductible?								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b							
-	were not tax deductible?								
7	Organizations that may receive deductible contributions under section 170(c).	7a		No					
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?								
ь	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to								
	file Form 8282?	7c		Νo					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No					
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as								
	required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	74							
	Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess								
	business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the organization make any taxable distributions under section 4966?	9a							
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter								
	Initiation fees and capital contributions included on Part VIII, line 12 10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b								
	facilities								
11	Section 501(c)(12) organizations. Enter								
а	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other								
	sources against amounts due or received from them)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the								
	year 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue								
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization								
	allocated to each state	13a							
b	Enter the aggregate amount of reserves the organization is required to maintain by								
_	the states in which the organization is needed to issue qualified health plans								
С	Enter the aggregate amount of reserves on hand 13c								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No					
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14b							

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection 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			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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?	7a	Yes	
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			110
	evenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by	14	165	
_	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15-	Yes	
		15a	Yes	
D	Other officers or key employees of the organization	15b	res	
	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?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

Own website Another's website V Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 BRIAN TYSON 2001 BRYAN STREET SUITE 3000

DALLAS,TX 75201 (214)871-7523

<u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

Check this box if neither the organiz	•	lated o	rganı	zatio	ns o	compe	nsat	ed any current or fo	ormer officer, direct	or, or trustee	
(A) Name and Title	(B) Average hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations	
(1) CHARLES H BAUMBERGER PRESIDENT	20 00	х		х				0	0	0	
(2) WILLIAM H GINSBURG VICE PRESIDENT	10 00	х		Х				0	0	0	
(3) WAYNE HOGAN SECRETARY	10 00	х		х				0	0	0	
(4) WILLIAM R SIEBEN TREASURER	10 00	х		х				0	0	0	
(5) MICHAEL A KELLY TRUSTEE	10 00	х						0	0	0	
(6) GRADY F TOLLISON TRUSTEE	10 00	х						0	0	0	
(7) DONALD J WINDER TRUSTEE	10 00	х						0	0	0	
(8) HARRY T WINDMANN NATIONAL PRESIDENT AND TRUSTEE	10 00	х						0	0	0	
(9) ROBERT N STONE NATIONAL PRESIDENT-ELECT AND TRUSTEE	10 00	х						0	0	0	
(10) MICHAEL T CALLAHAN NATIONAL VICE PRESIDENT AND TRUSTEE	10 00	х						0	0	0	
(11) THOMAS V GIRARDI TRUSTEE	10 00	х						0	0	0	
(12) BRIAN TYSON EXECUTIVE DIRECTOR	4 00				х			15,900	143,100	38,347	

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

	(A) Name and Title	nd Title Average hours more than one box, compensation from the week (describe) director/trustee) Position (do not check nore than one box, compensation compensation from the organizations (W- 2/1099-MISC) (W- 2/1099-				Reportable compensation from related organizations (W- 2/1099-	(F Estim amount of compen from organizat	ated of other sation the ion and				
		hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	relat organiz	I
1b	Sub-Total				•			>				
c d	Total from continuation sheets: Total (add lines 1b and 1c) .			•	•			<u> </u>	15,900	143,100		38,347
2	Total number of individuals (incli \$100,000 of reportable compens					ted	above) who	received more th	an		
											Yes	No
3	Did the organization list any forr on line 1a? <i>If</i> "Yes," complete Sch							ee, o	r highest compen		3	No
4	For any individual listed on line 1 organization and related organization and related organization.									ıch	4 Yes	
5	Did any person listed on line 1a services rendered to the organiz										5	No
Se	ection B. Independent Con	tractors										
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio										
	Nan	(A) ne and business add	dress						Des	(B) cription of services	Compe	
	Total number of independent conti \$100,000 of compensation from t			ot lır	nıte	d to	those	liste	d above) who rece	ived more than		

Part V	<u> </u>	Statement of Revenue					
	.			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
表表	1a	Federated campaigns 1a					
きま	ь	Membership dues 1b	320,679				
ಕಾ≧	_ ا	Fundraising events 1c					
क्रुं हें	С						
<u>*5.₹</u>	d	Related organizations 1d					
હેં≣	e	Government grants (contributions) 1e					
문	f	All other contributions, gifts, grants, and 1f	582,877		i		
きを	١.	sımılar amounts not ıncluded above					
운항	g	Noncash contributions included in					
Contributions, gifts, grants and other similar amounts		lines 1a-1f \$					
ည်း	h	Total. Add lines 1a-1f	▶	903,556			
			Business Code				
≘	2a	SEMINAR REGISTRATIONS	900099	202.407	202.407		
že.		SEPTIMAR REGISTRATIONS	900099	393,497	393,497		
윤	b						
o.	c						
ž	d						
B							
E	e						
Program Serwce Revenue	f	All other program service revenue					
Š		Total. Add lines 2a-2f	L .	393,497			
•	g			393,497			
	3	Investment income (including dividend	. F	0.000			0.000
		and other similar amounts)	<u> </u>	9,300			9,300
	4	Income from investment of tax-exempt bond p	proceeds				
	5	Royalties	▶ [1,692		1,692	
		(ı) Real	(II) Personal				
	6a	Gross rents					
	ь	Less rental					
		expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) Other				
	7a	Gross amount 147,094	(11)				
		from sales of assets other					
		than inventory					
	ь	Less cost or 152,471					
		other basis and sales expenses					
	c	Gain or (loss) -5,377					
	d	Net gain or (loss)		-5,377			-5,377
	8a	Gross income from fundraising	T				
Φ		events (not including					
문		\$					
خ ف		of contributions reported on line 1c)					
Other Revenue		See Part IV, line 18					
<u></u>		a					
Ě	b	Less direct expenses b					
0	С	Net income or (loss) from fundraising e	events 🟲				
	9a	Gross income from gaming activities					
		See Part IV, line 19					
		а					
	ь	Less direct expenses b					
	С	Net income or (loss) from gaming activ	/ities				
	10a	Gross sales of inventory, less					
		returns and allowances .					
		а	3,825				
	ь	Less cost of goods sold b	0				
	С	Net income or (loss) from sales of inve	entory 🕨	3,825	3,825		
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS REVENUE	900099	2,270			2,270
	ь						
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d		2,270			
			*	2,270			
	12	Total revenue. See Instructions	▶	1,308,763	397,322	1,692	6,193
				1,500,705	221,222	1,092	0,193

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

	heck if Schedule O contains a response to any question in this Part IX	<u></u>		<u>l .</u>	
	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	15,900		15,900	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	137,788	68,890	68,898	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	13,876	6,233	7,643	
9	Other employee benefits	31,280	11,460	19,820	
10	Payroll taxes	17,904	5,240	12,664	
11	Fees for services (non-employees)				
а	Management				
ь	Legal				_
c	Accounting				_
d	Lobbying				_
e	Professional fundraising See Part IV, line 17				_
f	Investment management fees	3,514		3,514	
g	Other	23,501		23,501	
12	Advertising and promotion	,		,	
13	Office expenses	45,912	7,689	38,223	
14	Information technology	,		,	
15	Royalties				
16	Occupancy	37,371		37,371	
17	Travel	29,365		29,365	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,		·	
19	Conferences, conventions, and meetings	17,762		17,762	
20	Interest				
21	Payments to affiliates				_
22	Depreciation, depletion, and amortization	16,860		16,860	_
23	Insurance	6,882		6,882	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	PROFESSIONAL EDUCATION	303,104	303,104		
b	PROGRAM EXPENSES	129,331	129,331		
c	SUPPORT SERVICES	76,116	6,429	69,687	
d	DEVELOPMENTAL COSTS	44,787		44,787	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	951,253	538,376	412,877	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
				F -	rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 794, 183 996,163 1 1 23.550 21.934 2 2 Savings and temporary cash investments 3 462,291 3 555,060 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 26.637 30.467 8 9 9.949 9 28,444 Prepaid expenses and deferred charges 10a 202.650 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 164, 164 b Less accumulated depreciation 45,526 10c 38,486 4,536 2,803 11 11 351,567 329,311 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 468,358 15 15 452,301 2,186,597 2,454,969 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 130,546 86,952 17 Accounts payable and accrued expenses . 17 18 18 19 19 365,739 345,993 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D 26 496,285 26 432,945 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 Balances through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ 🔽 and complete lines 30 through 34. ö 0 0 30 Capital stock or trust principal, or current funds 30 Assets 0 0 31 31 Paid-in or capital surplus, or land, building or equipment fund 1,690,312 2,022,024 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 1.690.312 33 2.022.024 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 2.186.597 2.454.969 34

Pal	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1.3	308,76	
2	Total expenses (must equal Part IX, column (A), line 25)	2	951,2			
3	Revenue less expenses Subtract line 2 from line 1	3		3	357,51	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,690,3		
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-25,7			
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		2,0	22,02	
Par	TEXTI Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			দ		
1	Accounting method used to prepare the Form 990			Yes	No	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No	
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes		
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b			

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Inspection

		ne organi:		DD 05			Employer identificat	ion number			
	_ ADVOC		MERICAN BOA	RD OF			57-0969581				
Pa	rt I	Reas	on for Pu	ıhlic Charity Sta	tus (All organizatio	ns must complete this pa					
					`	ough 11, check only one bo	,				
1	Г					section 170(b)(1)(A)(i).	,				
2	Ė		•	•	.)(A)(ii). (Attach Sche						
3						cribed in section 170(b)(1)((A)(iii).				
4	Γ	A medi	cal researc			a hospital described in sec t		Enter the			
5	Г	_	•	perated for the benefi (A)(iv). (Complete P	-	sity owned or operated by a	governmental unit des	scribed in			
6	Γ	A feder	al, state, or	local government o	governmental unit de	scribed in section 170(b)(1))(A)(v).				
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)									
8	Г				aitii) 1 170(b)(1)(A)(vi) (C	omploto Part II)					
9	, マ		•			% of its support from contrib	uitions momborship fo	os and gross			
,	1,		nd (2) no more than 33								
						ness taxable income (less s					
		•	Justinesses								
10	Г			_	•	n 509(a)(2). (Complete Part or public safety See section	•				
11	<u>'</u>	tions of, or to carry ou	t the nurnoses of								
	,	one or the box	more public	ly supported organiz	ations described in se orting organization an	ction 509(a)(1) or section 5 d complete lines 11e throug III - Functionally integrated	509(a)(2) See section gh 11h				
e	Γ	By cheo	cking this b	ox, I certify that the	organization is not co	ntrolled directly or indirectly ublicly supported organizati	y by one or more disqu	alıfıed persons			
f		If the o	. , , ,	received a written d	etermination from the :	IRS that it is a Type I, Type	II or Type III suppor	ting organization,			
g		Since A	ugust 17, 2	2006, has the organ	zation accepted any g	ift or contribution from any o	of the	ŗ			
			g persons?					[]			
				•	•	r together with persons des	` ' —	Yes No			
					e the supported organ	ization?		lg(i)			
		• •	•	er of a person descri	* *	\ ahaya2		g(ii)			
h			(iii) a 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s)								
	(i) Name		(ii)	(iii) Type of organization (described on	(iv) Is the organization in col (i) listed in	(v) Did you notify the organization in	(vi) Is the organization in	(vii)			

(i) Name of supported organization	(ii) EIN	Type of organization (described on lines 1- 9 above or IRC section (see	organization (described on lines 1- 9 above or IRC section organization in document? Did you notify the organization in col (i) listed in your governing document? Did you notify the organization in col (i) of your support? Is the organization in col (i) of your in the U.S.		e Ion In anized	(vii) A mount of support?			
		instructions))	Yes	No	Yes	No	Yes	No	
-									
Total									

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

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

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	577,932	2 662,239	779,262	613,114		903,556	3,536,103
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,053,812	2 729,483	499,223	528,398		393,497	3,204,413
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	1,631,744	1,391,722	1,278,485	1,141,512	1	,297,053	6,740,516
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			22,250				22,250
b	A mounts 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	112,160	82,400	39,810			21,859	256,229
c	Add lines 7a and 7b	112,160	82,400	62,060			21,859	278,479
8	Public Support (Subtract line 7 c from line 6)							6,462,037
	ction B. Total Support ndar year (or fiscal year beginning		Т					
Cale	in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
9	A mounts from line 6	1,631,744	1,391,722	1,278,485	1,141,512	1	,297,053	6,740,516
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	44,931	12,300	9,087	7,071		10,992	84,381
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	44,931	12,300	9,087	7,071		10,992	84,381
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	15,291	15,931	12,415	4,181		6,095	53,913
13	Total support (Add lines 9, 10c, 11 and 12)	1,691,966	1,419,953	1,299,987	1,152,764		,314,140	6,878,810
14	First Five Years If the Form 990 is to check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3	3) organı	zation, ▶厂
Se	ction C. Computation of Pub	lic Support P	ercentage					
15	Public Support Percentage for 2011			13 column (f))		15		93 940 %
16	Public support percentage from 201	.0 Schedule A, P	art III, line 15			16		93 950 %
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge				
17	Investment income percentage for 2				n (f))	17		1 230 %
18	Investment income percentage from 33 1/3% support tests—2011. If the					18	0/	1 440 %

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

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

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

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493320029902

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Internal Revenue Service

	e of the organization DATION OF THE AMERICAN BOARD OF	Employer identification number				
	ADVOCATES		57-0969581			
Part	Organizations Maintaining Donor A organization answered "Yes" to Form 9	90, Part IV, line 6.	·			
		(a) Donor advised funds	(b) Funds and other accounts			
L T	otal number at end of year					
2 4	aggregate contributions to (during year)					
3 4	Aggregate grants from (during year)					
1 A	Aggregate value at end of year					
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		nor advised Yes No			
ι	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit					
Part	Conservation Easements. Complete	ıf the organization answered "Yes"	to Form 990, Part IV, line 7.			
Г Г	Purpose(s) of conservation easements held by the of the preservation of land for public use (e.g., recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qua	tion or pleasure)	n historically importantly land area certified historic structure			
	easement on the last day of the tax year					
			Held at the End of the Year			
a 7	Total number of conservation easements		2a			
ь٦	Total acreage restricted by conservation easement	s	2b			
c l	Number of conservation easements on a certified hi	storic structure included in (a)	2c			
d l	Number of conservation easements included in (c) a	acquired after 8/17/06	2d			
	Number of conservation easements modified, transfirche taxable year 🛌	erred, released, extinguished, or terminat	ed by the organization during			
1	Number of states where property subject to conserv	vation easement is located 🛌	<u></u>			
	Does the organization have a written policy regardir enforcement of the conservation easements it holds		ndling of violations, and Yes No			
5 9	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easer	ments during the year ►			
	Amount of expenses incurred in monitoring, inspect \$	ing, and enforcing conservation easement	ts during the year			
	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of se	ection Yes No			
Ł	In Part XIV, describe how the organization reports of palance sheet, and include, if applicable, the text of the organization's accounting for conservation ease:	the footnote to the organization's financia				
Part	Organizations Maintaining Collection Complete if the organization answered		or Other Similar Assets.			
ā	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or resea	rch in furtherance of public service,			
_	If the organization elected, as permitted under SFA! historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research				
((i) Revenues included in Form 990, Part VIII, line	1	► \$			
((ii) Assets included in Form 990, Part X		► \$			
2 I	If the organization received or held works of art, his following amounts required to be reported under SFA		· -			
	Revenues included in Form 990, Part VIII, line 1		► \$			

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	<u>tori</u>	cal Tre	easur	res, or O	<u>ther</u>	<u> Similar</u>	<u>Asse</u>	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	_		_		se of its coll	ection		
а	Public exhibition		d	Γ	Loan o	rexch	ange progr	ams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's c Part XIV	ollections and expla	ıın hov	v they	/ further	the o	rganızatıon	's ex	empt purpos	e in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than								ılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar	ements. Comple	ete ıf	the	organiz	zation			es" to Forn	า 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	ediary	for c	ontrıbut	ions o	r other ass	ets n	iot	Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI $$	V and complete the	follow	ıng ta	able		_					
							-			Amou	nt	
С	Beginning balance						_	1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1 f				
2a	Did the organization include an amount on F	orm 990, Part X, lin	e 21?							Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	<i>'</i>										
Par	t V Endowment Funds. Complete		n ans	were	ed "Yes							
		(a)Current Year	(b)	Prior \		(c) Tw	o Years Back	+	Three Years Ba	ick (e)	Four Ye	ears Back
1a	Beginning of year balance	775,856			770,469		820,10	1		_		
b	Contributions							_				
C	Investment earnings or losses	148,760			5,387		-49,63	2				
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses							+		+		
_	End of year balance	924,616			775,856		770,46	9		+		
g ~	,	<u> </u>			773,030		770,10	1				
2	Provide the estimated percentage of the year	0 %	as									
а	Board designated or quasi-endowment	0 %										
b	Permanent endowment ► 3 000 %											
C	Term endowment ► 97 000 %											
3a	Are there endowment funds not in the posse organization by	ssion of the organiz	ation	that a	re held	and ac	dministered	for	the	ı	Yes	
	(i) unrelated organizations								Б	3a(i)	res	No No
	(ii) related organizations			•				•	_	Ba(ii)		No
ь	If "Yes" to 3a(II), are the related organization			ched	ule R?			٠. ٠		3b		
4	Describe in Part XIV the intended uses of the								_			
Par	VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	rt X	, line 1	0.						
	Description of property				ı) Cost or sıs (ınvest		(b)Cost or basis (oth		(c) Accumu depreciat		(d) Bo	ok value
1 a l	and			+								
	Buildings							3,222		4,932		3,290
	easehold improvements							,		.,		5,250
	Equipment		•				130	5,670	1	08,974		27,696
	 > 4 h a m						†	7,758		50,258		7,500
	Add lines 1a-1e <i>(Column (d) should equal Fo</i>		mn (R)	line	10(c))		<u> </u>	.,736		20,230		38,486
Jul	That mes is it (column (a) should equal to	ani 550, raic A, colui	(<i>D)</i>	, ,,,,,,,	±0(0 <i>).)</i>	• •	<u> </u>	•		e D (F	Orm O	
									Schedul	e v (r	um 9	7U) ZU

(a) Description of security or category		(c) Method	of valuation
(including name of security)	(b)Book value		year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other			
(A) MUTUAL FUNDS	305,041		F
(B) MANAGED FUTURES	24,270		F
(1)			·
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	329,311		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line 13		
(a) Description of investment type	(b) Book value		of valuation year market value
			,
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990, Part X, II	ne 15.		
(a) Descri	ption		(b) Book value
(1) DUE FROM ABOTA			445,830
(2) SECURITY DEPOSIT			6,471
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		452,301
Part X Other Liabilities. See Form 990, Part 3			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
See Additional Data Table			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶			

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	-
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,308,763
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	951,253
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	357,510
4	Net unrealized gains (losses) on investments	4	-25,798
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-25,798
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	331,712
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	
1	Total revenue, gains, and other support per audited financial statements	1	1,282,965
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	-25,798
3	Subtract line 2e from line 1	3	1,308,763
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
C	Add lines 4a and 4b	4 c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,308,763
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	951,253
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	_	
a	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	951,253
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	951,253
Pa	rt XIV Supplemental Information		
C 0 =	mulate this part to provide the decomptions required for Dart II lines 2. F. and 0. Dart III lines 15 and 4. De	- et 11/	l

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE MARK P ROBINSON, SR ADVOCACY FUND IS A PERMANENT ENDOWMENT CREATED IN 1998 BY HIS SON, MARK P ROBINSON, JR IN RECOGNITION OF MR ROBINSON, SR'S DEDICATION TO THE PRESERVATION OF THE AMERICAN CIVIL JUSTICE SYSTEM AND HIS SERVICE TO THE PROFESSION AND THE PUBLIC INCOME FROM THE ENDOWMENT MAY BE USED FOR ANY APPROPRIATE PURPOSE AS DETERMINED FROM TIME TO TIME BY THE TRUSTEES OF THE FOUNDATION THE ARKANSAS CHAPTER OF THE AMERICAN BOARD OF TRIAL ADVOCATES ADVOCACY FUND CREATED A PERMANENT ENDOWMENT IN 2002 INCOME FROM THE ENDOWMENT IS TO BE USED FOR ANY APPROPRIATE PURPOSE AS DETERMINED FROM TIME TO TIME BY THE TRUSTEES OF THE FOUNDATION
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	FORM 990, SCHEDULE D, PART X, LINE 2 GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOUNDATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE FOUNDATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2011, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS MANAGEMENT BELIEVES THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATION FOR YEARS PRIOR TO 2007

Compensation Information

DLN: 93493320029902

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	INDATION OF THE AMERICAN BOARD OF AL ADVOCATES			57-0969581			
Da	rt I Questions Regarding Compensat	ion		7-0909381			
L C	Questions Regarding compensati	.1011				Yes	Νo
1a	Check the appropriate box(es) if the organization	nrovided ai	ny of the following to or for a person lis	sted in Form		103	140
Ia	990, Part VII, Section A, line 1a Complete Part						
	First-class or charter travel		Housing allowance or residence for p				
	Travel for companions		Payments for business use of persor	ial residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation	n fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauff	eur, chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement orprovision of all the expenses de				1b		
2	Did the organization require substantiation prior officers, directors, trustees, and the CEO/Execut				2		
3	Indicate which, if any, of the following the organiz	ation uses	to establish the compensation of the				
	organization's CEO/Executive Director Check al	II that apply					
	Compensation committee	<u> </u>	Written employment contract				
	Independent compensation consultant	<u> - </u>	Compensation survey or study				
	Form 990 of other organizations	<u> </u>	Approval by the board or compensat	on committee			
4	During the year, did any person listed in Form 99 or a related organization	0, Part VII	, Section A , line 1a with respect to th	e filing organization			
а	Receive a severance payment or change-of-cont	rol paymen	t?		4a		Νo
b	Participate in, or receive payment from, a supple	mental non	qualified retirement plan?		4b		No
c	Participate in, or receive payment from, an equity	/-based co	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and	l provide th	e applicable amounts for each item in	Part III			
	Only 501(c)(3) and 501(c)(4) organizations only	must comp	olete lines 5-9.				
5	For persons listed in form 990, Part VII, Section compensation contingent on the revenues of	A, line 1a,	did the organization pay or accrue an	у			
а	The organization?				5a		Νo
b	Any related organization?				5b		No
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section compensation contingent on the net earnings of	A, line 1a,	did the organization pay or accrue an	У			
а	The organization?			L	6a		Νo
b	Any related organization?			L	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes			-fixed	7		No
8	Were any amounts reported in Form 990, Part VI subject to the initial contract exception describe						
	ın Part III	3	· · · · · · · · · · · · · · · · · · ·		8		No
9	If "Yes" to line 8, did the organization also follow section 53 4958-6(c)?	the rebutt	able presumption procedure described	ın Regulations	9		

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

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

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

(A) Name		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
(1) BRIAN TYSON	(I) (II)	15,900 143,100	0	0 0	1,585 14,265	2,250 20,247	19,735 177,612	0
-								
-								
-								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		SALARIES AND BENEFITS ARE ALLOCATED BETWEEN THE AMERICAN BOARD OF TRIAL ADVOCATES (EIN 95-2504030) AND THE FOUNDATION OF THE AMERICAN BOARD OF TRIAL ADVOCATES THE FOUNDATION OF THE AMERICAN BOARD OF TRIAL ADVOCATES IS THE FILING ENTITY FOR ALL W-2'S AND W-3'S

Schedule J (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493320029902

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public

Inspection

Name of the organization
FOUNDATION OF THE AMERICAN BOARD OF
TRIAL ADVOCATES

Employer identification number
57-0969581

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION'S FELLOWS ELECT SEVEN OF THE TEN TRUSTEES THE PRESIDENT, PRESIDENT-ELECT, AND VICE PRESIDENT OF THE AMERICAN BOARD OF TRIAL ADVOCATES ARE ALSO TRUSTEES OF THE FOUNDATION THE TRUSTEES ELECT THE OFFICERS OF THE ORGANIZATION
	FORM 990, PART VI, SECTION B, LINE 11	FORM 990 IS REVIEWED BY THE ACCOUNTING STAFF AND THE EXECUTIVE DIRECTOR IT IS THEN FORWARDED TO THE TREASURER FOR HIS REVIEW AND SIGNATURE
	FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD AND TRUSTEES ANNUALLY REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY AT THE FIRST BOARD MEETING OF THE YEAR
	FORM 990, PART VI, SECTION B, LINE 15	ANNUAL PERFORMANCE REVIEWS ARE CONDUCTED SALARIES ARE COMPARED TO THE NATIONAL ASSOCIATION OF BAR EXECUTIVES ANNUAL SURVEY SALARIES ARE REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE.
	FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -25,798
	FORM 990, PART XII, LINE 2C	THE FINANCIAL STATEMENT REPORTING OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493320029902

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2011

OMB No 1545-0047

Open to Public Inspection

ntemal Revenue Service						specuo	
Name of the organization FOUNDATION OF THE AMERICAN BOARD OF FRIAL ADVOCATES				Employer io 57-096958	dentification number		
Part I Identification of Disregarded Entities (Comp	lete if the organization	on answered "Yes'	" on Form 990, Pa	rt IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) E Total income E	(e) nd-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	izations (Complete the tax year.)	ıf the organizatior	n answered "Yes" (on Form 990, P	art IV, line 34 becaus	e it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity statu (if section 501(c)(3	s Direct controlling)) entity	(g) Section 512(b) controlled organization	
(1) AMERICAN BOARD OF TRIAL ADVOCATES-PARENT						Yes	No
2001 BRYAN STREET SUITE 3000	PUBLIC INTEREST	CA	501(C)(6)	N,	/A N/A		No
DALLAS, TX 75201 95-2504030							
(2) AMERICAN BOARD OF TRIAL ADVOCATES-GROUP							
2001 BRYAN STREET SUITE 3000	PUBLIC INTEREST	CA	501(C)(6)	N,	/A N/A		No
DALLAS, TX 75201 95-4216564							

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Predominant income (related, unrelated, excluded from tax under sections 512-		(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership

Schedule R (Form 990) 2011		Pa	ge 3
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	11		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n	Yes	
• Reimbursement paid to related organization(s) for expenses	10		No
p Reimbursement paid by related organization(s) for expenses	1р	Yes	
	П		
q O ther transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	1r	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN BOARD OF TRIAL ADVOCATES-PARENT	М	108,060	FMV
(2) AMERICAN BOARD OF TRIAL ADVOCATES-PARENT	N	624,086	FMV
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	Share of end-of-year amount in 20 of Schedu (Form 10)		e of end-of-year amount 20 of Sche (Form		(h) Disproprtionate allocations?		Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No			

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011