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# Form **990**

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

OMB No 1545-0047

AF	or the	2011 calendar year, or tax year beginning	and	ending _			
B c	heck if	C Name of organization OSI Trust			D Employer	identifica	ation number
	Address change		cs, LLC				
	Name change	Doing Business As				59-71	62589
	Initial return	Number and street (or P 0 box if mail is not delivered to	street address)	Room/suite	E Telephone	number	
	Termin- ated	2202 N. West Shore Blvd. S	Suite 500			<u>813-2</u>	82-1225
	Amende return	City or town, state or country, and ZIP + 4			G Gross receipt	s <b>\$</b>	650,140.
	Applica- tion pending	14mpa, 11 33007			H(a) Is this a	group ret	
	perding	F Name and address of principal officer:			for affilia	tes?	Yes X No
			· <del></del>	<del></del>	1 ''	ilıates ınçlu	ided? Yes No
			sert no ) 4947(a)(1)	or 527	1		st. (see instructions)
		e: ▶ N/A	- Day - N	1			number ► N/A
		organization Corporation X Trust Association	on Other D	L Year	of formation_	<u> </u>	State of legal domicile FL
		Summary Briefly describe the organization's mission or most signific	Prov	ido li	fo sick	noss	accident s
Activities & Governance		other benefits to eligible en					
nar	_						
Ve	1	Check this box   (I) If the organization discontinued lumber of voting members of the governing body (Part V	/L line 1a)	HE	CFIZER	3	0
Ö	4 1	Number of independent voting members of the governing	body (Part VI. line 1b)	31	THE TO	_   1	
SS		otal number of individuals employed in calendar year 20			<b>M.O.</b> 2246	1861	0
ž		otal number of volunteers (estimate if necessary)	າ11 (Part V, line 2a) ໄດ້	1 """	₩ 8 2012	196	0
cţi	7a 7	otal unrelated business revenue from Part VIII, column (	C), line 12	000	F	0-8 7a	0.
_	l	Net unrelated business taxable income from Form 990-T,	ρ	UGD,	EN IIT	7ь	0.
				L	Prior Yea		Current Year
e	8 (	Contributions and grants (Part VIII, line 1h)	_	467,	744.	398,769.	
Revenue	9 F	Program service revenue (Part VIII, line 2g)	_		0.	0.	
æ.	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7	L	81,	907.	94,135.	
_	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1	  -		0.	0.	
		otal revenue add lines 8 through 11 (must equal Part V			549,		492,904.
	l	Grants and similar amounts paid (Part IX, column (A), line	•	<u> </u>		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line	•		292,		319,989.
ses		Salaries, other compensation, employee benefits (Part IX		<u> </u>		0.	0.
Expenses	i .	Professional fundraising fees (Part IX, column (A), line 11	•	72		0.	0.
Ext	1	Total fundraising expenses (Part IX, column (D), line 25)		72.	25	783.	26,756.
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-2		-		374.	346,745.
	1	Fotal expenses Add lines 13-17 (must equal Part IX, colu Revenue less expenses. Subtract line 18 from line 12	ımın (A), iine 25)	-  -		277.	146,159.
es es	13 1	revenue less expenses. Subtract line 10 nom line 12			eginning of Curr		End of Year
ets	20	Fotal assets (Part X, line 16)			2,062,		2,208,695.
Ass H Ba	21	Fotal liabilities (Part X, line 26)		•		0.	0.
Net/Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 2	0		2,062,	536.	2,208,695.
P	art II	Signature Block				<u> </u>	
Und	er pena	ities of p <del>erjury, Lidecl</del> are that Plave examined this return, includ	ing accompanying schedul	es and state	ments, and to the	best of my	y knowledge and belief, it is
true	, correct	t, and complete Declaration of pressure (other than officer) is b	ased on all information of v	vhich_prepare	er has any knowl	edge	
2					2	121	2012
Sigے	ın	Signature de atticer			Date	, -,	
∉Не	re	Joseph Hartnett, Vice Pre	sident				
<u>`</u>		Type or print name and title					
/\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\		Print/Type preparer's name Preparer	arer's signature		Date	Check L	PTIN
					L	self-employ	ed
	1916q	Firm's name			Firm	's EIN	
use	Only	Firm's address			, n		
-	45 - 15	20 diament the voture with the angelian street of the			Pho	ne no	X Yes No
мa	v ine il	RS discuss this return with the preparer shown above? (	see instructions)				X Yes No

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349,347.

4e Total program service expenses

			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		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Χ_	L
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	'		
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			١
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			١
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			,,
	Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ļ	X
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		ļ	
	as applicable.			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			X
	Part VI	11a	├	<del>  ^</del>
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		ļ	X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b	<del> </del> -	<b>├</b> ^
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	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	116	├	+ ^
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	$\dagger$	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	<u> </u>	+
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		<u> </u>	1
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			1
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	Х
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		T	
	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	X
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.	X
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	1	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
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	$\perp$	X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	4_	X
Ł	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	

c/o OSI Restaurant Partners, LLC 59-7162589 Page 4 Form 990 (2011) C/O OSI Restaurant

[Part IV] 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		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			v
	column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		х
040	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
248	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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			<del></del>
·	any tax-exempt bonds?	24c		Х
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<b></b>	X
	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	Ì	x
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		Į	
	Schedule L, Part I	25b		_ X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			T
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		1
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		}	
а.		28a	<del> </del>	X
b		28ь	├	<b>├</b> ^
C	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		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<del> </del>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20	<del>                                     </del>	<del> </del>
	contributions? If "Yes," complete Schedule M	30	}	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1	†	
	If "Yes," complete Schedule N, Part I	31	1	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Ţ
	Schedule N, Part II	32	1	Х
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	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity?			1
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1_	X
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	┼	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	١
	If "Yes," complete Schedule R, Part V, line 2	36	<del> </del>	<u> </u>
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		}	v
	Note. All Form 990 filers are required to complete Schedule O	38		<u>X</u>
		rom	1 220	(2011)

Form 990 (2011) C/O OSI Restaurant Partners, LLC
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response to any question in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			ı
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	ļ	
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			
_	most for the seasons year strong man of the man and year seasons sy the following			İ
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	ļ.,,,,,,,,	<del></del>
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_	1	Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_	$\vdash$	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<del>                                     </del>	<del>                                     </del>
44	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		x
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	40	<u> </u>	<u> </u>
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			1
E۵	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<del> </del>	$\frac{x}{x}$
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	<del> </del>	<del>                                     </del>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50	<b>†</b>	t
Ju	any contributions that were not tax deductible?	6a	İ	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		<b>†</b>	
	were not tax deductible?	6ь	1	Ì
7	Organizations that may receive deductible contributions under section 170(c).	,		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," Indicate the number of Forms 8282 filed during the year	<u> </u>		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	↓	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<b>↓</b>	X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79	<del></del> -	—
h		7h.	<del> </del>	<del> </del>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			1
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	<del>                                     </del>	<del> </del>
9	Sponsoring organizations maintaining donor advised funds.			1
	Did the organization make any taxable distributions under section 4966?	9a	╂—-	X
	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь	<del> </del>	1^
10	Section 501(c)(7) organizations. Enter:	}		
	Initiation fees and capital contributions included on Part VIII, line 12  Cross received to be found on Form 200. Part VIII, line 12 for public year of club facilities.	-{		
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders	1		
	Gross income from other sources (Do not net amounts due or paid to other sources against	†		
Ĭ	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	.	X
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	1	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	X
-	Note. See the instructions for additional information the organization must report on Schedule O.	1	T	1
t	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u>.   </u>	X
t	o If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		For	ת סמר	1/2011

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

	Check if Schedule O contains a response to any question in this Part VI						
Sect	ion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 0						
	If there are material differences in voting rights among members of the governing body, or if the governing	r					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O		- 1				
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0						
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		<u>X</u> _			
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_		<u>X</u>			
4							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6_		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		1				
	more members of the governing body?	7a		<u>X</u>			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	ļ					
	persons other than the governing body?	7b		<u>X</u>			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
	The governing body?	8a_	X_				
	Each committee with authority to act on behalf of the governing body?	8b		<u>X</u>			
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		<u> X</u>			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)						
40	Data a material and a local standard and a second of the s		Yes				
	Did the organization have local chapters, branches, or affiliates?	10a	-	X			
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	-	X			
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	х			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<del>                                     </del>				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	<del>                                     </del>	<del></del>			
·	In Schedule O how this was done	12c	ł				
13	Did the organization have a written whistleblower policy?	13	<del>                                     </del>	Х			
14	Did the organization have a written document retention and destruction policy?	14	<del>                                     </del>	X			
15	Did the process for determining compensation of the following persons include a review and approval by independent	177	·				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Ì	Х			
	Other officers or key employees of the organization	15b	<del>                                     </del>	X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1.55	1	- <u></u>			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1					
	taxable entity during the year?	16a		Х			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1.00	1	† <u></u>			
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1					
	exempt status with respect to such arrangements?	16b	Ì	1			
Sec	etion C. Disclosure	1 100	<del></del>	ــــــــــــــــــــــــــــــــــــــ			
17	List the states with which a copy of this Form 990 is required to be filed None	-					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availa	ble				
	for public inspection. Indicate how you made these available. Check all that apply.		J.J				
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, as	nd fina	incial				
	statements available to the public during the tax year.	////					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ation:	<b>&gt;</b>				
-	Joseph Hartnett - 813-282-1225						
_	2202 N. West Shore Blvd., Suite 500, Tampa, FL 33607						
1320 01-23	36 I-12	Forr	n <b>990</b>	(2011)			

c/o OSI Restaurant Partners, LLC

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- 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 organiz  (A)	(B)						ısatı					
1		(C Posit				1		( <b>D)</b> Reportable	(E) Reportable	(F) Estimated		
name and ride	Average hours per		(do not check more than one box, unless person is both an			than o		compensation	compensation	amount of		
	week	offi	cer an	os pe	recto	or/trus	tee)	from	from related	other		
	(describe	ģ						the	organizations	compensation		
	hours for	P P				2		organization	(W-2/1099-MISC)	from the		
	related	8	125			nsat		(W-2/1099-MISC)	. `	organization		
	organizations		Institutional trustae		Key employee	ē	1			and related		
	ın Schedule	1 ag	fft	英	Ē	5 52	횰			organizations		
	O)	2	Tg.	Office.	ş	Highest compensated employee	Former					
(1) Joseph Kadow			Ì					_	_	_		
Trustee			<u> </u>	_	ļ			0.	0.	0.		
(2) Steve Shlemon	Ì			1		ì		_	_	_		
Trustee		╄	<u> </u>	<u> </u>	ļ	<u> </u>	L	0.	0.	0.		
(3) Nancy Eiseman					1		ļ			_		
Trustee		1	ļ	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.		
(4) Cathy Kochan				l			l			_		
Trustee		1	<del> </del>	1		<u> </u>	<u> </u>	0.	0.	0.		
(5) Mary Ridgeway								_	_			
Trustee		-	╄		╄-	<u> </u>	<u> </u>	0.	0.	0		
(6) Dirk Montgomery												
Trustee		↓_	—	_	<u> </u>	↓_	ļ.	0.	0.	0 .		
(7) Matt Henson							1			_		
Trustee		╀-	↓_	<del> </del> _	Ļ		Ļ	0.	0.	0.		
		4_	╄-	↓_	↓		Ļ.,					
		1	1	1	1	1						
		╄-	╄-	4_	╄	↓_	<u> </u>					
		-		-	1	1	1			1		
		┿	┶	ـــــ	上		1_					
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		丰	┺	_			↓					
		1	┸	1_	$\perp$		1_					
		$\bot$	$\bot$	1	_		$\downarrow$ _					
						1	1	İ				
		$\downarrow$	$\perp$	_	$\bot$		1_		<u> </u>			
		$\bot$	$\perp$	$\bot$	4_	$\perp$	4_		ļ			
							1					
		+	$\perp$	4-	$\bot$	<u> </u>	_		<u> </u>			
						-	-					
		Щ.		$\perp$			L		<u> </u>			

Form 990 (2011)

Part VII Section A. Officers, Directors, (A)  Name and title	(B) Average hours per week (describe	(do i	not cl unles	(C Posi neck i ss per		than o	ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estima amoun othe	t of r
	hours for related organizations in Schedule O)		Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	)	from t organiza and rela organiza	he ation ated
	<del> </del>						_			-		
											··	
										_		
					<u> </u>					_		
1b Sub-total c Total from continuation sheets to Pa	rt VII, Section A	<u> </u>	<u> </u>	<u>                                     </u>	<u>L</u>	<b>&gt;</b>		0.	. (	0.		0.
d Total (add lines 1b and 1c)  Total number of individuals (including becompensation from the organization		hose	list	ed a	bov	e) wl	no r	eceived more than \$10	<del></del>	0.0		0.
3 Did the organization list any former off line 1a? If "Yes," complete Schedule J	•		e, k	ey e	mplo	oyee	, or	highest compensated	employee on	[	Ye 3	s No X
4 For any individual listed on line 1a, is the and related organizations greater than	ne sum of reportat \$150,000? If "Yes	ole c s, " cc	mp.	lete	Sch	edul	e J	for such individual	J		4	х
5 Did any person listed on line 1a receive rendered to the organization? If "Yes," Section B. Independent Contractors	•				-		relat	ted organization or indi	vidual for services		5	х
Complete this table for your five higher the organization Report compensation	for the calendar							n the organization's ta	•	ens		1
(A) Name and busi		N	ON	E				(B) Description of	services	С	(C) ompensa	tion
	<del></del>											
2 Total number of independent contract		not	lımıt	ed t	o the	_	ıste	d above) who received	more than			
\$100,000 of compensation from the o	rganization P					0	_				Form 99	0 (2011

	n 990 rt <b>VI</b>	(2011) C/O (	OSI Restaurant	Partners, LL	С	59-7162	589 Page <b>9</b>
(0.00	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribu	1a				
ntribution d Other S		All other contributions, gifts, gra- similar amounts not included about the contributions included in line	ove 11 398,76	9.			-
		Total. Add lines 1a-1f	Business C	▶ 398,769.		<u> </u>	
Program Service Revenue	b c d e f						
_	9	Total. Add lines 2a-2f		<b>&gt;</b>			
	3 4 5	Investment income (including other similar amounts) Income from investment of ta Royalties		80,996.			80,996.
	c	Gross rents Less. rental expenses Rental income or (loss)	(i) Real (ii) Persor				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities (ii) Othe 170,375.	<b>D</b>			
į	d	Gain or (loss)  Net gain or (loss)	13,139.	<u> </u>	13,139.		
Other Revenue		Gross Income from fundraising Including \$	of e 1c). See a				
٥		Less: direct expenses  Net income or (loss) from fun	droining events	<b>•</b>			
	9 a	Gross income from gaming a Part IV, line 19	ctivities. See				
		Less direct expenses  Net income or (loss) from gar	b				
		Gross sales of inventory, less					
		and allowances	а				
		Less: cost of goods sold  Net income or (loss) from sale	<b>b</b> es of inventory	<b>&gt;</b>			
Ī		Miscellaneous Reven		ode		· · · · · · · · · · · · · · · · · · ·	
	11 a						
ļ	b						
	c	AU				-	
	d		L				
	12	Total. Add lines 11a-11d  Total revenue. See instructions		► 492,904.	12 120		00 000
13200 01-23		. Star revenue. See HISH DUMONS		432,904.	13,139.	0.	80,996. Form <b>990</b> (2011)

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).

	Charle of Cabadula O apateina a rappea		Dod IV		
	Check if Schedule O contains a responsion include amounts reported on lines 6b, 8b, 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				<del></del>
	organizations in the United States See Part IV, line 21		1		
	Grants and other assistance to individuals in				<del>   </del>
	the United States. See Part IV. line 22	ļ			
	Grants and other assistance to governments,			*****	######################################
J	organizations, and individuals outside the			į	
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	319,989.	319,989.		
	· F	315,505.	317,707.		<del></del>
	Compensation of current officers, directors,				
	trustees, and key employees				<del></del>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				<del></del>
	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).	İ			
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17		· · · · · · · · · · · · · · · · · · ·		<del></del>
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties .				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				-
20	Interest		· · · · · · · · · · · · · · · · · · ·		
21	Payments to affiliates		<del></del>		
22	Depreciation, depletion, and amortization			<del></del>	
23	Insurance				
24	Other expenses Itemize expenses not covered		•	7	
24	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)  Bank fees	15,641.		15,641.	
a	General and Administrat	8,760.		8,760.	
b	Postage and shipping	783.		783.	<del> </del>
C		/03.		/03.	
d		1 573	<del></del>	<u> </u>	1 570
	All other expenses	1,572.	210 000	25 104	1,572.
25	Total functional expenses. Add lines 1 through 24e	346,745.	319,989.	25,184.	1,572.
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 I if following SOP 98-2 (ASC 958-720)	<b>!</b>		1	1

Form 990 (2011)
Part X Balance Sheet

· 		(A) Beginning of year		( <b>B)</b> End of year
1	Cash · non-interest-bearing		1	
2	Savings and temporary cash investments	2,062,536.	2	2,208,695
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key	:	-	
	employees, and highest compensated employees. Complete Part II	4		
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
İ	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)			
7	Notes and loans receivable, net	<del></del>	6	
8	Inventories for sale or use	<del></del>	7	
9	Prepaid expenses and deferred charges		8	·
10a			9	
	basis. Complete Part VI of Schedule D 10a			
l t		-		
11	Investments - publicly traded securities		10c	
12	Investments - other securities. See Part IV, line 11	<u> </u>	11	
13	Investments - program-related. See Part IV, line 11	<u> </u>	12	<del></del>
14	Intangible assets		13	
15	Other assets See Part IV. line 11		14	
16		2 062 526	15	
17	Total assets. Add lines 1 through 15 (must equal line 34)  Accounts payable and accrued expenses	2,062,536.	16	2,208,695
18	Grants payable		17	
19	Deferred revenue		18	
20			19	
21	Tax-exempt bond liabilities		20	
22	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,			
	highest compensated employees, and disqualified persons. Complete Part II			
00	of Schedule L		22	· · · · · · · · · · · · · · · · · · ·
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	0
	Organizations that follow SFAS 117, check here  and complete			
	lines 27 through 29, and lines 33 and 34.		1	
27	Unrestricted net assets		27	
28	Temporanly restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here   X  and			
	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	0.	30	0
31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0
	Retained earnings, andowment, provinced to the control of the cont	2,062,536.	32	2,208,695
32	Retained earnings, endowment, accumulated income, or other funds	2,002,330.	JZ	2,200,071
32 33	Total net assets or fund balances	2,062,536.	33	2,208,695

Form 990 (2011)

Form	990 (2011) c/o OSI Restaurant Partners, LLC	59-7.	62589	Pag	e 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
	,				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			04.
2	Total expenses (must equal Part IX, column (A), line 25)	2			45.
3	Revenue less expenses. Subtract line 2 from line 1	3			59.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,06	2,5	
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	_6	2,20	<u>8,6</u>	<u>95.</u>
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				ᆜ
			P-11-1	Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		_ }		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	ed on a			1
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		}	ì
	Act and OMB Circular A-133?		3a	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		<u> </u>
			Form	990	(2011)

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

OSI Trust

**Employer identification number** 

	c/o OSI Restaurant	Partners, LLC	59-7162589
Par	J Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	<del></del>	
	_	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		<u> </u>
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's $\epsilon$	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can b	pe used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpos	se conferring
	impermissible private benefit?	_ <del></del>	Yes No
Par	Conservation Easements. Complete if the org	anization answered "Yes" to Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of an I	historically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic stru	icture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by	the organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	_
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling	of
	violations, and enforcement of the conservation easements if	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements duri	ing the year ► \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 1	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describ	es the organization's accounting for
<u> </u>	conservation easements.	<del></del>	
Pa	t III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" to Form	<del></del>	
1a	If the organization elected, as permitted under SFAS 116 (AS	·	
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furth	erance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statem	ent and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of	public service, provide the following amounts
	relating to these items:		_
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		ncial gain, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets Included in Form 990, Part X		<b>▶</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2011

L		Amount	<del>` </del>
	1c		
	1d		
	1e		
	1f		_
		Yes	No

Yes

If "Yes," explain the arrangement in Part XIV **Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					1111
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs				<u> </u>	
f	Administrative expenses					
9	End of year balance		<u> </u>		<u></u>	

	Provide the estimated percentage of the current	t year end balance (line :	1g, column (a)) held a
а	Board designated or quasi-endowment	%	

b Permanent endowment

b If "Yes," explain the arrangement in Part XIV and complete the following table:

2a Did the organization include an amount on Form 990, Part X, line 21?

c Beginning balance d Additions during the year Distributions during the year

Ending balance

f

Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	_No_
3a(i)		
3a(ii)		
3b		

Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment				
e Other				
otal. Add lines 1a through 1e. (Column (d) mus	st equal Form 990. Part X. colur	nn (B), line 10(c).)	<b>&gt;</b>	

Schedule D (Form 990) 2011

<ul> <li>(a) Description of security or category (including name of security)</li> </ul>	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
) Financial derivatives	<del></del>	
Closely-held equity interests		
Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(1)		
tal (Col (b) must equal Form 990, Part X, col (B) line 12 )	>	
Part VIII Investments - Program Related.		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		······································
otal (Col (b) must equal Form 990, Part X, col (B) line 13 )		
······································		(h) Poetrushia
	line 15. (a) Description	(b) Book value
(1)		(b) Book value
(1)		(b) Book value
(1) (2) (3)		(b) Book value
(1) (2) (3) (4)		(b) Book value
(1) (2) (3) (4) (5)		(b) Book value
(1) (2) (3) (4) (5) (6)		(b) Book value
(1) (2) (3) (4) (5) (6) (7)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	(a) Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (B)	(a) Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Par	(a) Description  (ine 15)  1 X, line 25.	<b>&gt;</b>
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (B)  Part X Other Liabilities. See Form 990, Part . (a) Description of liability	(a) Description  (ine 15)  1 X, line 25.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part . (a) Description of liability (1) Federal income taxes	(a) Description  (ine 15)  1 X, line 25.	<b>&gt;</b>
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5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
P	art XIV Supplemental Information	
	mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and ine 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part	

Schedule D (Form 990) 2011