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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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending ,

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C
Julie Rogers Gift of Life
148 Dowlen Road, PMB 46
Beaumont, TX 77707

D Employer Identification Number
76-0550450

E Telephone number
409-833-3663

G Gross receipts $ 2,098,235.

F Name and address of principal officer
Same As C Above

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ► N/A

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ► **L** Year of Formation 1994 **M** State of legal domicile TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities: The organization's primary function is to decrease the incidence of death associated with breast and prostate cancer. The Gift of Life also includes a focus on the negative effects of tobacco. The Gift of Life's mission is accomplished through (1) the provision of free

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	30
6	Total number of volunteers (estimate if necessary)	6	400
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,630,668.	1,769,680.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	808.	271.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-141,603.	-107,208.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,489,873.	1,662,743.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	499,596.	744,896.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 346,662.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	818,812.	1,087,822.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,318,408.	1,832,718.
19	Revenue less expenses Subtract line 18 from line 12	171,465.	-169,975.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	638,667.	534,822.
21	Total liabilities (Part X, line 26)	0.	66,130.
22	Net assets or fund balances Subtract line 21 from line 20	638,667.	468,692.

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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Regina Rogers — Signature of officer — June 14, 2012 — Date

Regina Rogers — Type or print name and title — Chairman

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Gary L. Zimmerman	Gary L. Zimmerman CPA	6-6-12		P00447590

Firm's name ► Edgar, Kiker & Cross, PC, CPA's
Firm's address ► 3440 Eastex Frwy.
Beaumont, TX 77703

Firm's EIN ► 01-0560057
Phone no (409) 892-0233

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0113L 08/18/11 Form **990** (2011)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If 'Yes,' describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code [ ]) (Expenses $ 1,019,172. including grants of $) (Revenue $)

TO DECREASE THE INCIDENCE OF DEATH ASSOCIATED WITH BREAST & PROSTATE CANCER IN SOUTHEAST TEXAS THROUGH EDUCATION, FREE SCREENING AND TREATMENT

4b (Code [ ]) (Expenses $ including grants of $) (Revenue $)

4c (Code [ ]) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ► 1,019,172.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
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 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 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 endowments, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10		X
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			
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*	11a	X	
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		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	11e	X	
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		X
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		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If 'Yes,' complete Schedule F, Parts I and IV*	14b		X
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		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		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 (see instructions)*	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	X	
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		X
20 a	Did the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H*	20		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21		X
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		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*	23		X
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, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,' go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		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 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 person outstanding as of the end of the organization's tax year? *If 'Yes,' complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If 'Yes,' complete Schedule L, Part III*	27		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)			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		X
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	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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? *If 'Yes,' complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 53		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
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	2a 30		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If 'Yes,' enter the name of the foreign country ►			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	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 organization solicit any contributions that were not tax deductible?	6a	X	
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	X	
7	**Organizations that may receive deductible contributions under section 170(c).**			
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?	7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c	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 7d			
e	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		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
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		X
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b			
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.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	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 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 [X]

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a 11		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 11		
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
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 more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O*	9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O			
12a	Did the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a	X	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done*	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers of key employees of the organization	15b		X
	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		X
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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 (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

[ ] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

► Regina Rogers 2390 Dowlen Rd Beaumont TX 77706 409-833-3663

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Bo Alfred Advisory Board	0	X						0.	0.	0.
(2) Marty Craig Vice President	0	X		X				0.	0.	0.
(3) David Parmer Advisory Board	0	X						0.	0.	0.
(4) Donna Harris Secretary	0	X		X				0.	0.	0.
(5) Dora Nisby Treasurer	0	X		X				0.	0.	0.
(6) Paula O'Neal Parliamentarian	0	X		X				0.	0.	0.
(7) Reverend A. Dean Calcot Executive Board	0	X		X				0.	0.	0.
(8) Antoinette Childs Advisory Board	0	X						0.	0.	0.
(9) Shaun Davis Advisory Board	0	X						0.	0.	0.
(10) Sallye Keith Executive Board	0	X		X				0.	0.	0.
(11) Nell McCallum Morris President	0	X		X				0.	0.	0.
(12) Betty Leaf Advisory Board	0	X						0.	0.	0.
(13) Alberta Jones Executive Board	0	X		X				0.	0.	0.
(14) Connie Szuch Executive Board	0	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(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-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Eddie Arnold Advisory Board	0	X						0.	0.	0.
(16) Mary Jane Garth Advisory Board	0	X						0.	0.	0.
(17) Guy Goodson Advisory Board	0	X						0.	0.	0.
(18) Betty Greenberg Advisory Board	0	X						0.	0.	0.
(19) Carl Griffith, Jr. Advisory Board	0	X						0.	0.	0.
(20) Bishop Curtis J. Guillory Advisory Board	0	X						0.	0.	0.
(21) Dan Hallmark Advisory Board	0	X						0.	0.	0.
(22) John Henderson, IV Advisory Board	0	X						0.	0.	0.
(23) Helen Johnsen Advisory Board	0	X						0.	0.	0.
(24) Joseph Kong Advisory Board	0	X						0.	0.	0.
(25) Mark Kubala Advisory Board	0	X						0.	0.	0.
1b Sub-total							►	0.	0.	0.
c Total from continuation sheets to Part VII, Section A							►	0.	0.	0.
d Total (add lines 1b and 1c)							►	0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ► 0

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If 'Yes' complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ► 0

Form 990

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

OMB No 1545 0047

2011

Name of the Organization: Julie Rogers Gift of Life

Employer Identification number: 76-0550450

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W 2/1099 MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Regina Rogers Chairman	50	X		X				0.	0.	0.
Joe Penland Advisory Board		X						0.	0.	0.
Joe Domino Advisory Board		X						0.	0.	0.
Charline Dauphin Advisory Board		X						0.	0.	0.
Donald Cotton Advisory Board		X						0.	0.	0.
Ann Lee Advisory Board		X						0.	0.	0.
Linda Domino Vice President		X		X				0.	0.	0.
Dianna Rivers Advisory Board		X						0.	0.	0.
Linda Penland Advisory Board		X						0.	0.	0.

Part VIII 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
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	536,546.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	90,694.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,142,440.			
	g Noncash contributions included in lns 1a-1f: $		115,170.			
	h **Total.** Add lines 1a-1f		1,769,680.			
PROGRAM SERVICE REVENUE		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		271.	271.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ 536,546. of contributions reported on line 1c) See Part IV, line 18	a 325,824.				
	b Less direct expenses	b 435,492.				
	c Net income or (loss) from fundraising events		-109,668.			-109,668.
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less. direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a Other revenue		2,460.	2,460.		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		2,460.			
	12 **Total revenue.** See instructions		1,662,743.	2,731.	0.	-109,668.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

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

Do not include amounts reported on lines 6b, 7b, 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 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	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	681,071.	341,338.	171,853.	167,880.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	63,825.	377.	63,448.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	8,114.		8,114.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	26,344.		26,344.	
12 Advertising and promotion	44,932.	35,682.	2,082.	7,168.
13 Office expenses	99,266.	56,427.	42,652.	187.
14 Information technology				
15 Royalties				
16 Occupancy	109,320.	37,382.	42,945.	28,993.
17 Travel	16,388.	11,296.	2,696.	2,396.
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				
22 Depreciation, depletion, and amortization	13,661.		13,661.	
23 Insurance	63,350.	27,130.	16,489.	19,731.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Hospital Services & Screenings	218,811.	218,811.		
b Printing and Publications	141,044.	86,015.	12,847.	42,182.
c Contract Labor	124,025.	63,920.	7,596.	52,509.
d Supplies	55,229.	36,058.	3,325.	15,846.
e All other expenses	167,338.	104,736.	52,832.	9,770.
25 Total functional expenses. Add lines 1 through 24e	1,832,718.	1,019,172.	466,884.	346,662.
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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
ASSETS	1	Cash — non-interest-bearing		443,234.	1	151,528.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	72,496.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		131,534.	9	250,958.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 128,196.			
	b	Less accumulated depreciation	10b 77,957.	63,899.	10c	50,239.
	11	Investments — publicly traded securities			11	
	12	Investments — other securities See Part IV, line 11			12	
	13	Investments — program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	9,601.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		638,667.	16	534,822.
LIABILITIES	17	Accounts payable and accrued expenses			17	66,129.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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	1.
	26	**Total liabilities.** Add lines 17 through 25		0.	26	66,130.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**				
	27	Unrestricted net assets		463,667.	27	368,692.
	28	Temporarily restricted net assets		175,000.	28	100,000.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		638,667.	33	468,692.
	34	Total liabilities and net assets/fund balances		638,667.	34	534,822.

Part 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	1,662,743.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,832,718.
3	Revenue less expenses Subtract line 2 from line 1	3	-169,975.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	638,667.
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	468,692.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
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 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 Schedule O			
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

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.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
Julie Rogers Gift of Life	76-0550450

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A *hospital or a cooperative hospital service organization described in* **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ 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 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☒ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ *Type I* **b** ☐ *Type II* **c** ☐ *Type III – Functionally integrated* **d** ☐ *Type III – Other*

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g (i)**	
(ii)	A family member of a person described in (i) above?	**11g (ii)**	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	**11g (iii)**	

h Provide the following information about the supported organization(s)

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in column (i) of your support? Yes	(v) No	(vi) Is the organization in column (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2010 Schedule A, Part II, line 14 15 %

16a **33-1/3% support test – 2011.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3% support test – 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants ')	1,828,930.	1,059,150.	1,203,778.	1,630,668.	1,769,680.	7,492,206.
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	5,090.	3,010.				8,100.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 **Total.** Add lines 1 through 5	1,834,020.	1,062,160.	1,203,778.	1,630,668.	1,769,680.	7,500,306.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 **Public support** (Subtract line 7c from line 6)						7,500,306.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	1,834,020.	1,062,160.	1,203,778.	1,630,668.	1,769,680.	7,500,306.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,834.	786.	3,619.	808.	271.	7,318.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	1,834.	786.	3,619.	808.	271.	7,318.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV	224,028.	606,537.	526,721.	-141,603.	-107,208.	1,108,475.
13 **Total support.** (Add lns 9, 10c, 11, and 12)	2,059,882.	1,669,483.	1,734,118.	1,489,873.	1,662,743.	8,616,099.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	87.05 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	84.44 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	0.08 %
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	0.11 %

19a **33-1/3% support tests – 2011.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **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 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

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

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, lines 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

2011

Open to Public Inspection

Name of the organization

Julie Rogers Gift of Life

Employer identification number

76-0550450

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(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		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► $ _____

b Assets included in Form 990, Part X ► $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

Part V 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					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ► _____ %
- b Permanent endowment ► _____ %
- c 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

	Yes	No
(i) unrelated organizations (3a(i))		
(ii) related organizations (3a(ii))		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? (3b)		

4 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 Buildings				
c Leasehold improvements		20,905.	7,142.	13,763.
d Equipment		86,120.	60,236.	25,884.
e Other		21,171.	10,579.	10,592.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			►	50,239.

Part VII Investments – Other Securities. See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990 Part X, column (B) line 12.)* ►		

Part VIII Investments – Program Related. See Form 990, Part X, line 13. N/A

(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)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 13.)* ►		

Part IX Other Assets. See Form 990, Part X, line 15. N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column (B), line 15.)* ►	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Rounding	1.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 25.)* ►	1.

2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements N/A

1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return N/A

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines **2a** through **2d**		2e	
3	Subtract line **2e** from line **1**		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**			
a	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	
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*		5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines **2a** through **2d**		2e	
3	Subtract line **2e** from line **1**		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**			
a	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	
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*		5	

Part XIV Supplemental Information

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, line 2, 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

Part XIV Supplemental Information *(continued)*

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Julie Rogers Gift of Life

Employer identification number
76-0550450

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a [ ] Mail solicitations
b [X] Internet and email solicitations
c [ ] Phone solicitations
d [ ] In-person solicitations
e [ ] Solicitation of non-government grants
f [ ] Solicitation of government grants
g [X] Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [ ] Yes [X] No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			►				0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 Ribbon Run (event type)	(b) Event #2 Champagne & Ri (event type)	(c) Other events 2 (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts	341,101.	308,189.	213,080.	862,370.
	2 Less Charitable contributions	205,766.	269,939.	60,841.	536,546.
	3 Gross income (line 1 minus line 2)	135,335.	38,250.	152,239.	325,824.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	22,055.	15,029.	300.	37,384.
	7 Food and beverages	41,716.	12,070.	1,018.	54,804.
	8 Entertainment	43,800.	2,400.		46,200.
	9 Other direct expenses	157,082.	80,319.	55,075.	292,476.
	10 Direct expense summary Add lines 4 through 9 in column (d)			►	430,864.
	11 Net income summary Combine line 3, column (d), and line 10			►	-105,040.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			►	
	8 Net gaming income summary Combine lines 1, column (d) and line 7			►	

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain _____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If 'Yes,' enter the amount of gaming revenue received by the organization ► $_____ and the amount of gaming revenue retained by the third party ► $_____

c If 'Yes,' enter name and address of the third party

Name ► _____

Address ►

16 Gaming manager information

Name ► _____

Gaming manager compensation ► $_____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► $

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization: Julie Rogers Gift of Life

Employer identification number: 76-0550450

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art – Works of art				
2	Art – Historical treasures				
3	Art – Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		57,387.	
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities – Publicly traded				
10	Securities – Closely held stock				
11	Securities – Partnership, LLC, or trust interests				
12	Securities – Miscellaneous				
13	Qualified conservation contribution – Historic structures				
14	Qualified conservation contribution – Other				
15	Real estate – Residential				
16	Real estate – Commercial				
17	Real estate – Other				
18	Collectibles				
19	Food inventory	X	2	15,818.	
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (Supplies)	X	47	41,965.	Fair Value
26	Other ► ( )				
27	Other ► ( )				
28	Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b	If 'Yes,' describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b	If 'Yes,' describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part III Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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 990-EZ 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: Julie Rogers Gift of Life

Employer identification number: 76-0550450

Form 990, Part III, Line 1 - Organization Mission

The organization's primary function is to decrease the incidence of death associated with breast and prostate cancer. The Gift of Life also includes a focus on the negative effects of tobacco. The Gift of Life's mission is accomplished through (1) the provision of free mammography and prostate cancer screenings for people of limited financial means who are uninsured and underinsured, along with access to follow-up medical care and treatment, if necessary; (2) conducting extensive community educational outreach and holding special events; and (3) smoking cessation and prevention activities. A major portion of the Gift of Life's revenue is derived from contributions from the general public, foundations, businesses and organizations, and agency grants.

Form 990, Part VI, Line 11b - Form 990 Review Process

The Chairman and President of the board will review the Form 990 before it is mailed.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.

Form 990, Part XII, Line 1 - Financial Statements and Reporting

There was a change in the overall accounting method from the cash method to the accrual method. See attachment 3115 for the application for change in accounting method.

Form **3115**
(Rev December 2009)
Department of the Treasury
Internal Revenue Service

Application for Change in Accounting Method

OMB No 1545-0152

Name of filer (name of parent corporation if a consolidated group) (see instructions) **Julie Rogers Gift of Life**	Identification number (see instructions) **76-0550450**
	Principal business activity code number (see instructions) **611710**
Number, street, and room or suite no If a P O box, see the instructions **148 Dowlen Road, PMB 46**	Tax year of change begins (MM/DD/YYYY) **01/01/2011** Tax year of change ends (MM/DD/YYYY) **12/31/2011**
City or town, state, and ZIP code **Beaumont, TX 77707**	Name of contact person (see instructions) **Regina Rogers**
Name of applicant(s) (if different than filer) and identification number(s) (see instructions)	Contact person's telephone number **(409) 833-3663**

If the applicant is a member of a consolidated group, check this box . . . . . ▶ ☐

If **Form 2848,** Power of Attorney and Declaration of Representative, is attached (see instructions for when Form 2848 is required), check this box . . . . . ▶ ☐

Check the box to indicate the type of applicant.

- ☐ Individual
- ☐ Corporation
- ☐ Controlled foreign corporation (Sec. 957)
- ☐ 10/50 corporation (Sec. 904(d)(2)(E))
- ☐ Qualified personal service corporation (Sec. 448(d)(2))
- ☐ Cooperative (Sec. 1381)
- ☐ Partnership
- ☐ S corporation
- ☐ Insurance co. (Sec. 816(a))
- ☐ Insurance co (Sec. 831)
- ☐ Other (specify) ▶
- ☑ Exempt organization. Enter Code section ▶ **501(c)(3)**

Check the appropriate box to indicate the type of accounting method change being requested. (see instructions)

- ☐ Depreciation or Amortization
- ☐ Financial Products and/or Financial Activities of Financial Institutions
- ☑ Other (specify) ▶ **Change in overall method from the cash method to the accrual method**

Caution. *To be eligible for approval of the requested change in method of accounting, the taxpayer must provide all information that is relevant to the taxpayer or to the taxpayer's requested change in method of accounting This includes all information requested on this Form 3115 (including its instructions), as well as any other information that is not specifically requested.*

The taxpayer must attach all applicable supplemental statements requested throughout this form.

Part I Information For Automatic Change Request

		Yes	No
1	Enter the applicable designated automatic accounting method change number for the requested automatic change Enter only one designated automatic accounting method change number, except as provided for in guidance published by the IRS If the requested change has no designated automatic accounting method change number, check "Other," and provide both a description of the change and citation of the IRS guidance providing the automatic change See instructions. ▶ (a) Change No. **122** (b) Other ☐ Description ▶		
2	Do any of the scope limitations described in section 4 02 of Rev. Proc. 2008-52 cause automatic consent to be unavailable for the applicant's requested change? If "Yes," attach an explanation.		✓

Note. *Complete Part II below and then Part IV, and also Schedules A through E of this form (if applicable).*

Part II Information For All Requests

		Yes	No
3	Did or will the applicant cease to engage in the trade or business to which the requested change relates, or terminate its existence, in the tax year of change (see instructions)?		✓
	If "Yes," the applicant is not eligible to make the change under automatic change request procedures.		
4a	Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any Federal income tax return(s) under examination (see instructions)?		✓
	If "No," go to line 5.		
b	Is the method of accounting the applicant is requesting to change an issue (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) either (i) under consideration or (ii) placed in suspense (see instructions)?		

Signature *(see instructions)*

Under penalties of perjury, I declare that I have examined this application, including accompanying schedules and statements, and to the best of my knowledge and belief, the application contains all the relevant facts relating to the application, and it is true, correct, and complete Declaration of preparer (other than applicant) is based on all information of which preparer has any knowledge

Filer

Regina Rogers
Signature and date

Regina Rogers, Chairman
Name and title (print or type)

Preparer (other than filer/applicant)

Gary L. Zimmerman 6-6-12
Signature of individual preparing the application and date

Gary Zimmerman
Name of individual preparing the application (print or type)

Edgar, Kiker & Cross, CPA's
Name of firm preparing the application

Part II Information For All Requests (continued)

		Yes	No
4c	Is the method of accounting the applicant is requesting to change an issue pending (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) for any tax year under examination (see instructions)?		✓
d	Is the request to change the method of accounting being filed under the procedures requiring that the operating division director consent to the filing of the request (see instructions)?		✓
	If "Yes," attach the consent statement from the director.		
e	Is the request to change the method of accounting being filed under the 90-day or 120-day window period?	N/A	
	If "Yes," check the box for the applicable window period and attach the required statement (see instructions). ☐ 90 day ☐ 120 day: Date examination ended ►		
f	If you answered "Yes" to line 4a, enter the name and telephone number of the examining agent and the tax year(s) under examination. Name ► Telephone number ► Tax year(s) ►		
g	Has a copy of this Form 3115 been provided to the examining agent identified on line 4f?	N/A	
5a	Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any Federal income tax return(s) before Appeals and/or a Federal court?		✓
	If "Yes," enter the name of the (check the box) ☐ Appeals officer and/or ☐ counsel for the government, telephone number, and the tax year(s) before Appeals and/or a Federal court. Name ► Telephone number ► Tax year(s) ►		
b	Has a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified on line 5a?	N/A	
c	Is the method of accounting the applicant is requesting to change an issue under consideration by Appeals and/or a Federal court (for either the applicant or any present or former consolidated group in which the applicant was a member for the tax year(s) the applicant was a member) (see instructions)?		✓
	If "Yes," attach an explanation.		
6	If the applicant answered "Yes" to line 4a and/or 5a with respect to any present or former consolidated group, attach a statement that provides each parent corporation's **(a)** name, **(b)** identification number, **(c)** address, and **(d)** tax year(s) during which the applicant was a member that is under examination, before an Appeals office, and/or before a Federal court.		
7	If, for federal income tax purposes, the applicant is either an entity (including a limited liability company) treated as a partnership or an S corporation, is it requesting a change from a method of accounting that is an issue under consideration in an examination, before Appeals, or before a Federal court, with respect to a Federal income tax return of a partner, member, or shareholder of that entity?		✓
	If "Yes," the applicant is **not** eligible to make the change.		
8a	Does the applicable revenue procedure (advance consent or automatic consent) state that the applicant does not receive audit protection for the requested change (see instructions)?		✓
b	If "Yes," attach an explanation.		
9a	Has the applicant, its predecessor, or a related party requested or made (under either an automatic change procedure or a procedure requiring advance consent) a change in method of accounting within the past 5 years (including the year of the requested change)?		✓
b	If "Yes," for each trade or business, attach a description of each requested change in method of accounting (including the tax year of change) and state whether the applicant received consent.		
c	If any application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was not signed and returned to the IRS, or the change was not made or not made in the requested year of change, attach an explanation		
10a	Does the applicant, its predecessor, or a related party currently have pending any request (including any concurrently filed request) for a private letter ruling, change in method of accounting, or technical advice?		✓
b	If "Yes," for each request attach a statement providing the name(s) of the taxpayer, identification number(s), the type of request (private letter ruling, change in method of accounting, or technical advice), and the specific issue(s) in the request(s).		
11	Is the applicant requesting to change its **overall** method of accounting?	✓	
	If "Yes," check the appropriate boxes below to indicate the applicant's present and proposed methods of accounting. Also, complete Schedule A on page 4 of this form.		
	Present method: ☑ Cash ☐ Accrual ☐ Hybrid (attach description)		
	Proposed method: ☐ Cash ☑ Accrual ☐ Hybrid (attach description)		

Part II Information For All Requests (continued) — Yes / No

12 If the applicant is either (i) **not** changing its overall method of accounting, or (ii) is changing its overall method of accounting and also changing to a special method of accounting for one or more items, attach a detailed and complete description for each of the following:
- a The item(s) being changed.
- b The applicant's present method for the item(s) being changed.
- c The applicant's proposed method for the item(s) being changed.
- d The applicant's present overall method of accounting (cash, accrual, or hybrid).

13 Attach a detailed and complete description of the applicant's trade(s) or business(es), and the principal business activity code for each. If the applicant has more than one trade or business as defined in Regulations section 1.446-1(d), describe: whether each trade or business is accounted for separately; the goods and services provided by each trade or business and any other types of activities engaged in that generate gross income; the overall method of accounting for each trade or business; and which trade or business is requesting to change its accounting method as part of this application or a separate application.

14 Will the proposed method of accounting be used for the applicant's books and records and financial statements? For insurance companies, see the instructions . . . . . ✓
If "No," attach an explanation.

15a Has the applicant engaged, or will it engage, in a transaction to which section 381(a) applies (e.g., a reorganization, merger, or liquidation) during the proposed tax year of change determined without regard to any potential closing of the year under section 381(b)(1)? . . . . . ✓

b If "Yes," for the items of income and expense that are the subject of this application, attach a statement identifying the methods of accounting used by the parties to the section 381(a) transaction immediately before the date of distribution or transfer and the method(s) that would be required by section 381(c)(4) or (c)(5) absent consent to the change(s) requested in this application.

16 Does the applicant request a conference with the IRS National Office if the IRS proposes an adverse response? ✓

17 If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of accounting for any property subject to section 263A, any long-term contract subject to section 460, or inventories subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change.

1st preceding year ended mo N/A yr	2nd preceding year ended mo yr	3rd preceding year ended mo yr
$	$	$

Part III Information For Advance Consent Request N/A — Yes / No

18 Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or other published guidance as an automatic change request? . . . . .
If "Yes," attach an explanation describing why the applicant is submitting its request under advance consent request procedures.

19 Attach a full explanation of the legal basis supporting the proposed method for the item being changed Include a detailed and complete description of the facts that explains how the law specifically applies to the applicant's situation and that demonstrates that the applicant is authorized to use the proposed method. Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method. Also, include either a discussion of the contrary authorities or a statement that no contrary authority exists.

20 Attach a copy of all documents related to the proposed change (see instructions).

21 Attach a statement of the applicant's reasons for the proposed change.

22 If the applicant is a member of a consolidated group for the year of change, do all other members of the consolidated group use the proposed method of accounting for the item being changed? . . . . . .
If "No," attach an explanation

23a Enter the amount of **user fee** attached to this application (see instructions). ► $ _____

b If the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions).

Part IV Section 481(a) Adjustment — Yes / No

24 Does the applicable revenue procedure, revenue ruling, notice, regulation, or other published guidance require the applicant to implement the requested change in method of accounting on a cut-off basis rather than a section 481(a) adjustment? . ✓
If "Yes," do not complete lines 25, 26, and 27 below.

25 Enter the section 481(a) adjustment. Indicate whether the adjustment is an increase (+) or a decrease (-) in income. ► $ _____ Attach a summary of the computation and an explanation of the methodology used to determine the section 481(a) adjustment. If it is based on more than one component, show the computation for each component. If more than one applicant is applying for the method change on the same application, attach a list of the name, identification number, principal business activity code (see instructions), and the amount of the section 481(a) adjustment attributable to each applicant.

Part IV Section 481(a) Adjustment (continued)

		Yes	No
26	If the section 481(a) adjustment is an increase to income of less than $25,000, does the applicant elect to take the entire amount of the adjustment into account in the year of change?	N/A	
27	Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a consolidated group, a controlled group, or other related parties? If "Yes," attach an explanation.	N/A	

Schedule A—Change in Overall Method of Accounting (If Schedule A applies, Part I below must be completed.)

Part I Change in Overall Method (see instructions)

1 Enter the following amounts as of the close of the tax year preceding the year of change. If none, state "None." Also, attach a statement providing a breakdown of the amounts entered on lines 1a through 1g.

		Amount
a	Income accrued but not received (such as accounts receivable) . See Statement II	$ 66,958
b	Income received or reported before it was earned (such as advanced payments). Attach a description of the income and the legal basis for the proposed method	
c	Expenses accrued but not paid (such as accounts payable) . See Statement II	105,501
d	Prepaid expenses previously deducted	
e	Supplies on hand previously deducted and/or not previously reported	
f	Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II	
g	Other amounts (specify). Attach a description of the item and the legal basis for its inclusion in the calculation of the section 481(a) adjustment. ▶	
h	**Net section 481(a) adjustment** (Combine lines 1a–1g.) Indicate whether the adjustment is an increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV, line 25.	$ -38,543

2 Is the applicant also requesting the recurring item exception under section 461(h)(3)? ☐ Yes ☑ No

3 Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable, as of the close of the tax year preceding the year of change. Also attach a statement specifying the accounting method used when preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted with the Federal income tax return or other return (e.g , tax-exempt organization returns) for that period If the amounts in Part I, lines 1a through 1g, do not agree with those shown on both the profit and loss statement and the balance sheet, attach a statement explaining the differences. See Statement III

Part II Change to the Cash Method For Advance Consent Request (see instructions) N/A

Applicants requesting a change to the cash method must attach the following information:

1 A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials and supplies used in carrying out the business.

2 An explanation as to whether the applicant is required to use the accrual method under any section of the Code or regulations.

Schedule B—Change to the Deferral Method for Advance Payments (see instructions) N/A

1 If the applicant is requesting to change to the Deferral Method for advance payments described in section 5.02 of Rev. Proc 2004-34, 2004-1 C.B. 991, attach the following information:

a A statement explaining how the advance payments meet the definition in section 4.01 of Rev. Proc. 2004-34.

b If the applicant is filing under the automatic change procedures of Rev. Proc. 2008-52, the information required by section 8.02(3)(a)-(c) of Rev. Proc 2004-34

c If the applicant is filing under the advance consent provisions of Rev. Proc 97-27, the information required by section 8.03(2)(a)-(f) of Rev. Proc. 2004-34.

2 If the applicant is requesting to change to the deferral method for advance payments described in Regulations section 1.451-5(b)(1)(ii), attach the following.

a A statement explaining how the advance payments meet the definition in Regulations section 1.451-5(a)(1)

b A statement explaining what portions of the advance payments, if any, are attributable to services, whether such services are integral to the provisions of goods or items, and whether any portions of the advance payments that are attributable to non-integral services are less than five percent of the total contract prices. See Regulations sections 1.451-5(a)(2)(i) and (3).

c A statement explaining that the advance payments will be included in income no later than when included in gross receipts for purposes of the applicant's financial reports. See Regulations section 1.451-5(b)(1)(ii).

d A statement explaining whether the inventoriable goods exception of Regulations section 1.451-5(c) applies and if so, when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income.

Schedule C—Changes Within the LIFO Inventory Method (see instructions) N/A

Part I General LIFO Information

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970,** *Application To Use LIFO Inventory Method, filed to adopt or expand the use of the LIFO method.*

1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items:

- **a** Valuing inventory (e.g., unit method or dollar-value method).
- **b** Pooling (e.g., by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc).
- **c** Pricing dollar-value pools (e g , double-extension, index, link-chain, link-chain index, IPIC method, etc.).
- **d** Determining the current-year cost of goods in the ending inventory (i.e., most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, or other permitted method).

2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation.

3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable.

4 If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable.

5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method

6 If changing to the IPIC method, attach a completed Form 970.

Part II Change in Pooling Inventories

1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.

2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1 472-8(b)(1) and (2):

- **a** A description of the types of products produced by the applicant. If possible, attach a brochure.
- **b** A description of the types of processes and raw materials used to produce the products in each proposed pool.
- **c** If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces.
- **d** A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
- **e** A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.
- **f** A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
- **g** A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing

3 If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1.472-8(b)(3).

4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1.472-8(c).

Schedule D—Change in the Treatment of Long-Term Contracts Under Section 460, Inventories, or Other Section 263A Assets (see instructions) N/A

Part I Change in Reporting Income From Long-Term Contracts (Also complete Part III on pages 7 and 8.)

1 To the extent not already provided, attach a description of the applicant's present and proposed methods for reporting income and expenses from long-term contracts. Also, attach a representative actual contract (without any deletion) for the requested change. If the applicant is a construction contractor, attach a detailed description of its construction activities.

2a Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (see instructions)? ☐ Yes ☐ No

b If "Yes," do all the contracts qualify for the exception under section 460(e) (see instructions)? ☐ Yes ☐ No
If line 2b is "No," attach an explanation.

c If line 2b is "Yes," is the applicant requesting to use the percentage-of-completion method using cost-to-cost under Regulations section 1.460-4(b)? ☐ Yes ☐ No

d If line 2c is "No," is the applicant requesting to use the exempt-contract percentage-of-completion method under Regulations section 1 460-4(c)(2)? ☐ Yes ☐ No
If line 2d is "Yes," attach an explanation of what cost comparison the applicant will use to determine a contract's completion factor.
If line 2d is "No," attach an explanation of what method the applicant is using and the authority for its use.

3a Does the applicant have long-term manufacturing contracts as defined in section 460(f)(2)? ☐ Yes ☐ No

b If "Yes," attach an explanation of the applicant's present and proposed method(s) of accounting for long-term manufacturing contracts.

c Attach a description of the applicant's manufacturing activities, including any required installation of manufactured goods.

4 To determine a contract's completion factor using the percentage-of-completion method.

a Will the applicant use the cost-to-cost method in Regulations section 1.460-4(b)? ☐ Yes ☐ No

b If line 4a is "No," is the applicant electing the simplified cost-to-cost method (see section 460(b)(3) and Regulations section 1.460-5(c))? ☐ Yes ☐ No

5 Attach a statement indicating whether any of the applicant's contracts are either cost-plus long-term contracts or Federal long-term contracts

Part II Change in Valuing Inventories Including Cost Allocation Changes (Also complete Part III on pages 7 and 8.)

1 Attach a description of the inventory goods being changed.

2 Attach a description of the inventory goods (if any) NOT being changed.

3a Is the applicant subject to section 263A? If "No," go to line 4a ☐ Yes ☐ No

b Is the applicant's present inventory valuation method in compliance with section 263A (see instructions)? If "No," attach a detailed explanation ☐ Yes ☐ No

4a Check the appropriate boxes below.

	Inventory Being Changed		Inventory Not Being Changed
	Present method	Proposed method	Present method
Identification methods:			
Specific identification			
FIFO			
LIFO			
Other (attach explanation)			
Valuation methods:			
Cost			
Cost or market, whichever is lower			
Retail cost			
Retail, lower of cost or market			
Other (attach explanation)			
b Enter the value at the end of the tax year preceding the year of change			

5 If the applicant is changing from the LIFO inventory method to a non-LIFO method, attach the following information (see instructions).

a Copies of Form(s) 970 filed to adopt or expand the use of the method.

b **Only for applicants requesting advance consent.** A statement describing whether the applicant is changing to the method required by Regulations section 1.472-6(a) or (b), or whether the applicant is proposing a different method.

c **Only for applicants requesting an automatic change.** The statement required by section 22.01(5) of the Appendix of Rev. Proc. 2008-52 (or its successor).

Part III **Method of Cost Allocation** (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 (see instructions)). N/A

Section A—Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate, capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following:

1 The method of allocating direct and indirect costs (i.e , specific identification, burden rate, standard cost, or other reasonable allocation method).

2 The method of allocating mixed service costs (i e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method).

3 The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method).

Section B—Direct and Indirect Costs Required To Be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

		Present method	Proposed method
1	Direct material		
2	Direct labor		
3	Indirect labor		
4	Officers' compensation (not including selling activities)		
5	Pension and other related costs		
6	Employee benefits		
7	Indirect materials and supplies		
8	Purchasing costs		
9	Handling, processing, assembly, and repackaging costs		
10	Offsite storage and warehousing costs		
11	Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in service and not temporarily idle		
12	Depletion		
13	Rent		
14	Taxes other than state, local, and foreign income taxes		
15	Insurance		
16	Utilities		
17	Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18	Engineering and design costs (not including section 174 research and experimental expenses)		
19	Rework labor, scrap, and spoilage		
20	Tools and equipment		
21	Quality control and inspection		
22	Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23	Licensing and franchise costs		
24	Capitalizable service costs (including mixed service costs)		
25	Administrative costs (not including any costs of selling or any return on capital)		
26	Research and experimental expenses attributable to long-term contracts		
27	Interest		
28	Other costs (Attach a list of these costs.)		

Part III Method of Cost Allocation (see instructions) (continued) N/A

Section C—Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is requesting to change its method for these costs.)

		Present method	Proposed method
1	Marketing, selling, advertising, and distribution expenses		
2	Research and experimental expenses not included in Section B, line 26		
3	Bidding expenses not included in Section B, line 22		
4	General and administrative costs not included in Section B		
5	Income taxes		
6	Cost of strikes		
7	Warranty and product liability costs		
8	Section 179 costs		
9	On-site storage		
10	Depreciation, amortization, and cost recovery allowance not included in Section B, line 11		
11	Other costs (Attach a list of these costs.)		

Schedule E—Change in Depreciation or Amortization (see instructions) N/A

Applicants requesting approval to change their method of accounting for depreciation or amortization complete this section. Applicants ***must*** provide this information for each item or class of property for which a change is requested.

Note. *See the **List of Automatic Accounting Method Changes** in the instructions for information regarding automatic changes under sections 56, 167, 168, 197, 1400I, 1400L, or former section 168. **Do not** file Form 3115 with respect to certain late elections and election revocations (see instructions).*

1 Is depreciation for the property determined under Regulations section 1.167(a)-11 (CLADR)? ☐ Yes ☐ No
If "Yes," the only changes permitted are under Regulations section 1.167(a)-11(c)(1)(iii).

2 Is any of the depreciation or amortization required to be capitalized under any Code section (e.g., section 263A)? ☐ Yes ☐ No
If "Yes," enter the applicable section ▶ _____

3 Has a depreciation, amortization, or expense election been made for the property (e.g., the election under sections 168(f)(1), 179, or 179C)? ☐ Yes ☐ No
If "Yes," state the election made ▶ _____

4a To the extent not already provided, attach a statement describing the property being changed. Include in the description the type of property, the year the property was placed in service, and the property's use in the applicant's trade or business or income-producing activity.

b If the property is residential rental property, did the applicant live in the property before renting it? ☐ Yes ☐ No

c Is the property public utility property? ☐ Yes ☐ No

5 To the extent not already provided in the applicant's description of its present method, attach a statement explaining how the property is treated under the applicant's present method (e.g., depreciable property, inventory property, supplies under Regulations section 1.162-3, nondepreciable section 263(a) property, property deductible as a current expense, etc.).

6 If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the proposed change to depreciate or amortize the property.

7 If the property is currently treated and/or will be treated as depreciable or amortizable property, provide the following information for both the present (if applicable) and proposed methods.

a The Code section under which the property is or will be depreciated or amortized (e.g , section 168(g)).

b The applicable asset class from Rev. Proc. 87-56, 1987-2 C B. 674, for each asset depreciated under section 168 (MACRS) or under section 1400L; the applicable asset class from Rev Proc. 83-35, 1983-1 C B 745, for each asset depreciated under former section 168 (ACRS); an explanation why no asset class is identified for each asset for which an asset class has not been identified by the applicant.

c The facts to support the asset class for the proposed method.

d The depreciation or amortization method of the property, including the applicable Code section (e.g., 200% declining balance method under section 168(b)(1)).

e The useful life, recovery period, or amortization period of the property.

f The applicable convention of the property.

g A statement of whether or not the additional first-year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to why no special depreciation allowance was or will be claimed.

JULIE ROGERS GIFT OF LIFE
TAX YEAR ENDED 12/31/10
EIN# 76-0550450
ATTACHMENT TO FORM 3115

STATEMENT I - SCHEDULE A ATTACHMENT

THE ACCRUAL METHOD OF ACCOUNTING WAS USED WHEN PREPARING THE BALANCE SHEET FOR BOOK PURPOSES FOR THE PERIOD ENDING DECEMBER 31, 2010 SEE ATTACHED BALANCE SHEET AND PROFIT AND LOSS ON ACCRUAL AND CASH BASIS THE 990 BALANCE SHEET WAS PREPARED USING THE CASH METHOD

STATEMENT II - SCHEDULE A, PART I, LINE 1, DETAIL:

INCOME ACCRUED BUT NOT RECEIVED AT DECEMBER 31, 2010

GRANT AND PROMISE TO GIVE RECEIVABLES	$ 66,958

EXPENSES ACCRUED BUT NOT PAID AT DECEMBER 31, 2010

ACCOUNTS PAYABLE	$ 105,501
	$ (105,501)
NET SECTION 481(A) ADJUSTMENT	$ (38,543)

Julie Rogers Gift of Life
Balance Sheet
As of December 31, 2010

JULIE ROGERS GIFT OF LIFE
TAX YEAR ENDED 12/31/10
EIN# 76-0550450

STATEMENT III PAGE 1 OF 2- ATTACHMENT TO SCHEDULE A , PART I, LINE 3

	Dec 31, 10 Accrual-Books	Debit	Credit	Dec 31, 10 Cash-990
ASSETS				
Current Assets				
Checking/Savings				
10010 Checking	287,873 36			287,873 36
10020 Money Market - 4R6-924341	25,992 52			25,992 52
10030 Money Market Fund- 4R6-566456	4,326 65			4,326 65
10040 Petty Cash	41 35			41 35
10050 Temporarily Restricted Funds	125,000 00			125,000 00
Total Checking/Savings	443,233 88	-	-	443,233 88
Accounts Receivable				
10070 Accounts Receivable	19,000 00		19,000 00	-
10080 Unconditional Promise to Give	19,400 00		19,400 00	-
Total Accounts Receivable	38,400 00	-	38,400 00	-
Other Current Assets				
10075 Grants Receivables	28,558 11		28,558 11	-
10140 Prepaid Insurance	12,002 39			12,002 39
10145 Prepaid Expenses	14,020 81			14,020 81
10281 Amounts in Escrow	100,000 00			100,000 00
Total Other Current Assets	154,581 31	-	28,558 11	126,023 20
Total Current Assets	636,215 19	-	66,958 11	569,257 08
Fixed Assets				
Software	7,114 00			7,114 00
10210 Accumulated Depreciation	-64,296 13			-64,296 13
10220 Furniture and Equipment	8,251 62			8,251 62
10240 Leasehold Improvements	20,904 50			20,904 50
10250 Office Equipment	37,983 88			37,983 88
10260 Office Furniture/Fixtures	5,805 00			5,805 00
10265 Vehicle	48,135 58			48,135 58
Total Fixed Assets	63,898 45	-	-	63,898 45
Other Assets				
10280 Loans Receivable	5,511 27			5,511 27
Total Other Assets	5,511 27	-	-	5,511 27
TOTAL ASSETS	705,624 91	-	66,958 11	638,666 80
LIABILITIES & EQUITY				
Liabilities				
Current Liabilities				
Accounts Payable				
10300 Accounts Payable	98,600 30	98,600 30		-
Total Accounts Payable	98,600 30	98,600 30	-	-
Credit Cards				
American Express	6,568 18	6,568 18		-
Capital One - VISA	182 83	182 83		-
Total Credit Cards	6,751 01	6,751 01	-	-
Other Current Liabilities				
10440 Payroll Liabilities	150 00	150 00		-
Total Other Current Liabilities	150 00	150 00	-	-
Total Current Liabilities	105,501 31	105,501 31	-	-
Total Liabilities	105,501 31	105,501 31	-	-
Equity				
10540 Retained Earnings	337,079 94			337,079 94
10545 Temporarily Restr Net Assets	175,000 00			175,000 00
Net Income	88,043 66	67,242 11	105,785 31	126,586 86
Total Equity	600,123 60	67,242 11	105,785 31	638,666 80
TOTAL LIABILITIES & EQUITY	705,624 91	172,743 42	105,785 31	638,666 80

JULIE ROGERS
TAX YEAR ENDED 12/31/10
EIN# 76-0550450

Julie Rogers Gift of Life
Profit Loss
January through December 2010

STATEMENT III PAGE 2 - ATTACHMENT TO SCHEDULE A , PART I, LINE 3

	Jan - Dec 10 Accrual-Books	Debit	Credit	Jan - Dec 10 Cash-990
Income				
Foundation/Trust Funds	-			-
General Donations	-			-
Reimbursed Expenses	-			-
11000 DONATIONS				
11010 BREAST CANCER PROGRAMS				
11012 Breast Cancer Awareness Month				
11016 Putting on the Pink	243,634 20			243,634 20
11012 Breast Cancer Awareness Month - Other	27,661 28			27,661 28
Total 11012 Breast Cancer Awareness Month	271,295 48	-	-	271,295 48
11018 Mobile Van Sponsorships	62,500 00			62,500 00
Total 11010 BREAST CANCER PROGRAMS	333,795 48	-	-	333,795 48
11020 EDUCATION/OUTREACH PROGRAM				
11023 Ovarian Cancer Education	13,064 10			13,064 10
11026 Esophageal Cancer Education	100 00			100 00
Total 11020 EDUCATION/OUTREACH PROGRAM	13,164 10	-	-	13,164 10
11030 EVENTS/OUTREACH				
11037 Survivors' Celebration	2,565 00			2,565 00
11090 Misc Events Income	100 00			100 00
Total 11030 EVENTS/OUTREACH	2,665 00	-	-	2,665 00
11050 GENERAL DONATION INCOME				
Other Contribution Income	-			-
11056 Gifts/Memorials	1,000 00			1,000 00
11050 GENERAL DONATION INCOME - Other	69,270 47	38,400 00		30,870 47
Total 11050 GENERAL DONATION INCOME	70,270 47	38,400 00	-	31,870 47
11064 Guardian Angel-10-Year Pledges	13,150 00			13,150 00
11081 PROSTATE CANCER PROGRAM	21,427 40			21,427 40
11087 TOBACCO PROGRAM	2,500 00			2,500 00
11000 DONATIONS - Other	151,085 00			151,085 00
Total 11000 DONATIONS	608,057 45	38,400 00	-	569,657 45
11100 FUNDRAISER INCOME				
11101 An Evening With				
11104 Auction	57,000 00			57,000 00
11107 Dinner and Show Tickets	6,825 00			6,825 00
11110 Evening With Donation	9,028 94			9,028 94
11115 Raffle	3,500 00			3,500 00
11118 Show Tickets Only	2,575 00			2,575 00
11101 An Evening With - Other	198,070 40			198,070 40
Total 11101 An Evening With	276,999 34	-	-	276,999 34
11200 Champagne & Ribs Income				
11203 C&R Donations	4,295 00			4,295 00
11207 C&R Sponsors	146,380 35			146,380 35
11209 C&R Tickets	27,040 00			27,040 00
Total 11200 Champagne & Ribs Income	177,715 35	-	-	177,715 35
11400 Partnership Income				
11408 Winners for Life	6,536 00			6,536 00
Total 11400 Partnership Income	6,536 00	-	-	6,536 00
11500 PSC Income				
11502 PSC Donations	964 00			964 00
11504 PSC Sales	161,500 00			161,500 00
11506 PSC Sponsorship				
11508 Friends of Nell	9,850 00			9,850 00
11506 PSC Sponsorship - Other	14,470 40			14,470 40
Total 11506 PSC Sponsorship	24,320 40	-	-	24,320 40
11500 PSC Income - Other	-			-
Total 11500 PSC Income	186,784 40	-	-	186,784 40
Total 11100 FUNDRAISER INCOME	648,035 09	-	-	648,035 09
11600 GRANTS				
Grt Houston Jewish Comm Found	-			-
Wal-Mart	-			-
11605 Abbott Lab	1,500 00			1,500 00
11610 Avon Foundation	63,857 12			63,857 12
11620 Beaumont CDBG	12,286 96	8,659 86		3,627 10
11625 City of Port Arthur	9,171 23	4,898 25		4,272 98
11630 Dishman Grant	2,000 00			2,000 00
11633 Entergy	-			-
11641 Houseman Trust	5,000 00			5,000 00
11645 Jefferson County	50,000 00			50,000 00
11658 McFaddin Ward	5,000 00			5,000 00
11659 S E TX Regional Planning Com	327,382 47	15,000 00		312,382 47

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	Jan - Dec 10 Accrual-Books	Debit	Credit	Jan - Dec 10 Cash-990
11662 Scurlock Foundation	-			-
11672 Stark Foundation Grant	16,000 00			16,000 00
11683 Strake Foundation	2,500 00			2,500 00
11691 Wal-Mart Foundation	1,500 00			1,500 00
Total 11600 GRANTS	496,197 78	28,558 11	-	467,639 67
11700 Investments				
11702 Dividends	554 92			554 92
11706 Gain/Loss on Sale of Investment	(259 34)			(259 34)
11710 Interest Earned	509 22			509 22
Total 11700 Investments	804 80	-	-	804 80
11750 Memberships				
Charter	-			-
Patron	-			-
Regular	-			-
11750 Memberships - Other	4,975 00			4,975 00
Total 11750 Memberships	4,975 00	-	-	4,975 00
11800 NonCash (In-kind) Contributions	165,949 22			
11850 Securities				
11852 Security Sales	-			-
Total 11850 Securities	-	-	-	-
11880 Temporarily Restricted Income				
11883 Building Fund	100,000 00			100,000 00
Total 11880 Temporarily Restricted Income	100,000 00	-	-	100,000 00
11890 Uncategorized Income	673 78			673 78
Total Income	2,024,693 12	66,958 11	-	1,957,735 01
Cost of Goods Sold				
"I Luv U" Bear	494 00			494 00
Cost of Sales - Inventory Sales	-			-
Total COGS	494 00	-	-	494 00
Gross Profit	2,024,199 12	66,958 11	-	1,957,241 01
Expense				
Development				
Payroll	-			-
Development - Other	-			-
Total Development	-	-	-	-
12100 ADMIN/OPERATING EXPENSE				
Miscellaneous Expenses	-			-
12108 Contract Labor	3,000 00		3,000 00	-
12110 Depreciation	8,463 28			8,463 28
12118 Dues/Subscriptions	3,065 84			3,065 84
12120 Employee Benefits				
AFLAC	-			-
12122 Health Insurance	10,116 52			10,116 52
12120 Employee Benefits - Other	(931 24)			(931 24)
Total 12120 Employee Benefits	9,185 28	-	3,000 00	6,185 28
12130 Facilities and Equipment				
Building Maintenace	-			-
12131 Building Maintenance & Repairs	2,563 20	284 00		2,847 20
12133 Janitorial Services	5,400 00			5,400 00
12134 Kitchen/Building Supplies	1,542 73			1,542 73
12135 Landscaping/Lawn Maintenance	760 00			760 00
12140 Office Equipment Repair				
12142 Copy/Printer Repair	1,709 59			1,709 59
12144 Telephone Repair	1,411 00			1,411 00
Total 12140 Office Equipment Repair	3,120 59	284 00	-	3,404 59
12150 Repairs/Maintenance				
12152 Computer Expense	8,114 64			8,114 64
12154 Fob/Door Repair - Entre	1,381 75			1,381 75
Total 12150 Repairs/Maintenance	9,496 39	-	-	9,496 39
12157 Security	1,598 50		120 00	1,478 50
12158 Storage Unit Rental	3,055 89			3,055 89
Total 12130 Facilities and Equipment	27,537 30	-	120 00	27,417 30
12200 Fees				
12205 Bank Service Charges	564 76			564 76
12209 Credit Card Fees	97 41			97 41
12210 Notary Fees	103 00			103 00
12213 Paypal Fees	159 02			159 02
12218 Wire Transfer	90 00			90 00
12200 Fees - Other	-			-

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	Jan - Dec 10 Accrual-Books	Debit	Credit	Jan - Dec 10 Cash-990
Total 12200 Fees	1,014 19	-	-	1,014 19
12300 Food/Drinks	1,588 70			1,588 70
12400 Insurance				-
Health/Dental	-			-
Malpractice - Rhonda Dixon	-			-
12404 Auto Insurance	971 80			971 80
12414 Directors/Officers	1,110 01			1,110 01
12416 Flood	127 06			127 06
12419 Personal Property	1,019 83			1,019 83
12425 Warranties/Protection Plans	565 36			565 36
12460 Worker's Compensation	803 42			803 42
Total 12400 Insurance	4,597 48	-	-	4,597 48
12500 IRS Penalties/Taxes	106 75			106 75
12512 Marketing/Advertising	403 89			403 89
12518 Mileage Reimbursements	540 07			540 07
12520 Minivan Expenses				
12521 Auto Registration/Inspection	53 80			53 80
12523 Gas	2,519 55			2,519 55
12525 Maintenance	1,447 84			1,447 84
Total 12520 Minivan Expenses	4,021 19	-	-	4,021 19
12600 Miscellaneous	3,201 15		500 00	2,701 15
12610 NonCash (In-Kind)	25,445 46			25,445 46
12620 Office Equipment	2,983 03			2,983 03
12640 Office Lease	13,514 50		2,677 00	10,837 50
12660 Office Supplies	15,951 63		4,887 87	11,063 76
12700 Payroll				
12710 Employer Taxes	5,041 87			5,041 87
12700 Payroll - Other	167,011 06			167,011 06
Total 12700 Payroll	172,052 93	-	8,064 87	163,988 06
12800 Postage/Delivery				
12815 Bulk Mail Account	2,185 00			2,185 00
12830 Business Reply Mail Account	185 00			185 00
12800 Postage/Delivery - Other	313 96			313 96
Total 12800 Postage/Delivery	2,683 96	-	-	2,683 96
12900 Printing/Reproduction	10,324 96			10,324 96
12910 Professional Services	17,648 00		1,650 00	15,998 00
12925 Program Supplies	382 99			382 99
12929 Rental/Leasing Exp	501 82			501 82
12944 Telephone	4,540 95		1,255 66	3,285 29
12950 Training/Continuing Education	9,087 44		200 00	8,887 44
12970 Utilities	3,592 23			3,592 23
Total 12100 ADMIN/OPERATING EXPENSE	345,435 02	284 00	14,290 53	331,428 49
13000 BREAST CANCER PROGRAMS				
13100 Breast Cancer Awareness				
Rental Fees	-			-
13106 Audio/Video/Photography	2,415 00			2,415 00
13108 BRAvo	15,641 37			15,641 37
13114 Design/Layout	3,031 25			3,031 25
13122 Equipment/Space Rental	684 93			684 93
13125 Food	1,255 97			1,255 97
13132 In Kind	2,944 38			2,944 38
13135 Kick Off - BCAM	5,799 70			5,799 70
13138 Marketing/Advertising	1,759 00			1,759 00
13142 Mileage Reimbursement	60 79			60 79
13148 Office Supplies	83 91			83 91
13153 Payroll	37,945 83			37,945 83
13163 Postage/Delivery	25 00			25 00
13168 Printing/Reproduction	5,812 93			5,812 93
13172 Program Supplies	27,196 47		1,861 00	25,335 47
13192 Tie the Town Pink	3,831 40			3,831 40
Total 13100 Breast Cancer Awareness	108,487 93	-	1,861 00	106,626 93
13199 Auto Insurance	1,149 30			1,149 30
13200 Client Assistance	4,185 00			4,185 00
13205 Contract Labor	26,388 28		7,000 00	19,388 28
13219 Fees, Credit Card	679 89			679 89
13221 Flood Insurance	127 06			127 06
13222 In-kind	4,729 00			4,729 00
13224 Insurance -Health	10,116 51			10,116 51
13226 Leasing	1,003 65			1,003 65
13229 Malpractice Insurance	1,147 06			1,147 06
13230 Marketing/Advertising	363 00			363 00
13233 Medical Services	60,864 77		6,750 07	54,114 70
13235 Mileage Reimbursement	1,383 60			1,383 60
13238 Miscellaneous	2,102 84		1,166 67	936 17

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	Jan - Dec 10 Accrual-Books	Debit	Credit	Jan - Dec 10 Cash-990
13240 Mobile Mammography Van				
Mammograms	6,714 98			6,714 98
13240 Mobile Mammography Van - Other	57,745 70			57,745 70
Total 13240 Mobile Mammography Van	64,460 68	-	14,916 74	49,543 94
13250 Office Equipment	1,208 21			1,208 21
13254 Office Lease	13,005 00			13,005 00
13258 Office Supplies	292 42			292 42
13260 Payroll				
13264 Payroll Taxes	7,562 80			7,562 80
13260 Payroll - Other	103,902 94			103,902 94
Total 13260 Payroll	111,465 74	-	-	111,465 74
13267 Personal Property Insurance	1,019 83			1,019 83
13270 Postage/Delivery	4,000 96			4,000 96
13273 Printing/Reproduction	945 76			945 76
13275 Program Supplies	2,952 42			2,952 42
13278 Software	-			-
13280 Telephone/Cable	4,822 61		466 67	4,355 94
13284 Training/Education	140 59			140 59
13287 Travel and Meetings	363 38			363 38
13298 Worker's Comp Insurance	625 93			625 93
13000 BREAST CANCER PROGRAMS - Other	4,310 67			4,310 67
Total 13000 BREAST CANCER PROGRAMS	432,342 09	-	17,244 41	415,097 68
14000 EDUCATION/OUTREACH PROGRAMS				
14100 Audio/Video	830 00			830 00
14109 Auto Insurance	161 97			161 97
14135 Contract Labor	2,075 00		2,000 00	75 00
14200 Design/ Layout	25,029 13			25,029 13
14220 Dues & Subscriptions	25 00			25 00
14225 Educational Materials	2,038 54		2,510 68	(472 14)
14238 Equipment for Outreaches	23,080 16			23,080 16
14240 Flood Insurance	21 18			21 18
14243 Food	1,504 20			1,504 20
14246 In-kind	120 00			120 00
14253 Insurance - Health	1,686 08			1,686 08
14257 Marketing/Advertising	780 00			780 00
14260 Mileage Reimbursement	18 57			18 57
14261 Miscellaneous	333 33		333 33	-
14263 Office Equipment	-			-
14267 Office Lease	2,167 50			2,167 50
14269 Office Supplies	13,981 57			13,981 57
14270 Payroll				
14274 Employer Taxes	2,520 93			2,520 93
14270 Payroll - Other	32,587 65			32,587 65
Total 14270 Payroll	35,108 58	-	4,844 01	30,264 57
14278 Personal Property Insurance	169 97			169 97
14300 Postage/Delivery	1,341 99			1,341 99
14350 Printing/Reproduction	2,346 00			2,346 00
14370 Program Supplies	4,130 56			4,130 56
14425 Promotional Items	60,408 13			60,408 13
14450 Rental Expense	775 00			775 00
14460 Software	759 97			759 97
14570 Telephone/Cable	859 32		133 33	725 99
14845 Utilities	718 44			718 44
14920 WISE Women	2,199 86			2,199 86
14945 Worker's Comp Insurance	133 91			133 91
Total 14000 EDUCATION/OUTREACH PROGRAMS	182,803 96	-	4,977 34	177,826 62
15000 EVENTS/OUTREACH PROGRAMS				
15100 Annual Meeting				
15111 Audio/Video/Photography	3,533 00			3,533 00
15115 Awards/Recognition	269 60		269 60	-
15119 Contract Labor	2,000 00		2,000 00	-
15122 Design/Layout	12,810 16		2,100 00	10,710 16
15125 Food	139 42			139 42
15128 In-kind	20,557 70			20,557 70
15133 Marketing/ Advertising	-			-
15137 Mileage Reimbursement	357 91			357 91
15140 Miscellaneous	91 18		333 33	(242 15)
15143 Office Supplies	480 62			480 62
15147 Payroll - Annual Meeting	10,149 35			10,149 35
15153 Postage/Delivery	2,683 97			2,683 97
15157 Printing/Reproduction	5,453 55			5,453 55
15162 Program Supplies	5,581 81			5,581 81
15168 Rental Expense	1,269 42			1,269 42
Total 15100 Annual Meeting	65,377 69	-	4,702 93	60,674 76
15193 Auto Insurance	485 91			485 91

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	Jan - Dec 10 Accrual-Books	Debit	Credit	Jan - Dec 10 Cash-990
15196 Flood Insurance	63 53			63 53
15200 In-kind	270 00			270 00
15320 Insurance -Health	5,058 25			5,058 25
15445 Office Lease	8,670 00			8,670 00
15500 Payroll				
15550 Payroll Taxes	5,041 87			5,041 87
15500 Payroll - Other	27,769 70			27,769 70
Total 15500 Payroll	32,811 57	-	-	32,811 57
15580 Personal Property Insurance	509 92			509 92
15600 Survivors' Celebration				
15634 Food/Drinks	1,447 63			1,447 63
15636 In Kind Survivor Celeb	1,870 12			1,870 12
15641 Mileage Reimbursement	74 21			74 21
15648 Miscellaneous	477 37			477 37
15652 Office Supplies	23 95			23 95
15680 Printing/Reproduction	289 30			289 30
15684 Program Supplies	1,779 43			1,779 43
15688 Rental Expense/Fees	988 65			988 65
15600 Survivors' Celebration - Other	2,338 90			2,338 90
Total 15600 Survivors' Celebration	9,289 56	-	-	9,289 56
15700 Telephone/Cable	3,037 29		133 33	2,903 96
15800 Utilities	2,873 78			2,873 78
15900 Volunteer Appreciation				
15915 In Kind VA	519 00			519 00
15942 Program Supplies	177 32			177 32
15900 Volunteer Appreciation - Other	2,505 07			2,505 07
Total 15900 Volunteer Appreciation	3,201 39	-	133 33	3,068 06
15987 Worker's Comp Insurance	401 71			401 71
Total 15000 EVENTS/OUTREACH PROGRAMS	132,050 60	-	4,836 26	127,214 34
16000 FUNDRAISER EXPENSE				
16005 Payroll	-			-
16100 An Evening With /ATJ Event				
16105 Advertising	13,714 00			13,714 00
16114 Audio/Video/Photography	15,572 83			15,572 83
16121 Contract Labor	51,580 00		45,000 00	6,580 00
16128 Entertainment	57,290 00			57,290 00
16130 Fees - Credit Card	1,359 77			1,359 77
16134 Food	39,817 83			39,817 83
16138 In Kind An Evening With	22,936 23			22,936 23
16141 Leasing	2,007 30			2,007 30
16143 Mileage Reimbursement	278 65			278 65
16148 Miscellaneous	11,132 97		7,500 00	3,632 97
16150 Payroll - An Evening W				
16155 Payroll Taxes	7,562 80			7,562 80
16150 Payroll - An Evening W - Other	37,945 83			37,945 83
Total 16150 Payroll - An Evening W	45,508 63	-	52,500 00	(6,991 37)
16160 Postage	4,025 96			4,025 96
16167 Printing/Reproduction	14,758 65			14,758 65
16172 Program Supplies	7,949 52		906 01	7 043 51
16183 Rentals	21,327 80			21,327 80
16193 Transportation	4,739 20			4,739 20
Total 16100 An Evening With /ATJ Event	313,999 34	-	906 01	313,093 33
16200 Champagne & Ribs				
16210 Audio/Video/Photography	3,299 20			3,299 20
16219 Contract Labor	5,737 50			5,737 50
16221 Design/Layout	525 00			525 00
16230 Fees				
16232 Credit Card Fees (C&R)	2,039 66			2,039 66
Total 16230 Fees	2,039 66	-	-	2,039 66
16240 Food	6,383 74			6,383 74
16242 In Kind C&R	40,359 08			40,359 08
16247 Leasing	3,010 95			3,010 95
16252 Marketing/Advertising	3,079 86			3,079 86
16255 Mileage Reimbursement	262 61			262 61
16256 Miscellaneous	4,154 00			4,154 00
16259 Office Supplies	331 90			331 90
16260 Payroll C&R				
16264 Payroll Taxes	7,562 80			7,562 80
16260 Payroll C&R - Other	56,918 74			56,918 74
Total 16260 Payroll C&R	64,481 54	-	-	64,481 54
16270 Postage/Delivery	4,025 96			4,025 96
16276 Printing/Reproduction	16,735 09			16,735 09
16278 Program Supplies	6,874 13			6,874 13
16282 Rentals	12,506 37			12,506 37

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	Jan - Dec 10 Accrual-Books	Debit	Credit	Jan - Dec 10 Cash-990
16296 WILD HOG Party	2,908 76			2,908 76
Total 16200 Champagne & Rubs	176,715 35	-	-	176,715 35
16300 End of Year Letter				
16310 In Kind EOY	238 08			238 08
16300 End of Year Letter - Other	11,809 50		6,739 00	5,070 50
Total 16300 End of Year Letter	12,047 58	-	6,739 00	5,308 58
16500 Partnership Expenses				
16050 In Kind	165 44			165 44
16510 Jasper Walk of Hope	325 00			325 00
16580 Winners For Life Event	175 88			175 88
16500 Partnership Expenses - Other	1,775 00			1,775 00
Total 16500 Partnership Expenses	2,441 32	-	-	2,441 32
16700 Pink Shopping Cards				
16714 Audio/Video/Photography	1,969 50			1,969 50
16718 Contract Labor	7,334 00			7,334 00
16728 Fees - CC/PayPal PSC	2,039 66			2,039 66
16730 Food	3,476 98			3,476 98
16735 Gas/Fuel charges	81 14			81 14
16739 In Kind PSC	42,904 05			42,904 05
16742 Leasing	3,010 95			3,010 95
16748 Marketing/Advertising	(2,400 28)			(2,400 28)
16754 Mileage	1,619 79			1,619 79
16757 Miscellaneous	1,410 22			1,410 22
16759 Office Supplies	1,415 23			1,415 23
16760 Payroll - PSC				
16765 Payroll Taxes	7,562 82			7,562 82
16760 Payroll - PSC - Other	56,918 73			56,918 73
Total 16760 Payroll - PSC	64,481 55	-	-	64,481 55
16770 Postage	4,019 96			4,019 96
16772 Printing/Reproduction	44,363 14			44,363 14
16775 Program Supplies	3,176 01			3,176 01
16780 Rentals	2,452 00			2,452 00
16790 Telephone/Cell	3,310 50		3,000 00	310 50
16700 Pink Shopping Cards - Other	1,620 00			1,620 00
Total 16700 Pink Shopping Cards	186,284 40	-	3,000 00	183,284 40
Total 16000 FUNDRAISER EXPENSE	691,487 99	-	63,145 01	628,342 98
17000 PROSTATE CANCER PROGRAMS				
Prostate Cancer Screenings				
Client Assistance	-			-
Prostate Cancer Screenings - Other	1,300 00			1,300 00
Total Prostate Cancer Screenings	1,300 00	-	-	1,300 00
17003 Audio/Video/Photography	500 00			500 00
17005 Auto Insurance	485 91			485 91
17010 Client Assistance	135 71			135 71
17035 Contract Labor	1,110 00		1,000 00	110 00
17085 Fees - Credit Card	339 94			339 94
17090 Flood Insurance	63 53			63 53
17100 Food	2,633 76			2,633 76
17136 In-kind PCP	1,693 38			1,693 38
17154 Insurance -Health	5,058 25			5,058 25
17188 Leasing	501 82			501 82
17230 Medical Services	18,563 95		58 42	18,505 53
17237 Mileage Reimbursement	249 17			249 17
17242 Miscellaneous	236 89		166 67	70 22
17268 Office Lease	6,502 50			6,502 50
17301 Payroll PCP				
17310 Payroll Taxes	5,041 87			5,041 87
17301 Payroll PCP - Other	38,220 31			38,220 31
Total 17301 Payroll PCP	43,262 18	-	1,225 09	42,037 09
17326 Personal Property Insurance	509 92			509 92
17335 Postage/Delivery	2,683 97			2,683 97
17367 Printing/Reproduction	1,746 77			1,746 77
17388 Program Supplies	247 40			247 40
17400 Prostate Cancer Awareness				
17440 Design/Layout	3,031 25			3,031 25
17449 Food	234 27			234 27
17455 Mileage Reimbursement	5 44			5 44
17460 Miscellaneous	443 47			443 47
17467 Office Supplies	71 77			71 77
17476 Printing/Reproduction	2,500 00			2,500 00
17489 Program Supplies	7,827 55			7,827 55
Total 17400 Prostate Cancer Awareness	14,113 75	-	-	14,113 75
17792 Rentals	2,850 00			2,850 00
17810 Telephone/Cable	2,244 64		66 67	2,177 97

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	Jan - Dec 10 Accrual-Books	Debit	Credit	Jan - Dec 10 Cash-990
17920 Utilities	2,155 33			2,155 33
17961 Worker's Comp Insurance	401 70			401 70
17000 PROSTATE CANCER PROGRAMS - Other	-			-
Total 17000 PROSTATE CANCER PROGRAMS	109,590 47	-	1,291 76	108,298 71
18000 TOBACCO PROGRAMS				
18100 ASPIRE Essay Contest				
18120 Essay Winner	750 00			750 00
18135 Beaumont	650 15			650 15
18160 Port Arthur	941 54			941 54
18100 ASPIRE Essay Contest - Other	396 12			396 12
Total 18100 ASPIRE Essay Contest	2,737 81	-	-	2,737 81
18200 Audio/Video/Photography	2,097 21			2,097 21
18211 Auto Insurance	161 94			161 94
18225 Beaumont	747 50			747 50
18227 Flood Insurance	21 16			21 16
18229 Food	-			-
18260 In Kind Tobacco Prog	1,197 30			1,197 30
18320 Insurance -Health	1,686 08			1,686 08
18325 Marketing/Advertising	3,500 00			3,500 00
18348 Mileage Reimbursement	4 14			4 14
18376 Office Lease	2,167 50			2,167 50
18380 Office Supplies	2,130 32			2,130 32
18400 Payroll TP				
18425 Employer Taxes	2,520 93			2,520 93
18400 Payroll TP - Other	7,992 57			7,992 57
Total 18400 Payroll TP	10,513 50	-	-	10,513 50
18440 Personal Property Insurance	169 95			169 95
18505 Port Arthur	826 64			826 64
18620 Postage & Delivery	1,341 99			1,341 99
18635 Printing/Reproduction	5,920 55			5,920 55
18780 Signage	4,091 11			4,091 11
18825 Telephone/Cable	725 99			725 99
18915 Utilites	718 44			718 44
18936 Workers' Compensation Insurance	133 91			133 91
18000 TOBACCO PROGRAMS - Other	1,555 28			1,555 28
Total 18000 TOBACCO PROGRAMS	42,448 32	-	-	42,448 32
Total Expense	1,936,158 45	284 00	105,785 31	1,830,657 14
Net Ordinary Income	88,040 67	67,242 11	105,785 31	126,583 87
Other Income/Expense				
Other Income				
Interest Income	2 99			2 99
Total Other Income	2 99	-	-	2 99
Other Expense				
Investment				
Loss on Sales	-			-
Total Investment	-	-	-	-
Total Other Expense	-	-	-	-
Net Other Income	2 99	-	-	2 99
Net Income	88,043 66	67,242 11	105,785 31	126,586 86

Part III, Line 12 - Other Income

Nature and Source	2011	2010	2009	2008	2007
Total	$ 0.	$ 0.	$ 0.	$ 0.	$ 0.