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SCANNED 0CT 2 4 2012

Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must the Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1160

2011

Open to Public Inspection

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next more than \$50,000. A Form 890-EZ or Form 890 insturn is not required though Form 990-N (e-postbard) may be required (see instructions). But if the organization chooses to file a nature, be sure to file a complete return. L Add lines 55, 6c, and 76, to line 9 to determine gross mocipts. If gross mocipts are \$200,000 or more, or if total assets (Part II, line 25, column (8) below are \$200,000 or more, file Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule 0 to respond to any question in this Part I 1						
The organization chooses to file a naturu, he sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross molepits. It gross modelpits are \$200,000 or more, or if total assets (Part II, line 2b, column (B) below) are \$500,000 or more, file Form 990 lessed of Form 990-E2 PRINTI Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts 3 If X S 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses. C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Garming and fundralsing events a Gross income from garning (attach Schedule G if greater than \$15,000) 6 Gross income from garning (attach Schedule G if greater than \$15,000) 6 Gross income from garning and fundraising events 6 Less: direct expenses from geming and fundraising events 6 Less: cost or goods sold 7 Gross sprofit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Ty 400 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Carrier of the spear dather payments to independent contractors 13 3 9 y 0 14 Coupancy, refl. utilities [and [ans]] the payments to independent contractors 15 Printing, publications, postege-and-shipting 16 Cyther expenses (describe in Schedule O) 17 Octal expenses, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 18 Excess or (deficit) (or the year (Subtract line (Efform line 27, column (A)) (must agree with end-of-year figure reported column or year form line 27, column (A)) (must agree w			if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and it	s gross	s receipts are normally	
Lack lines 50, 6c, and 70, to line 9 to determine gross recipits. If gross recipits are \$200,000 or more, or if total assets (Part II, line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)			·	on ou t	see mad delicits). Dat ii	
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16 Other expenses (describe in Schedule O) 17 or Ny, Quards, angust. 16 5857 17 Total expenses. Add lines 10 through 16 0 17 9794 18 Excess or (deficit) for the year (Subtract line 12 from line 9)	ě	13	Professional fees and other payments to independent contractors	13	3940	
16 Other expenses (describe in Schedule O) 17 or Ny, Quards, angust. 16 5857 17 Total expenses. Add lines 10 through 16 0 17 9794 18 Excess or (deficit) for the year (Subtract line 12 from line 9)	<u> </u>	14	Occupancy, rent, utilities Fand indihite Tailing			
17 Total expenses. Add lines 10 through 16	ű	15	Printing, publications, postage, and shipping	$\overline{}$		
18 Excess or (deficit) or the year (Subtract line 12 from line 9)		16	Other expenses rescribe in Schedule O) . Totally, Quaras, bunguet	-		
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 21 52/3		17		+		
21 Net assets of futio datances at end of year. Combine thes to directly 20	gq.	18	Excess or (deficit) for the year (Subtract line 12 from line 9)		S23147	
21 Net assets of futio datables at end of year. Combine thes to unough 20	Ì	19	Net assets or fund balances et peginning of year (from line 27, column (A)) (must agree with	100	73611	
21 Net assets of futio datables at end of year. Combine thes to unough 20	\$	2	end-of-year figure reported on prior year's return)	$\overline{}$	1227 -	
21 Net assets of futio datables at end of year. Combine thes to unough 20	\$	20	Other changes in net assets or fund balances (explain in Schedule O)		<u> </u>	
	_	21	-, , , , , , , , , , , , , , , , , , , 	21	Som OOLET MAKE	

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For Paperwork Reduction Act Notice, see the separate instructions.

			1	(A) Beginning of year	•	Re) Fuo or Aesi.				
22	Cash, savings, and investments		h	7354	22	5213				
23			· · · · ·		23	0				
	Land and buildings		24	-						
24			· · · · · /-		25	5213				
25	Total assets		• • • • • -							
28	Total liabilities (describe in Schedule O)	(D)			26	-et				
27	Net assets or fund balances (line 27 of column			<u> </u>	27	5213				
Pari	III Statement of Program Service Accomp					Expenses				
	Check if the organization used Schedule	O to respond to an	y question in this	Part III	(Rect	ured for section				
What	is the organization's primary exempt purpose?				501(c)(3) and 501(c)(4)				
	ribe the organization's program service accomplis	hmante for each of	ite three lameet n	rogram services		dizations and section				
20 17	easured by expenses. In a clear and concise man	anner describe the	senvices navided	the number of		(a)(1) trusts; optional hers.)				
nore/	ons benefited, and other relevant information for ea	ch nrogram title.	SUITIOUS PICTIGUE	, 4.0 //4/1004 01	IO UL	11013.)				
	The Donotton, and outer too var information to	on programma.								
28										
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	(Grants \$ ) If this amount	includes foreign and	nts, check here .	· · · • U	28a					
29						1				
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30										
-		***********				}				
	(Grants \$ ) If this amount	includes foreign gra	nts, check here .	• 🗅	30a					
31	Other program services (describe in Schedule O)									
٠.		includes foreign gra		▶⊓∣	31a					
39					32	· · · · · · · · · · · · · · · · · · ·				
		32 Total program service expenses (add lines 28a through 31a)								
					300	,				
	Check if the organization used Schedule	O to respond to ar	y question in this	Part IV		🗅				
	Check if the organization used Schedule	O to respond to ar (b) Title and average			<del></del>	<u> D</u>				
		O to respond to ar  (b) Title and average hours per week	y question in this (c) Reportable compensation (Forms W-2/1099-MISC	Part IV	· (e)	<u> D</u>				
	Check if the organization used Schedule	O to respond to ar (b) Title and average hours per week devoted to position	(c) Reportable compensation	Part IV	· (e)	Estimated amount of				
	Check if the organization used Schedule  (a) Name and address	O to respond to ar  (b) Title and average hours per week devoted to position	y question in this (c) Reportable compensation (Forms W-2/1099-MISC	Part IV	· (e)	Estimated amount of				
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	Check if the organization used Schedule  (a) Name and address  PUPTLY LEFFIET  670 W 950 W  3144 From T C 83221  FITH FITH KARA	O to respond to ar  (b) Title and average hours per week devoted to position  President  President	y question in this (c) Reportable compensation (Forms W-2/1099-MISC (If not paid, enter -0-)	Part IV	· (e)	Estimated amount of				
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	Check if the organization used Schedule  (a) Name and address  PUPTLY LEFFIET  (FOW \$50 W)  3194 Your TICK \$3221  FIFTY ETICK SON  (O) 7 F 65th Lacho E115	O to respond to ar  (b) Title and average hours per week devoted to position  President  Vice-President  Zohis	y question in this (c) Reportable compensation (Forms W-2/1099-MISC (If not paid, enter-0-)	Part IV	· (e)	Estimated amount of				
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	Check if the organization used Schedule  (a) Name and address  PUPTLY LETTER  (70 W \$50 W  314 C Front I A \$3221  PLICE FOR FOR A STATE AND FOLLS  (0 677 F 657 T de No Fello  (0 677 F 657 T de No Fello	O to respond to ar  (b) Title and average hours per week devoted to position  President  Vice-President  Zohis	y question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter-0-)	Part IV	· (e)	Estimated amount of				
	Check if the organization used Schedule  (a) Name and address  PUPTY LEFFIET  670 W \$50 W  310 K hoot ICL \$3221  TITY FIICKS A ICLAHO FILL  206 ect PUTTY AND TO FELL  0677 FETTY TO AND FELL  0410 Hulfold	O to respond to ar  (b) Title and average hours per week devoted to position  President  Vice-Preside  Tracsuler	y question in this (c) Reportable compensation (Forms W-2/1099-MISC (If not paid, enter-0-)	Part IV	· (e)	Estimated amount of				
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Form 99	90-EZ (2011)			- <u></u>		1	Page 4
46	Did the organization engage, directly or it to candidates for public office? If "Yes,"	complete Schedule C	, Part I	· · · · ·		46	
Part		s and section 4947 ion 4947(a)(1) none s for lines 50 and 51	(a)(1) nonexempt kempt charitable tro	usts must an			
47 48 49a b 50	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pals the organization a school as described Did the organization make any transfers if "Yes," was the related organization a scomplete this table for the organization.	activities or have a strt II	section 501(h) election i)? If "Yes," complete ritable related organi	on in effect du 		47 48 49a 49b	XXXX
	employees) who each received more that  (a) Name and address of each employee paid more than \$100,000	n \$100,000 of compet (b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health be contributions to benefit plans, ar compensu	employee (e)	nter "None. Estimated amo	ount of
	va 0°						
							<del> </del>
f 51	Total number of other employees paid of Complete this table for the organization \$100,000 of compensation from the org	n's five highest comp	ensated independent	t contractors	who each re	ceived mor	e than
(a)	Name and address of each independent contractor p	and more than \$100,000	(b) Type of sex	vice	(c) Co	mpensation	
					· · · · · · · · · · · · · · · · · · ·		
	Don						
52	Did the organization complete Schedule nonexempt charitable trusts must attach	A? <b>Note</b> : All section so a completed Schedu	501(c)(3) organization		<u> ▶</u>	☐ Yes 🔀	¢No_
Under true, co	penalties of penury, I declare that I have examined the prect, and complete Declaration of preparer (other th	a return, including accompar an officer) is based on all inf	nying schedules and staten ormation of which preparer	nents, and to the b has any knowled	38		ef, it is
Sign Here  Signature of officer  Beverly Leffler IdRHA Presedent  Type or print name and title						<i>'2</i>	
	Dest/Time arrange name	Preparer's signature		Date Firm	Check ☐ if self-employed s EIN ▶	PTIN	
	Firm's address >	er shown ahove? See	instructions	Phon		□ Voe □	No

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