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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

	tt Foundation						1		90-0500	0444	
Part I	Reason fo	or Public Char	ity Status (All orga	nizations	s must c	omplete	this par	t.) See ır	nstruction	is	
1	church, conv school descr hospital or a	vention of church ribed in section cooperative hos	tion because it is: (Fo nes, or association of 170(b)(1)(A)(ii). (Attac spital sector organiza	churches h Schedu ition desc	describerule E.) cribed in s	ed in sect section 1	tion 170(l 70(b)(1)(b)(1)(A)(i) A)(iii).		(Og)	
h	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										
S	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.)										
7 🙇 A											
8 🔲 A	community t	rust described in	section 170(b)(1)(A)	(vi). (Con	nplete Pa	rt II)					
re	9 An organization that normally receives: (1) more than 331/3% 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 33/3% 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.)										
11 □ A											
a e	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 it 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?										
(i	(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?										
(i	ii) A family m	ember of a perso	on described in (i) abo	ove?						11g(µ) ✓	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?											
(i) Name of supported organization		(ir) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) is the organization in col (i) organized in the US?		(vii) Amount of support	
				Yes	No	Yes	No	Yes	No		
(A)											
(B)											
(C)											
(D)											
(E)											
Total											

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Page 2

Part	Support Schedule for Organiza									
	(Complete only if you checked the						alify under			
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, pl	ease comple	te Part III)				
	on A. Public Support									
Calend	dar 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				J					
	include any "unusual grants.") .			20421	15582	17928	53931			
2	Tax revenues levied for the									
	organization's benefit and either paid			X = X	_ :	_				
	to or expended on its behalf .			0	0	0	0			
3	The value of services or facilities		()	/	1					
	furnished by a governmental unit to the		\/			_	_			
_	organization without charge		X-	0	0	0	0			
4	Total. Add lines 1 through 3 .	004883 03 45068 1 45	283 (Supply 1 & 3 to 1976	20421	15582	17928	53931			
5	The portion of total contributions by					· · · · · ·				
	each person (other than a		With the same of t	Stanton Hills		, ,				
	governmental unit or publicly		IX CARRE		智心性 歌音歌					
	supported organization) included on					4 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
	line 1 that exceeds 2% of the amount		是是代数	NAME OF THE PARTY.		1				
-: =:-	shown on-line-11, column (f)	the of the same of the same of the	the second second with the	Linguisting to the flower	The feet in which with the ways	se P (C) E si				
6.	Public support. Subtract line 5 from line 4 -	THE THE PARTY OF	经验,你你,你就是没	是多多是是是其一	Brank All and	al ne membership in the				
	on B. Total Support dar year (or fiscal year beginning in)	(a)/2007	(b) 2008	(c) 2009	(d) 2010	(a) 2011	(f) Total			
7	Amounts from line 4	(4) 4007	(D) 2000	20421	15582	(e) 2011 17928	(f) Total 53931			
				20421	13302	17320	33331			
8	Gross income from interest, dividends, payments received on securities loans,	7	ŀ							
	rents, royalties and income from similar	<i>\</i>		}						
	sources		1	17	98	143	258			
9	Net income from unrelated business			 		113	230			
Ü	activities, whether or not the business	Y								
	is regularly carried on .	1	İ	0	o	0	0			
10	Other income Do not include gain or									
	loss from the sale of capital assets			1						
	(Explain in Part IV)			٥ ا	2890	7347	10237			
11	Total support. Add lines 7 through 10	ASS. NO. WEST OFFI	The State of the S	Salatani vistoria	表"艾尔森(4·14)		64426			
12	Gross receipts from related activities, etc.			drawing to an end of	1 - 1 - 40 to 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	12				
13	First five years. If the Form 990 is for t			d, third, fourth	, or fifth tax y	ear as a section	n 501(c)(3)			
	organization, check this box and stop he					•	▶ ✓			
Secti	on C. Computation of Public Suppo	rt Percentag	e							
14	Public support percentage for 2011 (line	6, column (f) d	ivided by line 1	11, column (f))		14	%			
15	Public support percentage from 2010 Schedule A, Part II, line 14									
16a	· / /									
	box and stop here. The organization qualifies as a publicly supported organization									
b										
	check this box and stop here. The organization qualifies as a publicly supported organization									
17a	7a 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 me									
	Part IV how the organization meets the "	facts-and-circi	umstances" te	st. The organiz	ation qualifies	as a publicly s	upported			
	organization /						▶ _			
b	10%-facts-and-circumstances test-2	2010. If the org	anization did n	ot check a box	c on line 13, 16	a, 16b, or 17a	, and line			
	15 is 10% or more and if the organiza									
	Explain in Part IV how the organization r	neets the "fact	s-and-circums	stances" test T	he organizatio	n qualifies as a	a publicly			
	supported organization .						▶ _			

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

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0425874015 July 24, 2012 LTR 2695C 0 R 90-0500444 201112 67 00023580

OLIVIA SCOTT FOUNDATION 225 KELLEY RD WASHINGTON PA 15301



DECLARATION

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Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

بسيب

Title