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Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 Open to Public Inspection

<u> </u>	<u> </u>	or the	2011 Calendar year, or tax year beginning FEB 1, 2011 and ending	<u>ں 9</u>	AN 31, 2012			
В	CH	eck if plicable	C Name of organization	1	D Employer identific	cation number		
	ар	plicable	WAL-MART ASSOCIATES IN CRITICAL					
F		Address	NEED FUND					
Ĭ		Name	Doing Business As	71-0858484				
ř	_	Ichange Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/	E Telephone number				
		Jreturn Termin-	702 SW 8TH, DEPT.8687 MS#0555	Suite	•			
L		ated Amende			-	536-9925		
Ļ		return Applica	City or town, state or country, and ZIP + 4	- 1	G Gross receipts \$	16,254,181.		
ι		tion	BENTONVILLE, AR 72716-0555	\dashv	H(a) Is this a group re			
		F	F Name and address of principal officer	İ	for affiliates?	Yes X No		
_			702 S.W. 8TH ST. DEPT.8687 MS# 0555		H(b) Are all affiliates inc	luded? Yes No		
<u>_1</u>	Ta	ax-exe	npt status. X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or	527	If "No," attach a	list (see instructions)		
J	W	ebsite	: ► N/A		H(c) Group exemptio	n number 🕨		
K		orm of o	rganization: Corporation X Trust Association Other L	Year o	of formation: 2001 N	State of legal domicile: AR		
_		_	Summary ·					
-	. T	1 E	nefly describe the organization's mission or most significant activities TO PROV	IDE	FINANCIAL	AID TO		
	Governance		MARY ASSOCIATES WHEN THEY EXPERIENCE EX					
	힐	_	if the organization discontinued its operations or disposed of					
	ē	4		HIOLE	1 1	7		
	ဂ္ဂ ကြ		lumber of volting members of the governing body (Part VI, line 1a)		3			
	• ජ │		ember of independent voting members of the governing body (Part VI, line 1b)	•	4			
	Activities		ofalfaumber of and wid pats employed in calendar year 2011 (Part V, line 2a)		. 5	0		
<u>က</u> :	₹	6 7	otal number of volunteers (estimate if necessary)		6	0		
7	; [7 a 7	otal unrelated business revenue from Part VIII, column (C), line 12		. 7a	0.		
ź	۲		let unrelated business taxable income from Form 990-T, line 34		7b	0.		
Z					Prior Year	Current Year		
SCANNED	- 1		Contributions and grants (Part VIII, line 1h)		8,678,068.	16,228,271.		
U	힐			-	0,070,000.	0.		
D JAN	티		Program service revenue (Part VIII, line 2g)					
5	اچَ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		39,684.	25,910.		
 ლ	_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u> </u>	0.		
		12	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,717,752.	16,254,181.		
_		13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,542,568.	10,092,265.		
20		14	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.		
ದ	S	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.		
	3e	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
2013	ě	h -	otal fundraising expenses (Part IX, column (D), line 25)					
	X	47 /			0.	0.		
	Ì		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	8,542,568.	10,092,265.		
			otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-				
-	·	<u>19</u>	Revenue less expenses Subtract line 18 from line 12	-	175,184.	6,161,916.		
č	Ses			Be	ginning of Current Year	End of Year		
ţ	Balanc	20	otal assets (Part X, line 16)		6,860,322.	13,022,238.		
Š	쮕	21	otal liabilities (Part X, line 26)		0.	0.		
Ž	딃	22	let assets or fund balances Subtract line 21 from line 20		6,860,322.	13,022,238.		
Γ	Pa	rt II	Signature Block			_		
			ties of perjury, I declare that I have examined this return, including accompanying schedules and s	tatem	ents, and to the best of m	v knowledge and belief, it is		
			, and complete. Declaration of preparar (other than onicer) is based on all information of which pro			,,,		
-	uc,	7	Y//M/WITA	90.01	9-1	3-12		
_		$\sqrt{}$	Signature of officer_		Date			
	Sigr		Erran Smith Touctor.					
ŀ	Here	•	Type or proof some and title					
_			Type or print name and title	- 1 6	Note	DTIN .		
			Print/Type preparer's name Preparer's sunature		Date Check	PTIN		
F	aid		TONY UTH	0	3//20/2 self-employ			
F	rep	arer	Firm's name HOGANTAYLOR LLP		Firm's EIN ▶	73-1413977		
ı	Jse	Only	Firm's address 2200 S. UTICA PL., SUITE 400			- 		
TULSA, OK 74114-7000 Phone no. (918) 74								
	VIS	the I	S discuss this return with the preparer shown above? (see instructions)			X Yes No		
_		01 01-2				Form 990 (2011)		
	1.32(1)		Live and repetatory incorporation were increased in separate in 19 in decitoris.					

WAL-MART ASSOCIATES IN CRITICAL NEED FUND

Form	990 (2011) NEED FUND	71-0858484	Page 2
	t III Statement of Program Service Accomplishments		
•	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
	TO PROVIDE FINANCIAL ASSISTANCE TO WAL-MART ASSOCIATE	S WHEN THEY A	RE
	EXPERIENCING EXTREME FINANCIAL HARDSHIP.		
		<u> </u>	
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	s 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 service	ces? Yes	s 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 service	s, as measured by expense	es
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	nt of grants and allocations	to
	others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses s10,092,265. including grants of s10,092,265.))
	THE FUND PROVIDES MONETARY SUPPORT TO ASSOCIATES OR T		rs
	WHEN THEY EXPERIENCE EXTREME ECONOMIC HARDSHIP DUE TO		
	OUTSIDE OF THEIR CONTROL, INCLUDING NATURAL DISASTERS	•	
4b	(Code) (Expenses \$) (Revenue \$)
			
4c	(Code) (Expenses \$)	(Revenue \$)
			
			
		-	
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 10,092,265.		990 (2011)
		rom:	33U (2011)

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,			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?	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_		<u>X</u>
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		<u>X</u>
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		<u>X</u>
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 -			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D,			
	Part VI	11a	ļ	<u> </u>
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_
đ	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
е	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	<u>ا</u> ـ		٦,
	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			İ
	Schedule D, Parts XI, XII, and XIII	12a	X	-
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	404		x
	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 14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	148		A
р	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			
		14b		x
	or more? If "Yes," complete Schedule F, Parts I and IV	140		 ^ -
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
40	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	_ 		
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	1	x
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		<u> </u>	† <u></u> -
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
19	complete Schedule G, Part III	19		x
20:2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		•	990	(2011)

Form 990 (2011) NEED FUND
Part IV Checklist of Required Schedules (continued)

			·-	
21 21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		Yes	No
Z 1	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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer 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		
	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		
	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).	ļ		
а	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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			٦,
	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	-		х
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		х
	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u> </u>
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
33	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?			
34	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	x	Ì
35a	T-10/1-1/1-1/1-1/1-1/1-1/1-1/1-1/1-1/1-1/	35a		X
	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	
	·	Form	990	(2011)

Form 990 (2011)

Enter the number reported in Box 3 of Form 1096 Enter 0- if not applicable Differ the number of Forms W-26 included in line 1a. Enter 0- if not applicable Differ the number of Forms W-26 included in line 1a. Enter 0- if not applicable Differ the number of Forms W-26 included in line 1a. Enter 0- if not applicable Differ the number of enter with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) with moments? 28 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. Itself of the calender year ending with or within the year covered by this return 19 If If It least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of incis 1 and 505, you may be required to 6-file Gene instructions? By If Yea, I make the file a Form 990.17 for the year? If If It is 9-100 for year or year	Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
1a Enter the number reported in Box 3 of Form 1098 Enter 0 if not applicable Enter the number of Forms Work Gincluded in the 1s. Enter 0 if not applicable (applicable) Enter the number of Forms Work Gincluded in the 1s. Enter 0 if not applicable (applicable) (appli				Yes	No
b Enter the number of Forms W.26 included in line 1a. Enter, 0-if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winning to forms with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winning to forms with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winning to forms or with a sum of lines 1 and 2 as greater than 250, you may be required for either generations. 2	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0		
C but the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) with making with making with the payor covered by this return 22 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see natructions) 8 Uf the organization have unreated business gross momer of \$1.000 or more dumpt the year? 8 At any time dumpt the calendar year, did the organization file all required fearer amplitured to e-file (see natructions) 8 Uf Yes, *Instituted to sum of lines 1s and 2s is greater than 250, you may be required to e-file (see natructions) 8 At any time dumpt the calendar year, did the organization file 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 accountry or the financial accountry or the financial accountry or the financial accountry or the financial accountry or the financial accountry or the financial accountry or the financial accountry or the financial accountry or the financial accountry or the financial accountry or the organization file form 8888-17 8 We are the organization and party to a prohibeted tax shetter transaction at any time during the tax year? 8 If Yes, *to line to organization file form 8889-17 9 If Yes, *did the organization mixed with every solicitation an express statement that such contributions or grits were not tax deductible? 9 If Yes, *did the organization mixed pression that it was or is a party to a prohibeted tax shetter transaction? 9 If Yes, *did the organization mixed pression that it was or is a party to a prohibeted tax shetter transaction organization selection file form 8282? 9 If Yes, *did the organization received a contribution of causing the financial accountry to the organization selec	_		0		
Serial from the number of amphyses reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return Filed for the calendar year ending with or within the year covered by this return Serial Heast one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 a and 2 as is greater than 250, you may be required to 6-file feee instructions) All All All All All All All All All Al	_		7	١ :	1
2a Ener the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return. If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1 and 2a is greater than 250, you may be required to e-rife (see instructions) If Yes, "has it filed a Form 990-T for this year? If You," provide an explanation in Schedule O 3a At any time during the celerad 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) 5b If Yes, "the ref the name of the foreign country (such as a bank account, securities account, or other financial account) 5c Was the organization in a party to a prohibited tax shelter transaction? 5c If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited than shelter transaction? 5c If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5d Did any stazable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5d Did any stazable party notify the organization that were not tax deductible? 16d Yes, "to line 5a or 5b, did the organization that were not tax deductible? 16d Yes," to line 5a or 5b, did the organization in except that a renormally greater than \$100,000, and did the organization solicit any ontributions that were not tax deductible? 16d Yes, "to line organization exceeve a payment in excess of \$75 made early as contribution of contributions or girts were not tax deductible? 16d Yes, "to line organization sell, exchange, or otherwise dispose of tangelite personal property for which it was required to the payment of the organization sell, exchange, or otherwise dispose of tangelite personal property for which it was required to the form	•		10	ĺ	
the for the calendar year ending with or within the year covered by this return If all least one is reported on the 24, dit the organization feel affrequent deteral employment tax returns? Note. If the sum of less 1 a and 2a is greater than 250, you may be required to e-file (see instructions) 3a. Dot the organization have unrelated business gross income of \$1,000 on orne during the year? 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or other financial accountly over, a financial account in a foreign country (such as a bank account, or other financial accountly 4b. If "Yes," enter the name of the foreign country less a bank account, or other financial accountly 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b. United any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any contributions that were not tax deductible? 6b. If "Yes," other the granization include with every solicitation an express statement that such contributions or girts were not tax deductible? 7c. Organizations that may receive deductible contributions under section 170(c). 8d. If "Yes," did the organization include with every solicitation an express statement that such contributions or girts were not tax deductible? 8d. If "Yes," did the organization receive a payment in excess of \$75 made party as a contribution and parity for goods and services provided to the payor? 7c. If Yes," did the organization receive a payment in excess of \$75 made party as a contribution of many and party for goods and services provided to the payor. 8d. If "Yes," indicate the number of Forms 8282 filed during the year 9d. If the organization receive a payment in excess of \$75 made party as a contribution of property for which it was required to the foreign action, during the year and payment of	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-tife (see instructions) a Did the organization have unrelated business prose income of \$10,000 or more during the year? b if "Yes," has it filled a Form 990-1 for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, of the organization have an interest in, or a signature or other authority over, a financial accountly over a financial account in a foreign country [who has a bank account, securities account, or orther financial accountly over, a financial account in a foreign country [who has a bank account, or orther financial accountly over, a financial account in a foreign country [who has a bank account, or orther financial accounts with the propagation than a bank account, or orther financial accounts. 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization should any operation that was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6a Does the organization have annual gross recepts that are normally greater than \$10,000, and did the organization should with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization notify the donor of the value of the goods or services provided? 8d If "Yes," did the organization notify the donor of the value of the goods or services provided? 9d If "Yes," include the number of Forms 8828 filed during the year 10d the organization few payment in excess of 55 made partily as contribution of the payment in ex		l l	0	i '	1
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b If "Yes," has it flied a Form 990-T for this year? If "No," provide an explanation in Schedule O 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)? 5b 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? 5b If any taxable party norify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes," to line 5a or 5b, did the organization file Form 8886-7? 5b 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? 5c If Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 5c If Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 5d If Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 5c If Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 5d If Yes," did the organization notift the donor of the value of the goods or services provided? 5d If Yes," indicate the number of Forms 8282 filed during the year 6d If Yes," indicate the number of Forms 8282 filed during the year 7d If Yes, "Indicate the number of Forms 8282 filed during the year 9d If the organization received a contribution of cast, botats, anglines, or other vehicles, did the organization for the provided to the programation file form 8899 as required? 7d If					
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from their sources (Do not net amounts due or paid to other sources against amounts due or received from them) 22 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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? 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 receive any payments for indoor tanning services during the tax year? b If "Y		· · · · · · · · · · · · · · · · · · ·	16	├	 ^
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Form 990 (2011)					+
	<u>_</u> <u>b</u>	II Tes. Has it lied a FUITH (20 to report these payments) if No provide an explanation in Gonediae O			(2011)

NEED FUND

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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			$\overline{\mathbf{x}}$					
Sect	tion 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 0.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7								
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?								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			<u>X</u>					
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>x</u>					
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					
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
/ a	more members of the governing body?	7a		\mathbf{x}_{-}					
L	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- 70							
D	· · · · · · · · · · · · · · · · · · ·	7b		х					
_	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0							
8	•	8a	Х						
a	The governing body?	8b	X						
ь	Each committee with authority to act on behalf of the governing body?	90							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			X					
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9							
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		Vac	No					
	District and the standard broaders because of officers	400	Yes	No X					
	Did the organization have local chapters, branches, or affiliates?	10a							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	404							
	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	X						
		114		_					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	122		х					
	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b							
		120		<u> </u>					
С		420							
	In Schedule O how this was done	12c		X					
13	Did the organization have a written whistleblower policy?	14		X					
14	Did the organization have a written document retention and destruction policy?	14		-					
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?	45-		v					
a	The organization's CEO, Executive Director, or top management official	15a		X					
p	Other officers or key employees of the organization	15b		<u> </u>					
	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	460		x					
	taxable entity during the year?	16a							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	466	i						
<u></u>	exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>					
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►AL, AK, AZ, AR, CA, CO, DC, GA, II	TN	Τ.Δ	MD					
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			لللانا و ا					
18		uvalial	,. .						
	for public inspection Indicate how you made these available. Check all that apply								
	Own website Another's website X Upon request	d fina-	20/01						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	iu iiildl	icial						
	statements available to the public during the tax year	tion -							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	mort.							
	NATHAN HENSON - 479-204-0564 1301 SW 10TH ST. MS #0655, BENTONVILLE, AR 72716								
	1301 SW 10TH ST. MS #0655, BENTONVILLE, AR 72716								

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

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

(A) Name and Title	(B) Average hours per	ge (do not che			tion	than e	one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	stee or director	institutional trustee	Officer Officer		Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) SYLVIA MATHEWS BURWELL										_
TRUSTEE	0.00	X	<u> </u>			<u> </u>		0.	0.	0,
(2) ERRON SMITH	0.00	x						0.	0.	0.
TRUSTEE	0.00	^	-	-		-		0.	<u> </u>	<u> </u>
(3) JENNIFER WHITE	0.00	v						0.	0.	0.
TRUSTEE	0.00	1	-			╁╌		0.	0.	<u> </u>
(4) DEBORAH NERIA TRUSTEE	0.00	x						0.	0.	0.
(5) YVONNE KING			<u> </u>	 		 				<u>.</u>
TRUSTEE	0.00	x			İ			0.	0.	
(6) JENNIFER MAY-BRUST		 				1				
TRUSTEE	0.00	x				l		0.	0.	<u>o</u> .
(7) RITA SECKINGTON										
TRUSTEE	0.00	X						0.	0.	0.
		_								
				-			 			
		_					_			

Form 990 (2011) NEED FUNI)								71-085	848	4	Page 8
Part VII Section A. Officers, Directors, Tru		mplo	yee			ligh	<u>est</u>	Compensated Employ	ees (continued)			
week officer and a director/trustee) from from related							Reportable compensation from related	i i				
	(describe hours for related organizations in Schedule O)	Individual liustee or director	insillutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	o	mpens from t rganiza ind rela ganiza	he ation ated
										-		
		_								-		
			_									
												, ,
1b Sub-total	II, Section A					* *		0.	().).		0. 0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r	not limited to th	hose	liste	ed a	bov	e) w	ho r			• 1		
compensation from the organization						_					Ye	_
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	such individual	1								3		x
4 For any individual listed on line 1a, is the s and related organizations greater than \$15									the organization	4		x
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con							rela	ted organization or indiv	ridual for services	5		x
Section B. Independent Contractors 1 Complete this table for your five highest co								that recoved more than	\$100,000 of comp	neatio	n from	
1 Complete this table for your five highest of the organization Report compensation for												,
(A) Name and business	s address	N	ON	E				(B) Description of	services	Com	(C) pensat	tion
												
2 Total number of independent contractors \$100,000 of compensation from the organ		not l	ımıtı	ed to	the	ose 0	liste	d above) who received	more than			

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Form 990 (2011)

NEED FUND

Form 990 (2011)

132009 01-23-12

Statement of Revenue Part VIII | (D) Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 16,228,271 g Noncash contributions included in lines 1a-1f \$_ h Total. Add lines 1a-1f 16 228 271 **Business Code** Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) . . 25,910. 25,910. \blacktriangleright Income from investment of tax-exempt bond proceeds Royalties 5 (ı) Real (II) Personal 6 a Gross rents . . **b** Less: rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ _____ of contributions reported on line 1c). See Part IV, line 18 b Less. direct expenses c Net income or (loss) from fundraising events 9 a Gross income from garning activities See Part IV, line 19 **b** Less direct expenses \blacktriangleright c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 25,910. 0. Total revenue. See instructions. 16 254 181

Form 990 (2011) NEED FUND

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Part IX Statement of Functional Expense	

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									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and								
	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	10.092.265.	10,092,265.						
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,	·							
	A								
6	Compensation not included above, to disqualified								
Ü	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
-									
7	,								
8	Pension plan accruals and contributions (include								
_	section 401(k) and section 403(b) employer contributions)				····				
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees)								
а	Management								
b	Legal .								
С	Accounting				 				
d	, , , , , , , , , , , , , , , , , , , ,	-							
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other .								
12	Advertising and promotion								
13	Office expenses								
14	Information technology								
15	Royalties								
16	Occupancy								
17	Travel								
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	e							
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23	Insurance								
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 0.)								
а									
b									
С									
d									
е									
25	Total functional expenses Add lines 1 through 24e	10,092,265.	10,092,265.	0.	0.				
26	Joint costs Complete this line only if the organization								
	reported in column (B) joint costs from a combined				10				
	educational campaign and fundraising solicitation								
	Check here fif tollowing SOP 98-2 (ASC 958-720)								

Form 990 (2011) NEED FUND 71-0858484 Page 11
Part X | Balance Sheet

Par	t X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	-707,293.	1	4,248,144.
	2	Savings and temporary cash investments	6,879,086.	2	4,003,332.
ł	3	Pledges and grants receivable, net	688,529.	3	4,770,762.
ĺ	4	Accounts receivable, net		4	
ļ	5	Receivables from current and former officers, directors, trustees, key			
	•	employees, and highest compensated employees. Complete Part II	l i		
Ì		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
ĺ	U	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
ì		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
ţ	7	Notes and loans receivable, net		7	
Assets		Inventories for sale or use		8	
∢	8	Prepaid expenses and deferred charges		9	
	9				
	10a	basis Complete Part VI of Schedule D			
		Less accumulated depreciation 10b		10c	
	b	Investments - publicly traded securities		11	
	11	Investments - other securities. See Part IV, line 11		12	
	12	Investments - orner securities, see Fart IV, line 11		13	
	13			14	
	14	Intangible assets	•	15	
	15	Other assets See Part IV, line 11	6,860,322.	16	13,022,238.
	16	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses	0,000,322.	17	23/022/2301
	17			18	
	18	Grants payable		19	
	19	Deferred revenue .		20	
	20	Tax exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	21	Payables to current and former officers, directors, trustees, key employees,			
ĕ	22	highest compensated employees, and disqualified persons. Complete Part II			
Lia	1	of Schedule L		22	
	22	Secured mortgages and notes payable to unrelated third parties		23	
	23	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		-	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	1	Schedule D		25	
	26	Total fiabilities. Add lines 17 through 25	0.		0.
	1 20	Organizations that follow SFAS 117, check here X and complete			
m		lines 27 through 29, and lines 33 and 34.			
ě	27	Unrestricted net assets	6,860,322.	27	13,022,238.
Ē	28	Temporarily restricted net assets		28	
ñ	1.	Permanently restricted net assets		29	
Net Assets or Fund Balances	29	Organizations that do not follow SFAS 117, check here			
Ē		complete lines 30 through 34.			
9	20	Capital stock or trust principal, or current funds		30	
Se	30	Paid in or capital surplus, or land, building, or equipment fund		31	
t As	31	Retained earnings, endowment, accumulated income, or other funds		32	
Se	32	Total net assets or fund balances	6,860,322	_	13,022,238.
		Total liabilities and net assets/fund balances	6,860,322		13,022,238.
	34	TOTAL HADWINGS AND THE ASSETS/HAND DAIANCES			Form 990 (2011)

Form **990** (2011)

WAL-MART ASSOCIATES IN CRITICAL NEED FUND

Form	990 (2011)	71-0	858484	Pac	_{re} 12
Par	t XI Reconciliation of Net Assets				
•	Check if Schedule O contains a response to any question in this Part XI				
			_		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,25	4,1	<u>81.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,092		
3	Revenue less expenses Subtract line 2 from line 1	3	6,16	1,9	<u> 16.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,86	0,3	<u> 22.</u>
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	13,02	2,2	<u> 38.</u>
Pa	t XIII 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		_	İ	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
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	<u> </u>	
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	_X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	l on a		ł	
	separate basis, consolidated basis, or both:		ļ ļ	ł	
	X 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 Sin	gle 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 requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form !	9 9 0 (2011)

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

Open to Public Inspection

Employer identification number

Nan	ne of t	he organization	on WAL-MAR	T ASSOCIATES	IN C	RITIC	AL		E	mployer i	dentification number
			NEED FU							71	<u>-0858484</u>
Pa	rt T	Reason f	for Public Char	ity Status (All organiz	ations mus	st complet	e this part) See inst	ructions		
Γhe	organ	zation is not a	private foundation	pecause it is (For lines 1	through 1	1, check o	only one b	ox)			
1		A church, cor	vention of churches	s, or association of churc	ches descr	ibed in se	ction 170	(b)(1)(A)(i)			
2		A school desc	cribed in section 17	0(b)(1)(A)(ii). (Attach Sci	hedule E.)						
3				al service organization of		n section	170(b)(1)(A)(iii).			
4	\sqcap	•		perated in conjunction				••	(b)(1)(A)(iii	i). Enter th	ne hospital's name.
•		city, and state	-						(-X -X -X -	,	,
5		•		penefit of a college or ur	oversity ov	vned or on	erated by	a governr	nental und	t describe	ed in
Ū		-	b)(1)(A)(iv). (Comple					- g			
6				ent or governmental unit	described	l in sectio	n 170(h)(1	VAVW			
	$\overline{\mathbf{x}}$		•	eives a substantial part					r from the	neneral n	whic described in
•	بحصا	•	b)(1)(A)(vi). (Comple		or its supp	on mon a	govenime	intal anni o	i irom the	genera, p	abile described in
		-		ection 170(b)(1)(A)(vi). (Complete	Dort II \					
8	Ħ	-		ection 170(b)(1)(A)(Vi). (eives: (1) more than 33 1			om contri	nutions m	omborobu	n food on	d grace recents from
9		•	•	• •							• ,
			•	octions - subject to certa	-						•
				axable income (less sect	.ioii 5 i i ta	x) iroiii bu	SII 162262 6	cdnii ed p	y tile olga	iinzanon a	ittel Julie 30, 1973
40	\Box		509(a)(2). (Complete			o osfotu. S	'oo oostis	- 500(-)(4	18		
10	H	_		perated exclusively to te					-	v aut tha r	ournesses of one or
11	L			erated exclusively for th							
				itions described in section). See Sec	ະແດກ ວບອ(ຄ	a)(3). One	CK THE DOX THAT
				organization and comple	_						Tuna III. Other
		a Type I			Type [-	•		لـــا d	Type III - Other
е	LJ			t the organization is not							
			_	han one or more publicly						9(a)(1) OF S	section 509(a)(2)
f		=		ten determination from t	ine iks tha	ıtπısaıy	ре і, туре	ii, or Type	: 111		
			rganization, check th							_	. 🗀
g	l			rganization accepted ar							[,]
				rectly controls, either al	one or tog	etner with	persons o	escribed	in (ii) and (i	iii) below,	Yes No
		-	• •	upported organization?		••		-	••	•	11g(i)
				n described in (i) above?							11g(ii)
		• •	•	person described in (i)	•				-		11g(iii)
ř	1	Provide the fo	oliowing information	about the supported or	ganization((s).					
				(iii) Type of	T				(4) 10	45-	
(i)	Name	of supported	(ii) EIN	organization	(iii) Type of organization (v) Did you notify the organization (v) Did you notify the organization in col. (i) listed in your organization in col.				lorganizatio	on in col.	(vii) Amount of
	orga	anization		(described on lines 1-9		document?			(i) organiz U.S	ed in the	support
				above or IRC section	L				<u> </u>		
				(see instructions))	Yes	No	Yes	No	Yes	No	
					1						
					 	 			 		
					1	}					
					 	ļ		 	-	1	
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					 	ļ		ļ			
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Tot	ai		1	1	1	ŀ	I .	I	i	, I	

e 2

Schedule A (Form 990 or 990 EZ) 2011 NE	ED FUND				71-085	
Part II Support Schedule for O	rganizations	Described in	Sections 170	(b)(1)(A)(iv) and	d 170(b)(1)(A)(v	/i)
(Complete only if you checked fails to qualify under the tests in			•	n failed to qualify t	under Part III. If the	organization
Section A. Public Support						
Calendar year (or fiscal year heginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total

Sec	ction A. Public Support								
Cale	ndar 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			į					
	include any "unusual grants.")	8,875,570,	9,159,521,	8,726,650.	8,678,068,	16 228 271	51,668,080.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to	1							
	or expended on its behalf		Ì	}		ı			
3	The value of services or facilities			T					
	furnished by a governmental unit to	ĺ	-						
	the organization without charge								
4	Total. Add lines 1 through 3	8,875,570,	9,159,521.	8,726,650.	8,678,068.	16,228,271,	51,668,080.		
	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					į			
	amount shown on line 11,	i							
	column (f)						23,568,609,		
6	Public support. Subtract line 5 from line 4						28 099 471.		
	ction B. Total Support						20,000,212.		
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
7	Amounts from line 4	8,875,570.	9,159,521,	8,726,650	8 678 068.	16 228 271.	51,668,080,		
8	Gross income from interest,	0,0,0,0,0	2,123,022,						
Ŭ	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources	245.026.	122,209.	42,307.	39,684.	25,910.	475,136.		
۵	Net income from unrelated business								
•	activities, whether or not the	1							
	business is regularly carried on								
10	Other income Do not include gain			-					
10	or loss from the sale of capital								
	assets (Explain in Part IV)	1							
11	Total support. Add lines 7 through 10						52,143,216,		
12		etc (see instruction	ons)			12	00,210,220,		
13				d. fourth, or fifth tax	x vear as a section				
,,,	organization, check this box and sto		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	,		▶□		
Se	ction C. Computation of Pub		rcentage						
14	Public support percentage for 2011 (line 6. column (f) d	ivided by line 11, c	olumn (f))		14	53.89 %		
15	Public support percentage from 2010			\ <i>'</i> ,''	·	15	62.24 %		
	33 1/3% support test - 2011. If the			n line 13, and line 1	4 is 33 1/3% or п	nore, check this bo			
	stop here. The organization qualifies					·	$\triangleright \mathbf{X}$		
ŀ	33 1/3% support test - 2010. If the				line 15 is 33 1/3%	or more, check th			
_	and stop here. The organization qua						. ▶□		
17:	10% -facts-and-circumstances tes				13, 16a, or 16b, a	and line 14 is 10%	or more,		
• • • • • • • • • • • • • • • • • • • •	and if the organization meets the "fai								
	meets the "facts-and-circumstances"						. ▶□		
	10% -facts-and-circumstances tes					17a, and line 15 is	10% or		
	more, and if the organization meets t								
	organization meets the "facts-and-cir						. ▶□		
10	Private foundation. If the organization						s D		
						edule A (Form 990			

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)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	ı					
2	Gross receipts from admissions,						
	merchandise sold or services per-	ı		1	1	1	1
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose			ĺ			
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513					1	
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						<u> </u>
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						_
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received			ļ		1	
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year				ļ	<u> </u>	
•	Add lines 7a and 7b				ļ	<u> </u>	
	Public support (Subtract line 7c from line 6)		<u></u>	<u></u>			L
	ction B. Total Support		1				
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6				 	 	
10	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources	······································		ļ	 		
	Unrelated business taxable income						
	(less section 511 taxes) from businesses			}			
	acquired after June 30, 1975			-	-	 	
11	Add lines 10a and 10b Net income from unrelated business				 	 	
•••	activities not included in line 10b,						
	whether or not the business is			1			
12	regularly carned on Other income Do not include gain		 	 	 	 	
	or loss from the sale of capital						
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)				 	<u> </u>	
	First five years. If the Form 990 is for	r the organization	s first, second, thi	rd, fourth, or fifth	tax vear as a section	on 501(c)(3) organi	zation.
	check this box and stop here	J. gai nearion	,			(-,(-)	▶ □
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2011 (column (f))		15	%
16	Public support percentage from 2010	Schedule A, Par	t III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)11 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	<u>%</u>
18						18	%
19	a 33 1/3% support tests - 2011. If the						17 is not
	more than 33 1/3%, check this box a						▶□
	b 33 1/3% support tests - 2010. If the						
	line 18 is not more than 33 1/3%, che					=	
20	Private foundation. If the organization	on did not check a	pox on line 14, 19	a. or 19b. check t	this box and see ir	structions	▶1 1

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

WAL-MART ASSOCIATES IN CRITICAL

Employer identification number 71-0858484

NEED FUND 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 Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year 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? 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? Part II · Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 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 2h b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? 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 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 Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	ule D (Form 990) 2011 NEED FUI		· · · · · · · · · · · · · · · · · · ·				<u>-085848</u>		
Part	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, or	Other S	Similar A	Assets (con	tınued)	
з ·	Using the organization's acquisition, accession	on, and other record	s, check any of the	e following that a	are a signi	ficant use	of its collection	on item	s
	(check all that apply).								
а	Public exhibition	d	Loan or ex	change program	ns				
b	Scholarly research	e	Other	5 , 5					
c	Preservation for future generations	•							
	Provide a description of the organization's co	illactions and evoluti	how they further	the organization	'e avamn	hurnoea i	n Part YIV		
	During the year, did the organization solicit of						III dit XIV.		
					Sirilla as	3613	Yes	_	1 N.
	to be sold to raise funds rather than to be ma				!! A- F-				No
Par		_	ete ir the organizat	ion answered Y	es to roi	m 990, Pa	rt IV, line 9, o	r	
	reported an amount on Form 990, Par								
	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	ons or other asse	ets not inc	luded			7
	on Form 990, Part X?						Yes	L	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table						
							Amou	nt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance	•				1f			
2a	Did the organization include an amount on Fo	orm 990. Part X. line	21?	•			Yes		No
	If "Yes," explain the arrangement in Part XIV	,	•	•					
	t V Endowment Funds. Complete in	f the organization an	swered "Yes" to F	orm 990. Part IV	/. line 10				
	2	(a) Current year	(b) Prior year	(c) Two years		Three years	back (e) For	Ur vears	hack
	Decision of the bolomes	(a) Current year	(b) Hor year	Toj ivo yours	DOUGH (CA)	Till Go yours	Buok (e) i si	31 90010	Daoit
	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 curr	rent year end baland	e (line 1g, column	(a)) held as					
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
	Temporarily restricted endowment ▶								
•	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%							
32	Are there endowment funds not in the posses		ation that are held	and administere	ed for the	organizatio	on		
38						- J		Yes	No
	by						3a(i	1	
	(i) unrelated organizations	•	•			-	3a(ii		
	(ii) related organizations							4-	
b	If "Yes" to 3a(ii), are the related organizations						3b		L
4	Describe in Part XIV the intended uses of the					_			
Par	t VI Land, Buildings, and Equipm							 -	
	Description of property	(a) Cost or o basis (investi		st or other is (other)		umulated ciation	(d) Bo	ok valu	.e
1a	Land								
b	Buildings								
c	Leasehold improvements								
d	Equipment	-							
	Other								
	I. Add lines 1a through 1e (Column (d) must e	equal Form 990. Part	X column (B), line	e 10(c))		•	·		0.

Schedule D (Form 990) 2011 NEED FUND		· · · · · · · · · · · · · · · · · · ·	71-0858484	Page 3
Part VII Investments - Other Securities. S	ee Form 990, Part X, line			
' (a) Description of security or category	(b) Book value		c) Method of valuation:	
(including name of security)	(b) Sook value	Cost	or end-of-year market value	
(1) Financial derivatives				
(2) Closely-held equity interests				-
		 		
	†·	- 		
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
				
(H)	+			
()				····-
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.	See Form 990, Part X, lin			
(a) Description of investment type	(b) Book value		c) Method of valuation	
(a) Description of investment type	(b) book value	Cost	or end-of-year market value	
(1)				
	 		-	
(2)	 			
(3)				
(4)	<u> </u>			
(5)				
(6)				
(7)				
(8)				
(9)				
				
(10)				
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)		,,,		
Part IX Other Assets. See Form 990, Part X, lin				
(a) Description		(b) Book val	<u>ue</u>
(1)				
(2)				
(3)				
(4)				
(5)			· · · · · · · · · · · · · · · · · · ·	
				
(7)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) III	ne 15)	-	>	
Part X Other Liabilities. See Form 990, Part >				
(a) Description of liability	1	(b) Book value		
<u></u>		(0)		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) In FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote 2. FIN 48 (ASC 740)	ne 25) >		- I Palle E	
FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote	to the organization's financial s	tatements that reports the organization	ation's liability for uncertain tax positions under	

	Jule D (Form 990) 2011 NEED FUND			<u> 1858484</u> F	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Finar	cial State	ment		
1 '	Total revenue (Form 990, Part VIII, column (A), line 12)	1		<u>16,254,1</u>	<u> 181.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		10,092,2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3		6,161,9	916.
4	Net unrealized gains (losses) on investments	4			
5	Donated services and use of facilities	5		_	
6	Investment expenses	6			
7	Pnor period adjustments	7			
8	Other (Describe in Part XIV)	8			
9	Total adjustments (net) Add lines 4 through 8	9			
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 XII Reconciliation of Revenue per Audited Financial Statements With Reve	10 nue per B	eturn	6,161,9	16.
1	Total revenue, gains, and other support per audited financial statements	p	1	16,731,8	392
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	•		10,131,0	72.
	Net unrealized gains on investments 2a				
a	Donated services and use of facilities 2b 4	77,711.	1 1		
b	Recoveries of prior year grants	11,1110	1		
0	Other (Describe in Part XIV.)		1		
d	Add lines 2a through 2d		2e	477,7	711
e	Subtract line 2e from line 1		3	16,254,1	
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1	ē		10,234,1	1011
4	Investment expenses not included on Form 990, Part VIII, line 7b		1		
a	Other (Describe in Part XIV)		1		
ь	Add lines 4a and 4b		4c		0
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	•	5	16,254,1	81.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Exp	enses per			
1	Total expenses and losses per audited financial statements		1	10,569,9	76.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	••	<u> </u>	10,303,2	70.
۷_		77,711.			
a 5	Prior year adjustments 2b	, , , ,	1 1		
	Other losses 2c		1		
d	Other (Describe in Part XIV)		†		
	Add lines 2a through 2d		2e	477,7	711.
е 3	Subtract line 2e from line 1	-	3	10,092,2	
_	Amounts included on Form 990, Part IX, line 25, but not on line 1	•		10,052,2	<u> </u>
4	Investment expenses not included on Form 990, Part VIII, line 7b				
a	Other (Describe in Part XIV.)		1		
b	Add lines 4a and 4b		4c		0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	• •	5	10,092,2	
Pa	t XIV Supplemental Information		<u>, , , , , , , , , , , , , , , , , , , </u>	10,052,2	<u> </u>
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; P	art IV lines 1	b and 2	2b: Part V line 4:	Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to pr				· aic
		-			

Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. WAL-MART ASSOCIATES IN CRITICAL Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE 1 (Form 990)

criteria used to award the grants or assistance?

2 | Employer identification number 71-0858484 Inspection X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. NEED FUND
Part I General Information on Grants and Assistance

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Describe in Part IV the organization's procedures for monitoring the use of grant funds in the procedures for any part IV line 21 for any	ocedures for moni	toring the use of grant	tunds in the United	omplete if the pros	/" beyowede dollering	se" to Form 090 Part	W line 21 for any	
٦	\$5,000. Check this	box if no one recipien	t received more th	an \$5,000. Part II	can be duplicated if	additional space is need	▲ for the form the paper of	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
•								
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	and government or s listed in the line	ganizations listed in that table	e line 1 table				A A	
۔ ا	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2011)	(11)

Page 2

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NEED FUND

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Schedule I (Form 990) (2011)

Part III

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance 10,092,265. (c) Amount of cash grant 12976 (b) Number of recipients NEED CIRCUMSTANCES, INCLUDING NATURAL DISASTER CASH RELIEF FOR ASSOCIATES IN VARIOUS CRITICAL · (a) Type of grant or assistance RELIEF.

132102 01-27-12

Schedule J (Form 990) (2011)

SCHEDULE O (Form 980 or 990-EZ)

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.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

WAL-MART ASSOCIATES IN CRITICAL NEED FUND

Attach to Form 990 or 990-EZ.

Employer identification number 71 – 0858484

FORM 990, PART VI, SECTION B, LINE 11: THE GOVERNING BODY RELIES TO AN EXTENT ON THE REVIEW PROCESS OF THE INDEPENDENT ACCOUNTANTS OF HOGANTAYLOR LLP WHO PREPARE THE RETURN. THE GOVERNING BODY HAS MADE EXTENSIVE INQUIRIES OF HOGANTAYLOR LLP AND HAS THUS BECOME COMFORTABLE WITH THEIR EXPERTISE IN FORM 990 PREPARATION. BEYOND THIS, MEMBERS OF THE GOVERNING BODY WILL REVIEW THE RETURN FOR THE ACCURACY AND COMPLETENESS OF ALL OUESTIONS AND AMOUNTS WITHIN THE RETURN. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, AZ, AR, CA, CO, DC, GA, ID, IN, LA, MD, NJ, NM, NY, OK, VT, WV FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS FOR THE ASSOCIATES IN CRITICAL NEED FUND ARE MADE AVAILABLE UPON REQUEST TO KAREN THOMPSON AT WAL-MART STORES, INC. LOCATED AT: WAL-MART STORES, INC. 702 SW 8TH STREET MAIL STOP #1050 BENTONVILLE, AR 72716-0150 THE REQUEST CAN ALSO BE MADE BY PHONE AT (479) 277-1321. A NOMINAL FEE MAY BE CHARGED TO COVER COPYING COSTS. FORM 990, PART XII, LINE 2C THE BOARD OF TRUSTEES ASSUMES RESPONSIBILITY FOR AUDIT OVERSIGHT AND SELECTION OF THE INDEPENDANT AUDITORS. THIS PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.

Name of the organization	WAL-MART ASSOCIATES NEED FUND	IN	CRITICAL	Employer (dentification number 71 - 0858484
				

Employer identification number 71-08584842011 -- Open to Public Inspection OMB No 1545-0047 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 Attach to Form 990. Related Organizations and Unrelated Partnerships WAL-MART ASSOCIATES IN CRITICAL NEED FUND Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Part

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of year assets	(f) Direct controlling entity
Part II	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax exempt organizations during the tax year.)	tions (Complete if the organization ans	wered "Yes" to Form 990, Par	t IV, line 34 because	it had one or more re	lated tax exempt

	Section 5 (2(b)(13) controlled entity?	N _o			<u> </u>				3	
i	(g) Section 512 controlle entity7	Yes		 				_		
	(f) Direct controlling entity									
	(d) (e) Exempt Code Public charity section status (if section	501(c)(3))								
			_							
	(c) Legal domicile (state or foreign country)									
	(b) Primary activity									
organizations during the tax year.)	(a) Name, address, and EIN of related organization									

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

Schedule R (Form 990) 2011

NEED FUND Schedule R (Form 990) 2011

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

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1

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	income elated, tax under 2-514)	(f) Share of total income	(g) Share of Dend-of-year at assets	(h) Disproportionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		(J) (k). General or Percentage managing ownership partner? Yes No
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)	yanizations Taxable as poration or trust during	a Corpo the tax)	ration or Trust (Colear)	mplete if the o	organizatio	n answered "Yes"	to Form 990, Part	t IV, line 34 I	pecause it had	one or mo	e related
(a) Name, address, and EIN of related organization	<u> </u>		(b) Primary activity	vity Leg	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	total SF	(g) Share of end-of year assets	(h) Percentage ownership
WAL-MART STORES, INC. 702 SW. 8TH ST. RENTONVILLE AR 72716			RETAIL		DE	N/A	CCORP	N/A		N/A	N/A
						:			_		
					_				-		
					-						
132162 01-23-12									Sched	ule R (Forn	Schedule R (Form 990) 2011

Schedule R (Form 990) 2011 NEED FUND

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	Š
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		×
b Gift, grant, or capital contribution to related organization(s)	1b		×
c Gift, grant, or capital contribution from related organization(s)	10	×	
d Loans or loan guarantees to or for related organization(s)	10		×
e Loans or loan guarantees by related organization(s)	1e		×
f Sale of assets to related organization(s)	1		×
g Purchase of assets from related organization(s)	19		×
h Exchange of assets with related organization(s)	1h		×
i Lease of facilities, equipment, or other assets to related organization(s)	11		×
			1
j Lease of facilities, equipment, or other assets from related organization(s)	i,		×
k Performance of services or membership or fundraising solicitations for related organization(s)	¥		×
1 Performance of services or membership or fundraising solicitations by related organization(s)	=		×
			ĺ

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m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

A Reimbursement paid to related organization(s) for expenses
 P Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

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2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. r Other transfer of cash or property from related organization(s)

(a) Name of other organization	(b) Transaction type (a·r)	(c) Amount involved	(d) Method of determining amount involved
(1) WAL-MART STORES, INC.	υ	3,506,336.	3,506,336. CASH RECEIVED
(2) WAL-MART STORES, INC.	М	149,801.	149,801. PERCENT ALLOCATION
(3) WAL-MART STORES, INC.	N	327,910.	327,910. PERCENT ALLOCATION
(4)			
(5)			
(9)			

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Schedule R (Form 990) 2011

71-0858484

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WAL-MART ASSOCIATES IN CRITICAL

NEED FUND Schedule R (Form 990) 2011

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

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

3	ercentage wnership																				90) 2011
	\$ 2° 0		+			\dashv	_	 	 		\dashv		+				 	╁╌		\dashv	Ē
9	General or managing partner? Yes NO	 	+			+		 	 		\dashv		\dagger		+			-		\dashv	% (Fo
€	UBI box 20 ile K-1 065)			_										 							Schedule R (Form 990) 2011
_	N o so		_		_	_			 		7	 	 Ť	 	\neg			1	 	\neg	
Ξ	Dispropor- tionate allocations?	 									1	 	T					1 -		\neg	
(b)	of /ear ts																				
9	Share of total																				
<u>a</u>	Are all partners sec 501(c)(3) orgs?										_		1					T			
Ĺ	y e (-			_		 	 		\dashv	 	 +					+	 		
5	Predominant income parines sec (related, unrelated, official axcluded from tax under section 512-514) yes No																				
10)	micile oreign ry)									-,						•				_	
(1)	(b) Primary activity																				
מומי אמנו אינו אינו אינו אינו אינו אינו אינו אי	(a) Name, address, and EIN of entity																				

Form **8868**

(Rev. January 3012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 1-2012)

If you	are filing for an Automatic 3-Month Extension, complet	e only Pa	rt i and check this box			ightharpoonup						
	are filing for an Additional (Not Automatic) 3-Month Ext			this form)	•							
Do not	complete Part II unless you have already been granted a	ın automa	tic 3-month extension on a previous	sly filed For	rm 8868.							
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tin	ne to file (6	months for a co	rporation						
equire	d to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically fi	le Form 88	368 to request ar	extension						
of time	to file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for 1	Transfers A	Associated With	Certain						
erson	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details of	on the elec	tronic filing of th	s form,						
ısıt ww	w irs gov/efile and click on e-file for Chanties & Nonprofits											
Part	Automatic 3-Month Extension of Time	.Onlys	subm torginal no copies ne	eded).								
4 corpo	pration required to file Form 990-T and requesting an auton	natic 6-mo	nth extension - check this box and	complete								
Part I o	nly					▶ 🗀						
	r corporations (including 1120-C filers), partnerships, REM come tax returns	ICs, and ti	rusts must use Form 7004 to reques	t an exten	sion of time							
Гуре о	Name of exempt organization or other filer, see instruc	ctions.		Employer	identification nu	mber (EIN) or						
orint	WAL-MART ASSOCIATES IN CRIT	CAL				, ,						
	NEED FUND			X	71-0858	484						
ile by the		e instruct	tions.	Social se	curity number (S							
iling your etum Se		555				·						
-	Structions City, town or post office, state, and ZIP code. For a foreign address, see instructions											
BENTONVILLE, AR 72716-0555												
Enter th	ne Return code for the return that this application is for (file	a separa	te application for each return)			0 1						
Applica	ation	Return	Application			Return						
Application Return Application Return Sport Code Is For Code Return Retu												
Form 9	90	01	Form 990-T (corporation)			07						
Form 9		02	Form 1041-A			08						
orm 9		01	Form 4720			09						
Form 9		04	Form 5227			10						
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11						
	90-T (trust other than above)	06	Form 8870			12						
	NATHAN HENSON											
• The	books are in the care of ▶ 1301 SW 10TH ST	r. MS	#0655 - BENTONVIL	LE, A	R 72716							
	phone No ► 479-204-0564		FAX No ▶									
	e organization does not have an office or place of business	s in the Ur	nited States, check this box									
	is is for a Group Return, enter the organization's four digit			If this is foi	the whole group	, check this						
oox 🕨	. \square		ch a list with the names and EINs of	f all memb	ers the extension	is for.						
	request an automatic 3-month (6 months for a corporation		· · · · · · · · · · · · · · · · · · ·									
	SEPTEMBER 15, 2012 , to file the exemp	-	•		The extension							
-	s for the organization's return for:	-	_									
)	calendar year or											
	X tax year beginning FEB 1, 2011	, an	dending JAN 31, 2012									
	· · · · · · · · · · · · · · · · · · ·											
2 !	the tax year entered in line 1 is for less than 12 months, c	heck reas	on. Initial return	Final retur	n							
	Change in accounting period											
3a I	f this application is for Form 990-BL, 990 PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any									
	ionrefundable credits. See instructions	• •	•	За	\$	0.						
-	f this application is for Form 990-PF, 990 T, 4720, or 6069,	enter anv	refundable credits and			<u>-</u>						
	estimated tax payments made. Include any prior year overp	•		3b	\$	0.						
-	Balance due. Subtract line 3b from line 3a. Include your pa											
	by using EFTPS (Electronic Federal Tax Payment System)	-		3c	\$	0.						
	n If you are going to make an electronic fund withdrawal v											

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

LHA