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# Form **990**

**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)

OMB No 1545-0047

Open to Public

| Depa<br>Inter                  | artment of the | ne Treasury<br>Service | ► The organization may have to use a copy of this return to satisfy state reporting requirement   | nts.                  | Inspection                                    |
|--------------------------------|----------------|------------------------|---|-----------------------|---|
| Ā                              |                |                        | year, or tax year beginning Mar 1 , 2011, and ending Feb 2  | 29                    | , 2012  |
| В                              | Check if app   |                        |   | D Employer Ident      | tification Number                             |
|                                | Addres         | s change               | Doing Business As   | 23-7110               |   |
|                                | Name           | change                 | Number and street (or P O box if mail is not delivered to street addr) Room/suite   | E Telephone num       | ber   |
|                                | Initial r      | return 35              | 1 LONGWOOD RD   | (610) 7               | 08-3010                                       |
|                                | Termin         | nated                  | City, town or country State ZIP code + 4  |                       |   |
|                                | Amend          | led return KE          | NNETT SQUARE PA 19348   | G Gross receipts      | \$1,382,194.                                  |
|                                | Ħ              | <del></del>            |   | group return for aff  |   |
|                                | ٠٠             | 1                      |   | ffiliates included?   | Yes No  |
| Ī                              | Tax-exem       |                        | 501(c)(3) 501(c) ( ) ◄ (insert no ) 4947(a)(1) or 527   | ttach a list (see ins | structions)                                   |
| J                              | Websit         |                        |   | cemption number       | ·   |
| K                              | Form of a      | organization X         | Corporation Trust Association Other ► L Year of Formation 1971  | M State of            | egal domicile. PA                             |
| Pa                             | nt I           | Summary                |   |                       |   |
| نا                             | 1 Bri          | efly describe t        | he organization's mission or most significant activities. PROMOTION OF BO   |                       | GARDENS                                       |
| ø                              | AN             | ID ARBORE              | TA TO PRESERVE COLLECTIONS OF LIVING PLANTS FOR EL  | DUCATION_             |   |
| and                            | <u>AN</u>      | <u>ID DISPLA</u>       | <u>Y</u>  |                       |   |
| Governance                     |                |                        |   |                       |   |
| õ                              |                |                        | if the organization discontinued its operations or disposed of more than 25%  | of its net asse       | ets<br>14                                     |
| ٩ď                             |                |                        | members of the governing body (Part VI, line 1a) endent voting members of the governing body (Part VI, line 1b)   | 4                     | 14  |
| Activities &                   |                |                        | individuals employed in calendar year 2011 (Part V, line 2a)  | 5                     | 10  |
| ξį                             |                |                        | volunteers (estimate if necessary)  | . 6                   | 20  |
| ¥                              | 7a Tot         | tal unrelated b        | usiness revenue from Part VIII, column (C), line 12   | 7a                    | 0.  |
|                                | <b>b</b> Net   | t unrelated bu         | siness taxable income from Form 990-T, line 34  | . 7b                  |   |
|                                |                |                        | <del></del>   | or Year               | Current Year                                  |
| ø                              |                |                        | <u> </u>  | 902,323.              | 813,929.                                      |
| ם                              |                |                        | · • • • • • • • • • • • • • • • • • • •   | 358,308.<br>3,511.    | 520,038.<br>3,167.                            |
| Revenue                        |                |                        | ne (Part VIII, column (A), lines 3, 4, and 7d) Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 37,877.               | 45,060.                                       |
| -                              |                |                        |   | 302,019.              | 1,382,194.                                    |
|                                |                |                        | ar amounts paid (Part IX, column (A), lines 1-3)  | 6,176.                | 62,409.                                       |
|                                |                |                        | or for members (Part IX, column (A), line 4)  |                       |   |
|                                |                |                        |   | 467,074.              | 605,824.                                      |
| Ses                            |                |                        | draising fees (Part IX, column (A), line 11e)   |                       |   |
| Expenses                       |                |                        | No. 1 Page 1  |                       | MARY FAMILY OF STREET                         |
| 찞                              |                | -                      |   |                       | 760,943.                                      |
|                                |                |                        |   | 523,423.<br>996,673.  | 1,429,176.                                    |
|                                | 18 Tot         | ai expenses            |   | 305,346.              | -46,982.                                      |
| L 0                            | 19 Rev         | venue less ex          | 1   | of Current Year       | End of Year                                   |
| # E                            | <b>20</b> Tot  | al assets (Pai         | t X line 16) Beginning  | 767,289.              | 559,504.                                      |
| Ball                           |                | •                      |   | 265,418.              | 118,211.                                      |
| Not Assets or<br>Fund Balancos |                |                        |   | 501,871.              | 441,293.                                      |
|                                |                | Signature E            |   | 202701201             |   |
|                                |                | <del> </del>           |   | knowledge and be      | lief, it is true, correct, and                |
| comp                           | olete Declar   | ation of preparer      | e that I have examined this return, including accompanying schedules and statements, and to the best of my other than enter) is based on all information of which preparer has any knowledge. |                       |   |
|                                |                | <b>)</b> /.            | En Oh   |                       |   |
| Sig                            | ın             | Signature of           | officer Date  | IX 1                  | 13  |
| He                             | re             | <u> </u>               | SEY SCLAR, EXECUTIVE DIRECTOR   | 10-1-                 | · <u>,                                   </u> |
|                                |                | Type or prin           | I name and title  |                       |   |
|                                |                | Print/Type prepa       |   |                       | PTIN  |
| Pai                            |                | BONNIE F               |   | self-employed         | P00359498                                     |
|                                | parer          | Firm's name            | ► UMBREIT, KORENGEL & ASSOCIATES, P.C.  |                       |   |
| Us                             | e Only         | Firm's address         |   | rm's EIN ► 20         |   |
|                                |                |                        | KENNETT SQUARE PA 19348-2430  | Phone no (61)         |   |
| May                            | the IRS        | discuss this re        | eturn with the preparer shown above? (see instructions) .   | <u> </u>              | X Yes No                                      |

617.0

| Forn | 1990 (2011) AMERICAN PUBLIC GARDENS ASSOCIATION  | 23-711005                           | B Page <b>2</b>               |
|------|--|-------------------------------------|-------------------------------|
| Pai  | 斌川翼 Statement of Program Service Accomplishments   |                                     |                               |
|      | Check if Schedule O contains a response to any question in this Part III .   |                                     | <u>. X</u>                    |
| 1    | Briefly describe the organization's mission  |                                     |                               |
| •    | PROMOTION OF BOTANICAL GARDENS AND ARBORETA TO PRESERVE COLLECT: OF LIVING PLANTS FOR EDUCATION  |                                     |                               |
|      | AND DISPLAY  | - <b></b>                           | - <b></b>                     |
| 2    | Did the organization undertake any significant program services during the year which were not listed on t   | he prior                            |                               |
|      | Form 990 or 990-EZ?  | . —                                 | Yes X No                      |
| 3    |  |                                     | v 🖾 N                         |
| 3    | Did the organization cease conducting, or make significant changes in how it conducts, any program serving the serving of the  | ces?                                | Yes X No                      |
|      | Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount others, the total expenses, and revenue, if any, for each program service reported.  | es, as measured bount of grants and | y expenses.<br>allocations to |
| 4 a  | (Code) (Expenses \$ 513,506. including grants of \$ 6,574.) (R   | evenue \$                           | 420,766.)                     |
|      | MEETINGS & CONFERENCE - CONSISTS OF THE ANNUAL CONFERENCE AND REMEETINGS FOCUSING ON THEMES DESIGNED TO PROMOTE AN EXCHANGE OF   |                                     |                               |
|      | KNOWLEDGE AND INFORMATION. 2011 ANNUAL CONFERENCE HOSTED 673 PA  | ARTICIPANTS                         |                               |
|      |  |                                     |                               |
|      |  |                                     |                               |
|      |  |                                     |                               |
|      |  |                                     |                               |
|      |  |                                     |                               |
|      |  | <b></b> _                           |                               |
|      |  |                                     |                               |
|      |  |                                     |                               |
|      |  |                                     |                               |
| 4b   | (Code ) (Expenses \$ 126,562. including grants of \$ 0.) (REPROFESSIONAL DEVELOPMENT SEMINARS TO INCREASE THE KNOWLEDGE OF EGARDEN PROFESSIONALS. CONDUCTED 4 SYMPOSIUMS ATTENDED BY 212 PARTICLE.   | UBLIC                               |                               |
|      |  |                                     |                               |
|      |  |                                     |                               |
|      |  |                                     |                               |
|      |  |                                     |                               |
|      |  |                                     | <b></b>                       |
|      |  |                                     |                               |
|      |  |                                     |                               |
|      |  |                                     |                               |
|      |  |                                     |                               |
|      |  |                                     |                               |
| 4 c  | (Code ) (Expenses \$ 261,316. including grants of \$ 55,835.) (Regrant PROGRAMS:   | evenue \$                           | 10,000.)                      |
|      | SENTINAL PLANT NETWORK - PLANT CONSERVATION THROUGH ENGAGING PUB   |                                     |                               |
|      | PROFESSIONALS , VOLUNTEERS, AND VISITORS IN THE DETECTION & DIAG   | NOSIS OF                            |                               |
|      | HIGH CONSEQUENCE PESTS AND PATHOGENS. NETWORK INCLUDES 121 MEMBE   | R                                   |                               |
|      | GARDENS. WORKSHOPS ATTENDED BY 158 PARTICIPANTS REPRESENTING 92  | MEMBER                              |                               |
|      | GARDENS.   |                                     |                               |
|      |  |                                     |                               |
|      | DOCUMENTATION OF THE IMPORTANCE OF PUBLIC GARDENS IN CREATING SUCCESSION OF THE IMPORTANCE OF PUBLIC GARDENS IN CREATING SUCCESSION OF THE IMPORTANCE OF PUBLIC GARDENS IN CREATING SUCCESSION OF THE IMPORTANCE OF PUBLIC GARDENS IN CREATING SUCCESSION OF THE IMPORTANCE OF PUBLIC GARDENS IN CREATING SUCCESSION OF THE IMPORTANCE OF PUBLIC GARDENS IN CREATING SUCCESSION OF THE IMPORTANCE OF PUBLIC GARDENS IN CREATING SUCCESSION OF THE IMPORTANCE OF PUBLIC GARDENS IN CREATING SUCCESSION OF THE IMPORTANCE OF PUBLIC GARDENS IN CREATING SUCCESSION OF THE IMPORTANCE OF PUBLIC GARDENS IN CREATING SUCCESSION OF THE IMPORTANCE OF PUBLIC GARDENS IN CREATING SUCCESSION OF THE IMPORTANCE OF PUBLIC GARDENS IN CREATING SUCCESSION OF THE IMPORTANCE OF PUBLIC GARDENS IN CREATING SUCCESSION OF THE IMPORTANCE OF PUBLIC GARDENS IN CREATING SUCCESSION OF THE IMPORTANCE OF PUBLIC GARDENS IN CREATING SUCCESSION OF THE IMPORTANCE OF THE IMPORT |                                     |                               |
|      |  |                                     |                               |
|      | See Form 990, Page 2, Part III, Line 4c (continued)  |                                     |                               |
| 4d   | Other program services. (Describe in Schedule O.)  |                                     |                               |
|      | (Expenses \$ 142,215. including grants of \$ 0.) (Revenue \$   | 25,7                                | 35.)                          |
| 4e   | Total program service expenses ► 1,043,599.  |                                     |                               |

|    |   |           | Yes | No         |
|----|---|-----------|-----|------------|
| 1  | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A   | 1         | X   |            |
| 2  | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2         | Х   |            |
| 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         |     | х          |
| 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         |     | Х          |
| 5  | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.  | 5         |     | x          |
| 6  | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I  | 6         |     | х          |
| 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         |     | Х          |
| 8  | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III   | 8         |     | х          |
| 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         |     | <u>x</u> _ |
| 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, VIII, VIII, IX, or X as applicable   |           |     |            |
|    | a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI  | 11 a      | X   |            |
|    | b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII  | 11 b      |     | <u>x</u>   |
|    | 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  | 11 c      |     | X          |
|    | d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX  | 11 d      |     | <u>x</u>   |
|    | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X   | 11 e      |     | <u>X</u>   |
|    | f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X  | 11 f      |     | х          |
|    | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII   | 12a       | Х   |            |
|    | b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional  | 12b       |     | X          |
|    | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  a Did the organization maintain an office, employees, or agents outside of the United States?  | 13<br>14a |     | X          |
|    |   | '         |     | - * *      |
|    | b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV | 14b       |     | X          |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV   | 15        |     | Х          |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV   | 16        |     | х          |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)   | 17        |     | x          |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II  | 18        |     | х          |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III  | 19        |     | х          |
|    | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H   | 20        |     | X          |
|    | b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20 b      |     | <u> </u>   |

| -44 |   | 1    | Yes   | No           |
|-----|---|------|-------|--------------|
| ^-  | D 1 1   |      | ''    |              |
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II  | 21   | х     |              |
| 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   | х     |              |
| 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? <i>If 'Yes,' complete Schedule J </i>  | 23   |       | х            |
| 24  | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and   | 24a  |       | х            |
|     | complete Schedule K. If 'No,'go to line 25  | 24b  |       |              |
|     | c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease  |      |       |              |
|     | any tax-exempt bonds?   | 24c  |       |              |
|     | d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?   | 24d  |       |              |
| 25  | a 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  |       | <u>x</u>     |
|     | 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   |       | х            |
| 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   | х     |              |
| 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):   |      | á.    | **           |
|     | a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.  | 28a  |       | _ <u>X</u> _ |
|     | <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>  | 28b  |       | <u> </u>     |
|     | c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV  | 28c  |       | <u>x</u>     |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M  | 29   |       | <u> </u>     |
| 30  | contributions? If 'Yes,' complete Schedule M  | 30   |       | _x_          |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I  | 31   |       | X            |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II  | 32   |       | х            |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I  | 33   |       | <u> </u>     |
| 34  | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1   | 34   |       | х            |
| 35  | a Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a  |       | <u> </u>     |
|     | <b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2  | 35b  | -     | х            |
| 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   |       | Х            |
| 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   |       | х            |
| 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   | Х     |              |
| BA  | A   | Form | 990 ( | (2011)       |

## Rart V. Statements Regarding Other IRS Filings and Tax Compliance

|     | Check it Schedule O contains a response to any question in this Part V  | • • • •          | <u> </u>                           |    |              |                  | لمسلم       |
|-----|---|------------------|------------------------------------|----|--------------|------------------|-------------|
|     | •   |                  |                                    |    | . ser . 4.2e | Yes              | No          |
|     | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  | 1 a              |                                    | 19 |              | 1                |             |
| t   | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  | 1 b              |                                    | 0  | 3.7          |                  |             |
| C   | Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?  | and r            | eportable gaming                   | أ  | 1 c          | 300KT            |             |
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return   | 2a               |                                    | 10 |              |                  |             |
| t   | olf at least one is reported on line 2a, did the organization file all required federal employment t  |                  |                                    |    | 2b           | X                | 5.74.42F.3  |
|     | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst  |                  | ns)                                |    |              |                  |             |
|     | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | •                | •                                  | ļ  | 3a           |                  | <u>X</u>    |
|     | If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.  |                  | •                                  | ŀ  | _3b          |                  |             |
|     | At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other financial account, or other financial account, or other financial account. | r othe<br>ancial | r authority over, a account)?      |    | 4a           | WALLESP.         | X           |
| b   | of Yes, enter the name of the foreign country   |                  | I Asserta                          |    |              | **               | 4.6         |
| e - | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Fin  |                  | I Accounts                         |    | 5a           | rille)           | X           |
|     | i Was the organization a party to a prohibited tax shelter transaction at any time during the tax yould not to a prohibited tax shelter. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter.                             |                  | action?                            | ł  | 5b           |                  | X           |
|     | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?  | uans             | action:                            | ŀ  | 5c           |                  |             |
|     |   |                  |                                    | ł  |              |                  |             |
|     | Does the organization have annual gross receipts that are normally greater than \$100,000, and solicit any contributions that were not tax deductible?  |                  |                                    |    | 6a           |                  | <u> </u>    |
| b   | If 'Yes,' did the organization include with every solicitation an express statement that such con not tax deductible?   | trıbutı          | ons or gifts were                  |    | 6 b          |                  | ance and it |
| 7   | Organizations that may receive deductible contributions under section 170(c).   |                  |                                    |    |              |                  |             |
| а   | Did the organization receive a payment in excess of \$75 made partly as a contribution and parservices provided to the payor?   | tly for          | goods and                          |    | 7a           |                  | X           |
|     | If 'Yes,' did the organization notify the donor of the value of the goods or services provided?   |                  |                                    | .  | 7b           |                  |             |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for whice Form 8282?  | ch it w          | as required to file                |    | 7с           |                  | X           |
|     | If 'Yes,' indicate the number of Forms 8282 filed during the year   | 7 d              |                                    |    | 西亞           |                  |             |
|     | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be  |                  |                                    | .  | 7e           |                  | <u>X</u>    |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benef  | it con           | tract?                             | ļ  | 7f           |                  | _X          |
| g   | If the organization received a contribution of qualified intellectual property, did the organization as required?   | file F           | Form 8899 .                        |    | 7 g          |                  |             |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the o Form 1098-C?  | rganız           | zation file a                      |    | 7h           |                  |             |
| 8   | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, have holdings at any time during the year?  | orga<br>/e exc   | nizations. Did the<br>ess business |    | 8            |                  |             |
| 9   | Sponsoring organizations maintaining donor advised funds.   |                  |                                    |    |              |                  |             |
| а   | Did the organization make any taxable distributions under section 4966? .   |                  |                                    |    | 9 a          |                  |             |
| b   | Did the organization make a distribution to a donor, donor advisor, or related person? .  |                  |                                    |    | 9b           | and the          |             |
|     | Section 501(c)(7) organizations. Enter  | 1                |                                    | l  |              | . 3 <sup>1</sup> |             |
|     | Initiation fees and capital contributions included on Part VIII, line 12  | 10a              | <del> </del>                       |    |              |                  |             |
|     | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | 10b              |                                    |    |              |                  |             |
|     | Section 501(c)(12) organizations. Enter   | 11.              |                                    | i  |              | 4.36             |             |
|     | Gross income from members or shareholders   | 11 a             | <del> </del>                       |    |              |                  | 200         |
|     | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )  | 11 b             | 10410                              |    |              |                  |             |
|     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of f   |                  | 1041? .                            | ŀ  | 12a          | TO YY            | sjased      |
|     | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   | 12b              |                                    |    |              |                  |             |
|     | Section 501(c)(29) qualified nonprofit health insurance issuers.  |                  |                                    | ľ  | 13a          | 100              | enema 1     |
| 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  | 0                |                                    | ŀ  |              | ácik.            |             |
| L   |   | J                |                                    |    |              | 系表               |             |
| D   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   | 13b              |                                    |    | 雄            |                  | 顶河          |
|     | Enter the amount of reserves on hand  | 13c              |                                    | ]  | 翻翻           | <b>冷</b> 羅       | I I I I     |
|     | Did the organization receive any payments for indoor tanning services during the tax year?  |                  |                                    |    | 14a          |                  | _X_         |
| b   | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Sci  | hedule           | e O                                |    | 14b          | <u></u>          |             |
| AA  | TEEA0105 07/05/11   |                  |                                    |    | Form         | 990 (            | (2011)      |

Part Vi Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to līne 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 Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent. 14 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Х 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Х stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? 8b Х **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Х 10 a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Х 12c Schedule O how this is done . Х 13 Did the organization have a written whistleblower policy? 13 14 Х 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. 15a Х 15b b Other officers of key employees of the organization 4.7 If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) Carr 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed See Form 990, Page 6, Line 17 (continued) Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply. X Upon request Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization (610) 708-3010 351 LONGWOOD RD KENNETT SQUARE PA 19348

BAA

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

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

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

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

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

| Check this box if neither the organization | nor any r  | elated                           | org                   | janiz        | zatio  | n con                           | nper         | sated any current offi              | cer, director, or truste                                  | e  |
|--|--|----------------------------------|-----------------------|--------------|--|---------------------------------|--------------|-------------------------------------|---|--|
| (A)<br>Name and title                      | (B) Average hours per week   | unles                            | s per                 | Pos<br>ck me | s boti   | ian one<br>h an offi<br>rustee) | box,<br>icer | (D)  Reportable compensation from   | (E)  Reportable  compensation from  related organizations | (F) Estimated amount of other compensation               |
|  | (describe<br>hours for<br>related<br>organiza-<br>tions in<br>Schedule<br>O) | adivich ਤੋਂ ਇਤਲਵਦ<br>or director | institutional taistee | Officer      | High est compensated employee  Key employee  Officer |                                 | raner        | the organization<br>(W-2/1099-MISC) | related organizations<br>(W-2/1099-MISC)                  | from the<br>organization<br>and related<br>organizations |
| (1) PAUL REDMAN PRESIDENT                  | 0.50   | х                                |                       | х            |  |                                 |              | 0.                                  | 0.  | 0.   |
| (2) KENNETH SCHUTZ                         | 0.00   |                                  | Г                     |              |  |                                 |              |                                     |   |  |
| VICE PRESIDENT                             | 0.50   | х                                |                       | x            |  |                                 |              | 0.                                  | 0.  | 0.   |
| (3) BILL LEFEVRE                           |  |                                  |                       |              |  |                                 |              |                                     |   |  |
| TREASURER                                  | 0.50   | Х                                |                       | х            |  |                                 |              | 0.                                  | 0.  | 0.   |
| (4) WILF NICHOLLS                          |  |                                  |                       |              |  |                                 |              |                                     |   |  |
| SECRETARY                                  | 0.50   | Х                                |                       | Х            |  |                                 |              | 0.                                  | 0.  | 0.   |
| (5) NICOLA RIPLEY                          |  |                                  |                       |              |  |                                 |              |                                     | -   |  |
| PAST PRESIDENT                             | 0.50   | Х                                |                       | Х            | l  |                                 |              | 0.                                  | 0.  | 0.   |
| (6) CAROLINE LEWIS                         |  |                                  |                       |              |  |                                 |              |                                     |   |  |
| DIRECTOR                                   | 0.50   | Х                                | <u>L</u> .            |              |  |                                 | <u> </u>     | 0.                                  | 0.  | 0.   |
| _(7)_ JENNIFER_RILEY-CHETWYND<br>DIRECTOR  | 0.50   | x                                |                       |              |  |                                 |              | 0.                                  | 0.  | 0.   |
| (8) RICK KING                              |  |                                  |                       |              |  |                                 |              |                                     |   |  |
| DIRECTOR                                   | 0.50   | х                                |                       |              |  |                                 |              | 0.                                  | 0.  | 0.   |
| (9) LUKE MESSINGER                         |  |                                  |                       |              |  |                                 |              |                                     |   |  |
| DIRECTOR                                   | 0.50   | Х                                |                       |              |  |                                 |              | 0.                                  | 0.  | 0.   |
| (10) SABINA CARR                           |  | -                                |                       |              |  |                                 |              |                                     |   |  |
| DIRECTOR                                   | 0.50   | Х                                |                       |              |  |                                 | <u> </u>     | 0.                                  | 0.  | 0.   |
| (11) PAUL KUENSTNER                        |  |                                  |                       |              |  |                                 |              |                                     |   |  |
| DIRECTOR                                   | 0.50   | X                                |                       |              | _  |                                 |              | 0.                                  | 0.  | 0.   |
| (12) PATRICK LARKIN                        |  |                                  |                       |              |  |                                 |              |                                     |   | _  |
| DIRECTOR                                   | 0.50   | Х                                |                       |              |  |                                 |              | 0.                                  | 0.  | 0.   |
| (13) JANE PEPPER                           |  |                                  |                       |              |  |                                 |              |                                     |   | •  |
| DIRECTOR                                   | 0.50   | X                                | _                     | <u> </u>     | <u> </u>   |                                 | _            | 0.                                  | 0.  | 0.   |
| (14) MARK RUNCIMAN                         | 0.50   |                                  |                       |              |  |                                 |              |                                     |   | 0.   |
| DIRECTOR                                   | 0.50   | X                                |                       | L            |  |                                 | <u> </u>     | 0.                                  | 0.  | <u> </u>   |

| (A) Name and title   | (B)<br>Average<br>hours  | (do<br>box<br>offic               | not c<br>unle         | Pos<br>heck<br>ss pe | c)<br>intion<br>more<br>erson<br>directo | than<br>is bot<br>or/trus       | one<br>h an<br>tee)  | (D)  Reportable compensation from the organization | (E) Reportable compensation from        | (F) Estimated amount of other                            |
|--|--|-----------------------------------|-----------------------|----------------------|--|---------------------------------|----------------------|--|---|--|
|  | week<br>(describ<br>e<br>hours<br>for<br>related<br>organi-<br>zations<br>in<br>Sch O) | Individual trustee<br>or director | Institutional trustee | Officer              | Key employee                             | Highest compensated<br>employee | Former               | (W-2/1099-MISC)                                    | related organization<br>(W-2/1099-MISC) | from the<br>organization<br>and related<br>organizations |
| (15) DAN STARK EXECUTIVE DIRECTOR (16) CASEY SCLAR   | 40.00  |                                   |                       | Х                    |  |                                 |                      | 112,665.   | C                                       | 13,742.  |
| INTERIM EXECUTIVE DIRECTOR (17)  | 40.00  |                                   |                       | Х                    |  |                                 | -                    | 0.   | <u> </u>                                | 0.   |
| (18)   | J  |                                   |                       |                      |  |                                 |                      |  |   |  |
| (19)   |  |                                   |                       |                      |  |                                 |                      |  |   |  |
| (20)   |  |                                   |                       |                      |  |                                 |                      |  |   |  |
| (21)   | j  |                                   |                       |                      |  |                                 |                      |  |   |  |
| (22)   |  |                                   |                       |                      |  |                                 |                      |  |   |  |
| (23)   |  |                                   |                       |                      |  |                                 |                      |  |   |  |
| (24)   |  |                                   | Ī                     |                      |  |                                 |                      |  |   |  |
| (25)   |  |                                   |                       |                      |  |                                 |                      |  |   |  |
| 1 b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)                              |  |                                   |                       |                      |  | _                               | V V V                | 112,665.<br>112,665.                               | 0                                       |  |
| Total number of individuals (including but not limited from the organization       1   |  |                                   |                       |                      |  | vho                             | rece                 |  |   | able compensation  |
| 3 Did the organization list any former officer, director of on line 1a? If 'Yes,' complete Schedule J for such inc               | or truste<br>dividual  | ee, k                             | ey e                  | mpl                  | oyee                                     | e, or                           | hıgl                 | nest compensated                                   | employee                                | Yes No<br>3 X  |
| 4 For any individual listed on line 1a, is the sum of reputhe organization and related organizations greater the such individual | ortable<br>an \$15   | com<br>0,000                      | pen<br>)? <i>If</i>   | satı<br><i>'Ye</i>   | on a<br>s' co                            | nd c                            | ther<br>ete          | compensation fro<br>Schedule J for                 | om                                      | 4 X  |
| 5 Did any person listed on line 1a receive or accrue color for services rendered to the organization? If 'Yes,' co               | mpens<br><i>mplete</i>   | ation<br>Sch                      | froi<br>edui          | m ar<br>le J         | ny u<br>for s                            | nrela<br>such                   | ated<br><i>per</i> : | organization or in<br>son                          | dividual                                | 5 X  |
| 1 Complete this table for your five highest compensated compensation from the organization. Report compens                       | d indep  | ende                              | ent d                 | onti                 | racto                                    | ors t                           | hat r                | eceived more that                                  | n \$100,000 of<br>the organization'     | s tax year.  |
| (A)<br>Name and business address   |  |                                   |                       |                      |  |                                 |                      | (B)<br>Description o                               |   | (C)<br>Compensation                                      |
|  |  |                                   |                       |                      |  |                                 |                      |  |   |  |
|  |  |                                   |                       |                      |  |                                 | -                    |  |   |  |
| 2 Total number of independent contractors (including b \$100,000 in compensation from the organization ►                         | ut not l   | limite                            | ed to                 | tho                  | se I                                     | isted                           | l abo                | ove) who received                                  | more than                               | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1                 |

| :Pai   | rt VIII Statement of Revenue  |  |  |   |  |
|--|---|--|--|---|--|
|  | · · · · · · · · · · · · · · · · · · ·   | (A)<br>Total revenue   | (B) Related or exempt function revenue   | (C)<br>Unrelated<br>business<br>revenue   | (D) Revenue excluded from tax under sections 512, 513, or 514  |
| GIFTS, GRANTS<br>LAR AMOUNTS                           | 1 a Federated campaigns     1 a       b Membership dues     1 b     492,530.       c Fundraising events     1 c       d Related organizations     1 d   | The state of the s | The second of th |   |  |
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | e Government grants (contributions)  1 e 82,624.  f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contributions included in lns 1a-1f  h Total. Add lines 1a-1f | 813,929.   | The second secon | A second | The second of th |
| PROGRAM SERVICE REVENUE                                | Business Code         2a Annual Meeting       900099         b Publications       511190         c Prof Development       611430         d NAPCC Program       900099         e Textbook       511190       | 420,766.<br>24,435.<br>63,537.<br>10,000.<br>1,300.  | 420,766.<br>24,435.<br>63,537.<br>10,000.<br>1,300.  | 0.<br>0.<br>0.<br>0.  | 0.<br>0.<br>0.<br>0.   |
| PROGE  | f All other program service revenue  g Total. Add lines 2a-2f  Investment income (including dividends, interest and   | 520,038.   | Janes Asses  | E to Control do   | SEC. AND SEC. AND SEC.   |
|  | other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties   | 3,080.   | 0.   | 0.  | 3,080.   |
|  | (i) Real (ii) Personal  6 a Gross rents b Less rental expenses c Rental income or (loss)  | · · · · · · · · · · · · · · · · · · ·  | THE PROPERTY OF THE PARTY OF TH |   |  |
|  | d Net rental income or (loss) .  7a Gross amount from sales of assets other than inventory  b Less cost or other basis  | · 小子、小子。   |  | · · · · · · · · · · · · · · · · · · ·   |  |
|  | and sales expenses  c Gain or (loss)  d Net gain or (loss)  | <del></del>  | · · · · · · · · · · · · · · · · · · ·  | 0.  | 87.  |
| OTHER REVENUE  | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less; direct expenses  |  | · · · · · · · · · · · · · · · · · · ·  | 多 大學  | · · · · · · · · · · · · · · · · · · ·  |
| 6  | c Net income or (loss) from fundraising events  |  | · 中部 · · · · · · · · · · · · · · · · · ·   | Les garages   |  |
|  | 9a Gross income from gaming activities See Part IV, line 19  b Less: direct expenses  c Net income or (loss) from gaming activities .   | ration to the second   | Jon Sala Sangara   | * * * * * * * * * * * * * * * * * * *   | And the second   |
|  | 10 a Gross sales of inventory, less returns and allowances  |  | ,  |   | 1  |
|  | c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  |  | 6 204  | - 0   | 0  |
|  | b Affinity program 900099   | 6,294.<br>38,766.  | 6,294.<br>38,766.  | 0.  | 0.   |
|  | d All other revenue e Total. Add lines 11a-11d  | 45,060.<br>1,382,194.  | 565,098.   | 0.  | 3,167.   |

## Part IX Statement of Functional Expenses

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

|  | mn (A) but are not required to contains a response to any question |  | ,  | П  |
|--|--|--|--|--|
| Do not include amounts reported on lines<br>6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses  | (B) Program service expenses                                 | (C) Management and general expenses  | (D)<br>Fundraising<br>expenses   |
| 1 Grants and other assistance to govern<br>and organizations in the United States<br>Part IV, line 21  | s. See 57,335.   | 57,335.  | · 医一种 医二种 医二种 医二种 医二种 医二种 医二种 医二种 医二种 医二种 医二   | The state of the s |
| 2 Grants and other assistance to individe the United States See Part IV, line 23   | luals in 2 5,074.  | 5,074.   | idi da garangan  | "明显是是"行"。  |
| 3 Grants and other assistance to govern<br>organizations, and individuals outside<br>United States See Part IV, lines 15 a                                     | the  |  |  | 20 M 1 1 1 1 1 1 1 1 1 1 1 1   |
| 4 Benefits paid to or for members .  |  |  | 少於機機 荒唐 多四   | प्रदेश के कि जिल्ला के क   |
| 5 Compensation of current officers, dire trustees, and key employees   | ectors, 114,832.   | 67,751.  | 45,359.  | 1,722.   |
| 6 Compensation not included above, to disqualified persons (as defined unde section 4958(f)(1)) and persons descr in section 4958(c)(3)(B)                     | r  |  |  |  |
| 7 Other salaries and wages .   | . 368,458.   | 243,971.   | 118,960.   | 5,527.   |
| 8 Pension plan accruals and contributio<br>(include section 401(k) and section 40<br>employer contributions)   | 16,115.  |  | 5,479.   | 242.   |
| 9 Other employee benefits  | 67,688.  |  | 32,479.  | 800.   |
| 10 Payroll taxes   | . 38,731.  | 24,982.  | 13,169.  | 580.   |
| 11 Fees for services (non-employees)   |  |  |  |  |
| a Management   |  |  |  |  |
| <b>b</b> Legal .   | 6,902.   | 0.   | 6,902.   | 0.   |
| <ul><li>c Accounting .</li><li>d Lobbying</li></ul>  | 0,902.   | 1  | 0,302.   | <u> </u>   |
| e Professional fundraising services. See Part IV, Iii  | ne 17  | CARLANE COM  |  |  |
| f Investment management fees   |  | 7.14 14 14 14 14 15 2 16 16 16 16 16 16 16 16 16 16 16 16 16 | Processing and the second  |  |
| g Other  |  |  |  |  |
| 12 Advertising and promotion   | . 21,678.  | 13,007.  | 6,503.   | 2,168.   |
| 13 Office expenses .   | . 18,810.  | 5,385.   | 13,425.  | 0.   |
| 14 Information technology  | . 22,159.  | 13,295.  | 6,648.   | 2,216.   |
| 15 Royalties   |  |  |  | <u> </u>   |
| 16 Occupancy .   | 1,200.   | 0.   | 1,200.   | 0.   |
| 17 Travel  | 2,877.   | 1,654.   | 1,223.   | 0.   |
| Payments of travel or entertainment<br>expenses for any federal, state, or loc<br>public officials   |  |  |  |  |
| 19 Conferences, conventions, and meeting   |  | 2,837.   | 20,469.  | 0.   |
| 20 Interest .  | 498.   | 0.   | 498.   | 0.   |
| 21 Payments to affiliates  | tion 30,314.   | 13,988.  | 14,226.  | 2,100.   |
| <ul><li>22 Depreciation, depletion, and amortiza</li><li>23 Insurance</li></ul>  | 11,646.  | 1,942.   | 9,704.   | 0.   |
| 24 Other expenses. Itemize expenses no covered above (List miscellaneous ex in line 24e If line 24e amount exceed of line 25, column (A) amount, list line     | penses is 10%  |  | The street of th |  |
| expenses on Schedule O)  | 227 606  | 227 606  | 0.   | 0.   |
| a ANNUAL MEETING   | 337,686.<br>47,318.  | 337,686.<br>47,318.  | 0.   | 0.   |
| b PUBLICATION EXPENSE<br>c TEXTBOOK PUBLICATION  | 32,440.  |  | 0.   | 0.   |
| d BANK CHARGES   | 23,643.  | 0.   | 23,643.  | 0.   |
| e All other expenses   | 180,466  |  | 50,335.  | 0.   |
| 25 Total functional expenses. Add lines 1 through  |  | <del></del>  | 370,222.   | 15,355.  |
| 26 Joint costs. Complete this line only if the organization reported in column (to joint costs from a combined education campaign and fundraising solicitation | 3)<br>al   |  |  |  |
| Check here ► If following SOP 98-2 (ASC 958-720) .   |  |  |  |  |

(A) (B) Beginning of year End of year 1,500 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 204,223 2 213,937. Pledges and grants receivable, net 3 186,000 46,000. <u>35,9</u>74. Accounts receivable, net . 4 16,843. **的是**识别是"种"的 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary **建筑出版** organizations (see instructions) . . 6 7 Notes and loans receivable, net Inventories for sale or use 8 50,076 9 Prepaid expenses and deferred charges 45,473 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 320,994 10 a 63,824 10 c 92,878. 10b 228,116 **b** Less: accumulated depreciation 230,295 11 139,770. Investments - publicly traded securities 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11. 13 14 14 Intangible assets . 15 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 767,289 559,504. 80,634 17 18,280. 17 Accounts payable and accrued expenses 18 Grants payable 18 19 139,784 19 74,931 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 45,000 23 25,000. 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 25 26 Total liabilities. Add lines 17 through 25 265, 418 26 118,211 Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. 27 262,238 27 334,046. Unrestricted net assets 107,247. 28 Temporarily restricted net assets 239,633 28 29 29 Permanently restricted net assets P Organizations that do not follow SFAS 117, check here and complete UND lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 501,871 33 441,293. Total net assets or fund balances 767,289 34 559,504. 34 Total liabilities and net assets/fund balances

BAA

Part X

**Balance Sheet** 

Form 990 (2011)

|           |   | 23-7110058                            | Р               | age 12       |
|-----------|---|---------------------------------------|-----------------|--------------|
| Pa        | rt-XI⊴ Reconciliation of Net Assets   |                                       | <u> </u>        |              |
|           | Check if Schedule O contains a response to any question in this Part XI   | <u> </u>                              | <u> </u>        | <u> </u>     |
|           | •   |                                       |                 |              |
| 1         | Total revenue (must equal Part VIII, column (A), line 12)   | . 1                                   | 1,382,          | <u> 194.</u> |
| 2         | Total expenses (must equal Part IX, column (A), line 25) .  | 2                                     | 1,429,          | <u> 176.</u> |
| 3         | Revenue less expenses Subtract line 2 from line 1   | 3                                     | -46,            | <u>982.</u>  |
| 4         | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))   | . 4                                   | 501,            | 871.         |
| 5         | Other changes in net assets or fund balances (explain in Schedule O)  | 5                                     | -13,            | <u>596.</u>  |
| 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                                     | 441,            | 293.         |
| Pa        | TXII Financial Statements and Reporting   | <del>,</del>                          |                 |              |
| السيئيسة. | Check if Schedule O contains a response to any question in this Part XII  | •                                     |                 |              |
|           |   |                                       | Yes             | No           |
| 1         | Accounting method used to prepare the Form 990: Cash X Accrual Other  | <del></del>                           |                 |              |
|           | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.   |                                       |                 |              |
| 2 a       | Were the organization's financial statements compiled or reviewed by an independent accountant?   |                                       | 2a              | X            |
| t         | Were the organization's financial statements audited by an independent accountant?  |                                       | 2b X            | <u> </u>     |
| c         | : If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight or review, or compilation of its financial statements and selection of an independent accountant? | of the audit,                         | 2c X            |              |
|           | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   |                                       | HI A            | 1            |
| c         | If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is separate basis, consolidated basis, or both:   | sued on a                             |                 |              |
|           | X Separate basis Consolidated basis Both consolidated and separate basis  |                                       |                 |              |
| 3 a       | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?   | ne Single                             | 3a              | х            |
| b         | If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the re or audits, explain why in Schedule O and describe any steps taken to undergo such audits.       | equired audit                         | 3b              | 1            |
| BAA       |   | · · · · · · · · · · · · · · · · · · · | Form <b>990</b> | (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.

2011

OMB No 1545-0047



Employer Identification number

|            |      |                           | UBLIC G  |                    |                        |                       |                         |   |                        |                           |  |  |   |                      | 11005   |                           |             |             |
|------------|------|---------------------------|--|--------------------|------------------------|-----------------------|-------------------------|---|------------------------|---------------------------|--|--|---|----------------------|---|---------------------------|-------------|-------------|
| Par        |      | Reas                      | on for Pu  | blic C             | harity                 | Status                | s (All o                | rganız  | ations                 | must                      | comple   | ete this   | part.)  | See i                | nstruct   | tions.                    |             |             |
| The c      | rgar | nization                  | is not a priv  | ate fou            | ndation                | because               | e it is: (F             | or lines  | s 1 throu              | igh 11, d                 | check on   | ly one b   | ox)   |                      |   |                           |             |             |
| 1          |      | A chur                    | ch, conventi   | on of ch           | nurches                | or assoc              | ciation of              | church  | nes desc               | ribed in                  | section  | 170(b)(1   | )(A)(i).  |                      |   |                           |             |             |
| 2          | П    | A scho                    | ol described   | ın seci            | ion 170                | (b)(1)(A)             | (ii). (Att              | ach Sch   | hedule E               | Ξ.)                       |  |  |   |                      |   |                           |             |             |
| 3          | П    | A hosp                    | ital or a coo  | perative           | e hospita              | al servic             | e organi:               | zation d  | describe               | d ın sec                  | tion 170   | (b)(1)(A)  | (iii).  |                      |   |                           |             |             |
| 4          |      | A med                     | ical research  | organi             | zation o               | perated               | ın conju                | nction  | with a ho              | ospital c                 | lescribed  | ın secti   | ion 170(  | b)(1)(A)             | (iii). Ente   | er the hosp               | tal's       |             |
|            | _    | name,                     | city, and sta  | te <sup>.</sup>    | - <del></del>          |                       |                         |   |                        |                           | _ <b></b>  |  | , _   | . <del></del> .      |   | -, <b></b> -              |             |             |
| 5          |      | An org<br><b>170(b)</b> ( | anization op<br>(1)(A)(iv). (C   | erated<br>Complet  | for the b<br>e Part II | enefit of             | f a collec              | ge or ur  | niversity              | owned                     | or opera   | ted by a   | govern  | mental u             | ınit desc   | ribed in <b>sec</b>       | tion        |             |
| 6          | Ш    | A fede                    | ral, state, or   | local g            | overnme                | ent or go             | vernmer                 | ntal uni  | t describ              | oed in se                 | ection 17  | <b>70(b)(1)</b> (                                | A)(v).  |                      |   |                           |             |             |
| 7          |      | ın sect                   | anızatıon tha<br>ion 170(b)(1  | )(A)(vi).          | . (Comp                | lete Par              | rt II.)                 |   |                        |                           |  | ernmen   | tal unit (  | or from 1            | the gene  | eral public d             | escrib      | ea          |
| 8          |      |                           | munity trust   |                    |                        |                       |                         |   |                        |                           |  |  |   |                      |   |                           |             |             |
| 9          | _    | from a<br>investr         | anization tha<br>ctivities relat<br>nent income<br>0, 1975 See   | ed to it<br>and ur | s exemp<br>related     | t functio<br>busines: | ons – su<br>s taxable   | bject to<br>incom   | certain<br>e (less s   | exception                 | ons and  | l (2) no i                                       | more tha  | an 33-1/             | 3% of its   | s support fr              | om arc      | oss         |
| 10         |      | An org                    | anızatıon org  | janized            | and ope                | erated e              | xclusivel               | y to tes  | st for pul             | blic safe                 | ty See   | section !  | 509(a)(4  | ).                   |   |                           |             |             |
| 11         |      | more r                    | anization orgoidalist orgoidalist orgoidalist organization organizatio | orted or           | rganızatı<br>ortıng oı | ons des<br>ganizat    | cribed in               | section<br>comp <u>let</u>  | n 509(a)<br>te lines   | )(1) or s<br>11e thro     | ection 50<br>ugh 11h                             | 09(a)(2)<br>·                                    | . See <b>se</b>                                   | or carry<br>ction 50 | out the 19(a)(3).   | Check the                 | box tn      | at          |
|            |      |                           | ype I  |                    | Ь ∐Т                   | <i>-</i> .            |                         |   | , , ,                  |                           | ctionally  | _  |   |                      | d 📙   | Type III -                | Othe        | r           |
| е          |      | other tl                  | cking this bo<br>han foundation<br>509(a)(2)   | x, I cer<br>on man | tify that<br>agers a   | the orga<br>nd other  | anization<br>than on    | is not<br>e or mo   | controlle<br>ore publi | ed direct                 | tly or ind<br>ported or                          | irectly b<br>ganizati                            | y one or<br>ons des                               | more d               | lisqualifien<br>Section   | ed persons<br>1 509(a)(1) | or          |             |
| f          |      | If the o                  | rganization i<br>this box  |                    |                        |                       |                         |   |                        |                           |  |  |   | •                    |   | •                         |             |             |
| g          |      | Since /                   | August 17, 2   | 006, ha            | s the or               | ganızatı              | on accep                | ted any   | y gift or              | contrib                   | ution fro  | m any o  | f the foll  | owing p              | ersons?   |                           |             |             |
|            |      |                           |  |                    |                        |                       |                         |   |                        |                           |  |  |   |                      |   |                           | Yes         | No          |
|            | 1    | (i) A<br>b                | person who   | directl<br>verning | y or indi<br>body of   | rectly co             | ontrols, e<br>oported o | either al<br>organiza   | lone or t<br>ation?    | ogether                   | with per   | sons de  | scribed   | ın (II) ar           | nd (III)  | 11 g (i)                  |             |             |
|            |      | (ii) A                    | family mem   | ber of             | a persor               | n describ             | oed in (i)              | above   | 7                      |                           |  |  |   |                      | •   | 11 g (ii)                 |             |             |
|            |      |                           | 35% contro   |                    | -                      | •                     |                         |   |                        |                           | •  | •  |   |                      |   | 11 g (iii)                |             | L           |
| h          |      | Provide                   | e the following  | g infor            | mation a               | bout the              | e suppor                | ted orga  | anızatıoı              | n(s)                      |  |  |   |                      |   |                           |             |             |
|            |      | (I) Name<br>org           | of supported anization   |                    | (li) EIN               | ł                     | (descr                  | pe of organised on the or IRC or Instruction | ines 1-9<br>section    | organ<br>column<br>your g | Is the ization in (i) listed in poverning iment? | the organ  | you notify<br>nization in<br>in (I) of<br>upport? | organiz              | Is the ration in the land the | (vil) Amou                | nt of sup   | port        |
|            |      |                           |  |                    |                        |                       | <u></u>                 |   |                        | Yes                       | No   | Yes  | No  | Yes                  | No  |                           |             |             |
|            |      |                           |  | ]                  |                        |                       |                         |   |                        |                           |  |  |   |                      | ¦   |                           |             |             |
| <u>(A)</u> |      | _                         |  |                    |                        |                       | <u> </u>                |   |                        | <b>_</b>                  | -  | <del> </del>                                     | _   |                      |   |                           |             |             |
| (D)        |      |                           |  |                    |                        |                       | 1                       |   |                        |                           |  |  |   |                      |   |                           |             |             |
| <u>(B)</u> |      |                           |  | <del></del>        |                        |                       |                         |   |                        | <del> </del>              | <del> </del>                                     | <del>                                     </del> |   |                      |   |                           |             |             |
| (C)        |      |                           |  |                    |                        |                       | 1                       |   |                        |                           |  |  |   | <u> </u>             |   | _                         |             |             |
| <u> </u>   |      |                           |  |                    |                        | _                     |                         |   |                        |                           |  |  |   |                      |   |                           |             |             |
| <u>(D)</u> |      |                           | <del> </del>   | <del> </del>       |                        |                       | <u> </u>                |   |                        | -                         |  |  | ļ   |                      |   |                           | <del></del> | <del></del> |
| <u>(E)</u> |      |                           |  | <u> </u>           |                        | · · · · · ·           |                         | To the second   |                        |                           |  | Contact Services                                 | Section at American                               | Ac 18 minutes        | ## # W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |                           |             |             |
|            |      |                           |  | 2 M 3.             | 4. A                   |                       |                         | 186   |                        | 1000                      |  |  | 经建  |                      |   |                           |             |             |
| Total      |      |                           |  | 1,2                | ,,,,,,                 | S 1                   | 一种数据                    | 。海如   | <b>全社选择</b>            | 村 外                       | 数均能  | 微制   | <b>有种种</b>  | 13.性植物               | のできる。   |                           |             |             |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

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

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

| Section A. Public Support Calendar year (or fiscal year beginning in) *  |              |   |  | <b>,</b>                                  | ,   |   |  |                                       |
|--|--------------|---|--|---|---|---|--|---------------------------------------|
| beginning in) *   1 offis, grants, contributions, and membership (last recent). (On not a comparable to the comparable t | Sec          | tion A. Public Support  |  | T   | ,   |   | r·                                     | <del> </del>                          |
| 2 Tax revenues leved for the organization's benefit and either paid to or expended on its briefal.  3 The value or services or governmental unit to the organization without charge or governmental unit to the organization without charge organization organization organization qualifies as a publicly supported organization meets in brown unrelated business activities, whether or not the business is requisitely organization organization, check this box and stop here.  10 Other income. Do not include gain or loss from the sale organization organization, check this box and stop here organization, check this box and stop here organization organization, check this box and stop here organization qualifies as a publicly supported organization.  11 Total support. Add lines 7 brown organization meets the facts and crucumstances test. Decide organization or organization meets the facts and crucumstances test, the organization qualifies as a publicly supported organization or organization meets the facts and crucumstances test. The organization qualifies as a publicly supported organization or organization organization organization organization organi | Cale<br>begi | ndar year (or fiscal year<br>nning in) ►  | (a) 2007                                 | <b>(b)</b> 2008                           | (c) 2009                                    | <b>(d)</b> 2010                         | <b>(e)</b> 2011                        | (f) Total                             |
| organization's benefit and either paid to or expended on its behalf  3 The value of services or governmental unit to the organization without charge  4 Total. Add lines I through 3  5 The portion without charge  4 Total. Add lines I through 3  6 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) microbed on mental and or publicly support and an additional substantial unit or publicly support and to the contributions of the contribution of the contr | 1            | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')   |  |   |   |   |  |                                       |
| facilities furnished by a governmental unit to the organization without charge of page and the page of | 2            | organization's benefit and<br>either paid to or expended  |  |   |   |   |  |                                       |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  8 Gross income from interest, divided on line in the support subtract line 5 from line 4  8 Gross income from interest, divided on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is requilarly carried on on the sale of capital dissests (Explain in Part IV)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc (see instructions)  12 Trist five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  14 Public support percentage for 2011 (fine 6, column (f) divided by line 11, column (f))  15 Public support percentage for 2011 (fine 6, column (f) divided by line 11, column (f))  16 a 33-1/3% support test – 2011, if the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 a 10%-facts-and-circumstances test – 2011, if the organization did not check a box on line 13, 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 a 10%-facts-and-circumstances test – 2011, if the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.     | 3            | facilities furnished by a governmental unit to the  |  |   |   |   |  | <u>-</u>                              |
| contributions by each person (other than a governmental unit or publicly supported that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  8 Gross income from interest, dividends, payments received on securities loans, rends and success  9 Net income from unterest, dividends, payments received on securities loans, rends similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assests (Explain in Part IV )  11 Total support. Add lines 7 through 10  Gross receipts from related activities, etc (see instructions)  12  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage from 2010 Schedule A, Part III, line 14  15 9 Willie support percentage for 2011 (line 6, column (f) divided by line 11, column (f))  14 %  9 Year organization, check this box and stop here  19 Public support tere - 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  19 A 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization  10 10 Where the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.  15 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.  16 10 Wh | 4            | Total. Add lines 1 through 3  |  |   |   |   |  |                                       |
| Section B. Total Support  Calendar year (or fiscal year beginning in) -  7 Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loos from the sale of capital assets (Explain in Part IV)  11 Total support. Add lines 7 intrough 10  12 Gross receipts from related activities, et (see instructions)  13 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2010 Schedule A, Part II, line 14  16a 33-13% support test — 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.  | 5            | contributions by each person<br>(other than a governmental<br>unit or publicly supported<br>organization) included on line 1<br>that exceeds 2% of the amount |  |   |   |   |  |                                       |
| Calendar year (or fiscal year beginning in) >  Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalites and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Computation of Public Support Percentage  14 Public support percentage from 2010 Schedule A, Part III, line 14  15 Public support percentage from 2010 Schedule A, Part III, line 14  16 a 33-13% support test — 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the "fac | 6            |   |  |   | Service A                                   |   | <b>建筑</b>                              |                                       |
| 7 Amounts from line 4 8 Gross income from interest, dividends, payments received or synthesia and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 13 First five years, if the Form 990 is for the organization strist, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage 14 Public support percentage from 2010 Schedule A, Part II, line 14 16 a 33-1/3% support test — 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33-1/3% support test — 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 10%-facts-and-circumstances test — 2011. If the organization dualifies as a publicly supported organization  b 10%-facts-and-circumstances test — 2011. If the organization dualifies as a publicly supported organization.  b 10%-facts-and-circumstances test — 2010. If the organization dualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  b 10%-facts-and-circumstances test — 2010. If the organization dualifies as a publicly supported organization.  b 10%-facts-and-circumstances test — 2010. If the organization dualifies as a publicly supported organization.  b 10%-facts-and-circumstances test — 2010. If the organization dualifies as a publicly supported organization.  b 10%-facts-and-circumstances test — 2010. If the organization dualifies as a publicly supported organi | Sec          | tion B. Total Support   |  |   |   |   |  | · · · · · · · · · · · · · · · · · · · |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage from 2010 Schedule A, Part II, line 14  16a 33-1/3% support test — 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.  17a 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 071, or 17b, check this box and see instructions  | Cale<br>begi | ndar year (or fiscal year<br>nning in) ►  | (a) 2007                                 | <b>(b)</b> 2008                           | (c) 2009                                    | <b>(d)</b> 2010                         | <b>(e)</b> 2011                        | (f) Total                             |
| dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2010 Schedule A, Part II, line 14  16a 33-1/3% support test — 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33-1/3% support test — 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organizati | 7            | Amounts from line 4   |  |   |   |   |  |                                       |
| business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2010 Schedule A, Part II, line 14  16a 33-1/3% support test — 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33-1/3% support test — 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test — 2011. If the organization qualifies as a publicly supported organization  b 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, theck this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.  b 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.  b 10%-facts-and-circumstances test. The organization qualifies as a publicly supported organization.  | 8            | dividends, payments received<br>on securities loans, rents,<br>royalties and income from  |  |   |   |   |  |                                       |
| gain or loss from the sale of capital assets (Explain in Part IV)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2010 Schedule A, Part II, line 14  16a 33-1/3% support test — 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization meels the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.  17a 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, the organization dides as a publicly supported organization.                              | 9            | business activities, whether or not the business is regularly   |  |   |   |   |  |                                       |
| through 10  Gross receipts from related activities, etc (see instructions)  12  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2010 Schedule A, Part II, line 14  16 a 33-1/3% support test — 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-ci | 10           | gain or loss from the sale of capital assets (Explain in  |  |   |   |   |  |                                       |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)  Section C. Computation of Public Support Percentage  14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2010 Schedule A, Part II, line 14  16 a 33-1/3% support test — 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions   | 11           |   |  |   |   |   |  |                                       |
| Section C. Computation of Public Support Percentage  14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2010 Schedule A, Part II, line 14  16 a 33-1/3% support test — 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions   | 12           | Gross receipts from related activ   | ities, etc (see inst                     | ructions)                                 |   |   | 12                                     | · · · · · · · · · · · · · · · · · · · |
| Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))  Public support percentage from 2010 Schedule A, Part II, line 14  15 Public support percentage from 2010 Schedule A, Part II, line 14  16 a 33-1/3% support test — 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33-1/3% support test — 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organi | 13           | First five years. If the Form 990 organization, check this box and  | is for the organiza stop here            | tion's first, second                      | d, third, fourth, or                        | fifth tax year as a                     | section 501(c)(3)                      | ▶ [                                   |
| Public support percentage from 2010 Schedule A, Part II, line 14  16a 33-1/3% support test — 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33-1/3% support test — 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  | Sec          | tion C. Computation of Pu   | blic Support P                           | ercentage                                 |   |   |  |                                       |
| 16 a 33-1/3% support test — 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33-1/3% support test — 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization.  b 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  |              |   | •  |   | e 11, column (f))                           | •                                       | · · · · · · · · · · · · · · · · · · ·  |                                       |
| b 33-1/3% support test — 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.  b 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions   | 15           | Public support percentage from 2  | 2010 Schedule A, I                       | Part II, line 14                          |   |   | 15                                     |                                       |
| and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.  b 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions   | 16 a         | 33-1/3% support test — 2011. If t<br>and stop here. The organization  | he organization di<br>qualifies as a pub | d not check the be<br>licly supported org | ox on line 13, and<br>ganization            | the line 14 is 33-                      | 1/3% or more, che                      | ck this box                           |
| b 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions   |              | and <b>stop here</b> . The organization   | qualifies as a pub                       | licly supported org                       | ganization                                  |   | •                                      | - []                                  |
| or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV now the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions   | 17 a         | or more, and if the organization i  | meets the 'facts-ai                      | nd-circumstances'                         | ' test, check this b                        | ox and stop here.                       | Explain in Part IV                     | now                                   |
|  |              | or more, and if the organization is organization meets the 'facts-and   | meets the 'facts-aid-circumstances' t    | nd-circumstances<br>est. The organizat    | ' test, check this b<br>tion qualifies as a | ox and stop here.<br>publicly supported | Explain in Part IV<br>d organization . | now the                               |
|  |              | Private foundation. If the organiz  | zation did not ched                      | ck a box on line 1.                       | 3, 16a, 16b, 17a,                           |   |  |                                       |

## 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.)

| Sac   |  |  |   |   |   |   |  |
|---|--|--|---|---|---|---|--|
| 266   | tion A. Public Support   |  |   |   |   |   |  |
| Calèn   | dar year (or fiscal yr beginning in)   | (a) 2007   | <b>(b)</b> 2008   | (c) 2009  | (d) 2010  | (e) 2011  | (f) Total  |
| 1   | Gifts, grants, contributions<br>and membership fees<br>received (Do not include<br>any unusual grants.)  | 596,204.   | 413,132.  | 560,574.  | 902,323.  | 813,92  | 9. 3,286,162   |
| 2   | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's  | 030,201.   |   | 000,0   |   |   |  |
| 3   | tax-exempt purpose Gross receipts from activities that are not an unrelated trade  | 608,137.   | 657,536.  | 373,635.  | 358,308.  | 520,03  | 8. 2,517,654   |
|   | or business under section 513  |  |   |   |   |   |  |
|   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |  |   |   |   |   |  |
| 5   | The value of services or facilities furnished by a governmental unit to the organization without charge  |  |   |   |   |   |  |
|   | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons  | 1,204,341.   | 1,070,668.  | 934,209.  | 1,260,631.  | 1,333,96  | 7. 5,803,816.  |
| b   | Amounts included on lines 2<br>and 3 received from other than<br>disqualified persons that<br>exceed the greater of \$5,000 or<br>1% of the amount on line 13<br>for the year  |  |   |   |   |   |  |
| С   | Add lines 7a and 7b  |  |   |   |   |   |  |
|   | Public support (Subtract line 7c from line 6)  |  | 性的特別  | 情觀數字  |   | 说的是   | 5,803,816  |
| Sec   | tion B. Total Support  |  |   |   | <u> </u>  |   |  |
| Calend  | dar year (or fiscal yr beginning in)►  | (a) 2007   | <b>(b)</b> 2008   | (c) 2009  | <b>(d)</b> 2010   | <b>(e)</b> 2011   | (f) Total  |
| 9   | Amounts from line 6 .  | 1,204,341.   | 1,070,668.  | 934,209.  | 1,260,631.  | 1,333,96  | 7. 5,803,816   |
| 10 a  | Gross income from interest,<br>dividends, payments received<br>on securities loans, rents,<br>royalties and income from  |  | T. 105  | 4,280.  | 3,511.  | 3,16  | 7. 38,464  |
| b   | similar sources Unrelated business taxable income (less section 511 taxes) from businesses   | 20,321.  | 7,185.  | 1/200.  |   |   | 7. 307401  |
|   | similar sources Unrelated business taxable income (less section 511  | 20,321.  | 7,185.  | 4,280.  | 3,511.  | 3,16  |  |
| c   | similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  | 20,321.  |   |   | 3,511.  |   |  |
| c<br>11   | similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in   | 20,321.<br>3,125.  | 7,185.<br>1,763.  | 4,280.  | 0.  |   | 7. 38,464<br>0. 4,888  |
| c<br>11   | similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  | 20,321.<br>3,125.<br>2,277.  | 7,185.<br>1,763.<br>24,395.   | 4,280.<br>0.<br>35,440.   | 0.<br>37,877.   | 45,06   | 7. 38,464<br>0. 4,888<br>0. 145,049  |
| 11<br>12  | similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add Ins 9, 10c, 11, and 12)   | 20,321.<br>3,125.<br>2,277.<br>1,230,064.  | 7,185.<br>1,763.<br>24,395.<br>1,104,011.   | 4,280.<br>0.<br>35,440.<br>973,929.   | 0.<br>37,877.<br>1,302,019.   | 45,06<br>1,382,19   | 7. 38,464<br>0. 4,888<br>0. 145,049<br>4. 5,992,217                                  |
| 11<br>12  | similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add Ins 9, 10c, 11, and 12)   | 20,321.<br>3,125.<br>2,277.<br>1,230,064.  | 7,185.<br>1,763.<br>24,395.<br>1,104,011.   | 4,280.<br>0.<br>35,440.<br>973,929.   | 0.<br>37,877.<br>1,302,019.   | 45,06<br>1,382,19   | 7. 38,464<br>0. 4,888<br>0. 145,049<br>4. 5,992,217                                  |
| 11<br>12<br>13<br>14  | similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add Ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and   | 20, 321.  3, 125.  2, 277.  1, 230, 064.  Is for the organiza stop here  | 7,185.  1,763.  24,395.  1,104,011.  tion's first, second   | 4,280.<br>0.<br>35,440.<br>973,929.   | 0.<br>37,877.<br>1,302,019.   | 45,06<br>1,382,19   | 7. 38,464<br>0. 4,888<br>0. 145,049<br>4. 5,992,217                                  |
| 11<br>12<br>13<br>14<br>Sec                                       | similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu  | 20, 321.  3, 125.  2, 277.  1, 230, 064.  Is for the organiza stop here  blic Support P  | 7,185.  1,763.  24,395. 1,104,011. tion's first, second   | 4,280.<br>0.<br>35,440.<br>973,929.<br>I, third, fourth, or   | 0.<br>37,877.<br>1,302,019.   | 45,06<br>1,382,19<br>section 501(c)   | 7. 38,464<br>0. 4,888<br>0. 145,049<br>4. 5,992,217                                  |
| 11<br>12<br>13<br>14<br>Sec                                       | similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pul Public support percentage for 20  | 20, 321.  3, 125.  2, 277.  1, 230, 064.  Is for the organiza stop here  blic Support P  | 7,185.  1,763.  24,395.  1,104,011. tion's first, second  | 4,280.<br>0.<br>35,440.<br>973,929.<br>I, third, fourth, or   | 0.<br>37,877.<br>1,302,019.   | 45,06<br>1,382,19<br>section 501(c)   | 7. 38,464 0. 4,888 0. 145,049 4. 5,992,217 )(3)                                      |
| 11<br>12<br>13<br>14<br>Sect<br>15<br>16                          | similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2   | 20, 321.  3, 125.  2, 277.  1, 230, 064.  Is for the organiza stop here  blic Support P  11 (line 8, column 2010 Schedule A, 1   | 7,185.  1,763.  24,395.  1,104,011.  tion's first, second ercentage  (f) divided by line Part III, line 15  | 4,280. 0. 35,440. 973,929. I, third, fourth, or   | 0.<br>37,877.<br>1,302,019.   | 45,06<br>1,382,19<br>section 501(c)   | 7. 38,464 0. 4,888 0. 145,049 4. 5,992,217 )(3)                                      |
| 11<br>12<br>13<br>14<br>Sect<br>15<br>16<br>Sect                  | similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv  | 20, 321.  3, 125.  2, 277.  1, 230, 064.  Is for the organiza stop here  blic Support P  11 (line 8, column column Schedule A, 1)  restment Incor  | 7,185.  1,763.  24,395.  1,104,011.  tion's first, second ercentage (f) divided by line Part III, line 15 ne Percentage   | 4,280.  0.  35,440. 973,929. d, third, fourth, or 13, column (f))   | 0.<br>37,877.<br>1,302,019.<br>fifth tax year as a  | 45,06<br>1,382,19<br>section 501(c)   | 0. 4,888 0. 145,049 4. 5,992,217 0(3)  |
| 11 12 13 14 Sec: 15 16 Sec: 17                                    | similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv Investment income percentage for   | 20, 321.  3, 125.  2, 277.  1, 230, 064. Is for the organiza stop here blic Support P 11 (line 8, column 2010 Schedule A, leestment Incorpor 2011 (line 10c, corpor 2011 (line 10c, corpor 2011 (line 10c, corpor 2011)  | 7,185.  1,763.  24,395.  1,104,011. tion's first, second ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided   | 4,280.  0.  35,440. 973,929. d, third, fourth, or e 13, column (f)) by line 13, column  | 0.<br>37,877.<br>1,302,019.<br>fifth tax year as a  | 45,06<br>1,382,19<br>section 501(c)   | 7. 38,464<br>0. 4,888<br>0. 145,049<br>4. 5,992,217<br>)(3) ► □  15 96.86 %  97.25 % |
| 11<br>12<br>13<br>14<br>Sec<br>15<br>16<br>Sec<br>17<br>18        | similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv  | 20, 321.  3, 125.  2, 277.  1, 230, 064.  Is for the organiza stop here  blic Support P  11 (line 8, column 2010 Schedule A, lestment Incorpor 2011 (line 10c, com 2010 Schedule the organization of the organ | 7,185.  1,763.  24,395.  1,104,011.  tion's first, second ercentage  (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line 1 did not check the b                                     | 4,280.  0.  35,440. 973,929. d, third, fourth, or e 13, column (f)) by line 13, column 7. box on line 14, an  | 0. 37,877. 1,302,019. fifth tax year as a   | 45,06 1,382,19 section 501(c)   | 7. 38,464  0. 4,888  0. 145,049  4. 5,992,217  )(3)                                  |
| 11<br>12<br>13<br>14<br>Sec<br>15<br>16<br>Sec<br>17<br>18<br>19a | similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv Investment income percentage from 13 Investment income percentage from 33-1/3% support tests — 2011. If | 20, 321.  3, 125.  2, 277.  1, 230, 064.  Is for the organiza stop here  blic Support P  11 (line 8, column color Schedule A, lorestment Incorrect com 2010 Schedule the organization of this box and stop the organization of the | 7,185.  1,763.  24,395.  1,104,011.  tion's first, second ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line 1 did not check the behare. The organization of check a bo | 4,280.  0.  35,440.  973,929. d, third, fourth, or  13, column (f))  by line 13, column 7.  pox on line 14, and eation qualifies as as x on line 14 or line | 37,877.  1,302,019.  fifth tax year as a  in (f))  d line 15 is more a publicly supporte 19a, and line 16 | 45,06 1,382,19 section 501(c) 1 1 1 than 33-1/3%, ted organization is more than | 7. 38,464  0. 4,888  0. 145,049  4. 5,992,217  )(3)                                  |

| Schedule A (Form 990 or 990-EZ) 2011 AMERICAN PUBLIC GARDENS ASSOCIATION  | 23-7110058  | Page 4      |
|---|---|-------------|
| Part IV: Supplemental Information. Complete this part to provide the explanations in Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any (See instructions). | required by Part II, lin<br>additional informatio | e 10;<br>n. |
| Other Income Part III, Line 12  |   |             |
| Description: REIMBURSEMENTS   |   |             |
| 2007: 2277.   |   |             |
| 2008: 684.  |   |             |
| 2009: 0.  |   |             |
| Description: COMMISSIONS  |   |             |
| 2008: 23711.  |   |             |
| 2009: 34104.  |   |             |
| 2010: 34902.  |   |             |
| 2011: 38766.  |   |             |
| Description: MAILING_LISTS/WEB_ADS  |   |             |
| 2009: 1336.   |   |             |
| 2010: 2975.   |   |             |
| 2011: 6294.   |   | ·           |
|   |   |             |
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# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

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

OMB No 1545-0047

Open to Public

| Name   | of the organization   |   |   | Employer Identification number                               |
|--------|---|---|---|--|
| 7\ N/I | PRICAN DURITG CARRENG AGGOSTA   | TTON  |   | 02 7110050   |
|        | ERICAN PUBLIC GARDENS ASSOCIA  TTT Organizations Maintaining Dono   |   |   | 23-7110058   |
| · · ·  | the organization answered 'Yes' t   | o Form 990, Part IV, line 6.  | illilai Fullus of Acci                                  | <b>Junts.</b> Complete ii                                    |
|        |   | (a) Donor advised funds   | s (b) F   | unds and other accounts                                      |
| 1      | Total number at end of year   |   |   |  |
| 2      | Aggregate contributions to (during year)  |   |   |  |
| 3      | Aggregate grants from (during year)   |   |   |  |
| 4      | Aggregate value at end of year .  |   |   |  |
| 5      | Did the organization inform all donors and don-<br>funds are the organization's property, subject to  | or advisors in writing that the assets<br>the organization's exclusive legal  | s held in donor advised control?                        | Yes No   |
| 6      | Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private benefits.      | ne benefit of the donor or donor adv  | risor, or for any other                                 | Yes No   |
| Pai    | tella Conservation Easements. Compl   | ete if the organization answe   | ered 'Yes' to Form 99                                   | 00, Part IV, line 7.   |
| 1      | Purpose(s) of conservation easements held by  |   |   |  |
|        | Preservation of land for public use (e.g., re   | creation or education)  | reservation of an historical                            | lly important land area                                      |
|        | Protection of natural habitat   | Pr  | reservation of a certified h                            | istoric structure  |
|        | Preservation of open space  |   |   |  |
| 2      | Complete lines 2a through 2d if the organizatio last day of the tax year  | n held a qualified conservation cont  |   |  |
|        |   |   |   | eld at the End of the Tax Year                               |
|        | Total number of conservation easements .  |   | 2a  |  |
|        | Total acreage restricted by conservation easem  |   | <del></del>   |  |
|        | Number of conservation easements on a certifi   | •                                       | · <del></del>   |  |
|        | Number of conservation easements included in structure listed in the National Register  | • • •   | <u>2d</u>   | <del></del>  |
| 3      | Number of conservation easements modified, to tax year ▶  | ransferred, released, extinguished,   | or terminated by the organ                              | nization during the  |
| 4      | Number of states where property subject to cor  | •   |   |  |
| 5      | Does the organization have a written policy reg and enforcement of the conservation easement  | arding the periodic monitoring, insp<br>s it holds?                           | pection, handling of violation.                         | ons, Yes No  |
| 6      | Staff and volunteer hours devoted to monitoring   | g, inspecting, and enforcing conserv  | vation easements during t                               | ne year  |
| 7      | Amount of expenses incurred in monitoring, ins ▶ \$   | pecting, and enforcing conservation   | n easements during the ye                               | ear  |
| 8      | Does each conservation easement reported on $170(h)(4)(B)(i)$ and section $170(h)(4)(B)(ii)^2$  | line 2(d) above satisfy the requirem  | nents of section  | Yes No   |
| 9      | In Part XIV, describe how the organization report include, if applicable, the text of the footnote to conservation easements                              | rts conservation easements in its r<br>the organization's financial statem    | evenue and expense state<br>ents that describes the org | ement, and balance sheet, and ganization's accounting for    |
| Par    | t III Organizations Maintaining Colle   | ctions of Art, Historical Trea  | sures, or Other Sim                                     | ilar Assets.   |
|        | Complete if the organization answ   | vered 'Yes' to Form 990, Pa   | rt IV, line 8.  |  |
| 1 a    | If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its financial | held for public exhibition, education   | n, or research in furtheran                             | and balance sheet works of<br>ce of public service, provide, |
| b      | If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items              | SFAS 116 (ASC 958), to report in it<br>for public exhibition, education, or   | s revenue statement and research in furtherance o       | balance sheet works of art,<br>f public service, provide the |
|        | (i) Revenues included in Form 990, Part VIII, I   | ine 1 .   |   | <b>►</b> \$  |
|        | (ii) Assets included in Form 990, Part X  |   |   | . ►\$  |
| 2      | If the organization received or held works of art amounts required to be reported under SFAS 1  | , historical treasures, or other simil<br>16 (ASC 958) relating to these item | ar assets for financial gair<br>s:                      | n, provide the following                                     |
| а      | Revenues included in Form 990, Part VIII, line  | 1   |   | . ►\$  |

**b** Assets included in Form 990, Part X

| •  |                 |            |                  |            |                              |                  |                   |  |             |
|--|-----------------|------------|------------------|------------|------------------------------|------------------|-------------------|--|-------------|
| Schedule D (Form 990) 2011 AMER  | CAN PUB         | LIC G      | ARDENS AS        | SOCTA      | TTON                         | 2                | 23-711            | 10058  | Page 2      |
| Rart III Organizations Mainta  |                 |            |                  |            |                              |                  |                   |  |             |
| Using the organization's acquisition (check all that apply)              | on, accession   | n, and ot  | her records, ch  | eck any    | of the following             | that are a signi | ficant us         | se of its colle  | ction       |
| a Public exhibition  |                 |            | <b>d</b> Loan    | or exch    | ange programs                |                  |                   |  |             |
| <b>b</b> Scholarly research  |                 |            | e Othe           | r          |                              |                  |                   |  |             |
| c Preservation for future genera   | ations          |            | <del>_</del>     |            |                              | <del>-</del>     |                   | _  |             |
| 4 Provide a description of the organ<br>Part XIV                         | nization's coll | ections a  | and explain hov  | v they fu  | rther the organ              | ızatıon's exempt | purpose           | e in   |             |
| 5 During the year, did the organizat assets to be sold to raise funds ra | ion solicit or  | receive of | donations of art | t, histori | cal treasures, c             | r other similar  |                   | Yes  | П№          |
| Rart IV Escrow and Custodia  |                 |            |                  |            |                              |                  | ' to Fo           |  |             |
| line 9, or reported an   | amount on       | Form       | 990, Part X      | , line 2   | 1.                           |                  |                   |  |             |
| 1a Is the organization an agent, trus included on Form 990, Part X?      |                 |            | , .              |            | ributions or oth             | er assets not    |                   | Yes  | No          |
| <b>b</b> If 'Yes,' explain the arrangement                               | ın Part XIV a   | nd comp    | lete the follows | ng table   |                              | <del></del>      |                   |  |             |
| _  |                 |            |                  |            |                              | <u> </u>         |                   | Amount   |             |
| c Beginning balance  | •               | •          | •                |            |                              | 1c               |                   |  |             |
| d Additions during the year  |                 |            |                  |            |                              | 1 d              |                   |  |             |
| e Distributions during the year .  |                 | •          |                  |            | •                            | 1 e              | -                 |  |             |
| f Ending balance   |                 |            |                  | •          |                              | 1 f              |                   |  | <del></del> |
| 2a Did the organization include an ar                                    |                 | m 990, F   | Part X, line 21? | •          |                              |                  | •                 | Yes  | ∐ №         |
| b If 'Yes,' explain the arrangement i                                    |                 |            |                  |            | l Wast to Fo                 | 000 Dort         | IV/ lim           | a 10   |             |
| Rart V Endowment Funds. Co   |                 |            |                  |            |                              |                  |                   |  | voore book  |
| 1-0  | (a) Current     | year       | (b) Prior yea    | ar         | (c) Two years ba             | ck (d) Three y   | ears back         | (e) Four   | years back  |
| 1 a Beginning of year balance  |                 |            |                  |            |                              |                  |                   | PROFESSION AND ADDRESS OF THE PARTY OF THE P |             |
| <b>b</b> Contributions   |                 |            |                  |            |                              | <del></del>      |                   | 4 Page 10  |             |
| c Net investment earnings, gains, and losses                             |                 |            |                  |            |                              |                  |                   |  | 14          |
| d Grants or scholarships   |                 |            |                  |            |                              |                  |                   |  |             |
| e Other expenditures for facilities and programs                         |                 |            |                  |            |                              |                  |                   | S. W.  |             |
| f Administrative expenses  |                 |            |                  |            |                              |                  |                   |  |             |
| <b>g</b> End of year balance   | · ·             |            |                  |            |                              |                  |                   |  |             |
| 2 Provide the estimated percentage                                       | of the curren   | nt year ei | nd balance (line | e 1g, col  | umn (a)) held a              | as.              |                   |  |             |
| a Board designated or quasi-endow  | ment 🟲          |            | 8                |            |                              |                  |                   |  |             |
| <b>b</b> Permanent endowment ►   | ક               |            |                  |            |                              |                  |                   |  |             |
| c Temporarily restricted endowment                                       |                 |            | _ %              |            |                              |                  |                   |  |             |
| The percentages in lines 2a, 2b, a                                       | and 2c should   | l equal 1  | 00%.             |            |                              |                  |                   |  |             |
| 3a Are there endowment funds not in<br>organization by:                  | the possess     | ion of the | e organization   | that are   | held and admir               | nistered for the |                   | Ye   | s No        |
| (i) unrelated organizations  |                 |            |                  |            |                              |                  |                   | 3a(i)  |             |
| (ii) related organizations   |                 |            |                  |            | •                            |                  |                   | 3a(ii)   |             |
| b If 'Yes' to 3a(II), are the related or                                 | ganizations I   | ısted as   | required on Sc   | hedule F   | 17                           |                  |                   | 3b   |             |
| 4 Describe in Part XIV the intended                                      |                 |            |                  |            | <del> </del>                 |                  |                   |  |             |
| Partivia Land, Buildings, and E  | quipment        | . See F    | orm 990, P       | art X, I   | ine 10.                      |                  |                   |  |             |
| Description of property  |                 |            | or other basis   |            | Cost or other<br>sis (other) | (c) Accumul      |                   | (d) Book   | value       |
| 1a Land  |                 | <u></u>    |                  |            | \                            | 43.40            |                   |  |             |
| <b>b</b> Buildings   | •               |            | ·                |            |                              |                  | AND AND ASSESSED. |  |             |
| C Leasehold improvements   |                 |            |                  |            |                              | <b> </b>         |                   |  |             |

200,024. 183,506. 16,518. **d** Equipment 76,360. 92,878. 120,970. 44,610. Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

BAA

Schedule **D** (Form 990) 2011

(a) Description of liability (b) Book value

(1) Federal income taxes

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

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

Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)

| Sche       | edule D (Form 990) 2011 AMERICAN PUBLIC GARDENS ASSOCIATION  | 23-7110058   | Page 4       |
|------------|--|--|--------------|
| Pai        | t XI௷ Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements   |  |              |
| 1          | Total revenue (Form 990, Part VIII, column (A), line 12)   |  | 1,382,194.   |
| 2          | Total expenses (Form 990, Part IX, column (A), line 25)  |  | 1,429,176.   |
| 3          | Excess or (deficit) for the year Subtract line 2 from line 1   | <del></del>  | -46,982.     |
| 4          | Net unrealized gains (losses) on investments   | <del></del>  | -13,596.     |
| 5          | Donated services and use of facilities   | · · ·  | 13/330.      |
| 6          | Investment expenses  |  |              |
| 7          | Prior period adjustments   | •  |              |
| _          | ·  |  |              |
| 8          | Other (Describe in Part XIV.)  |  | 12.506       |
| 9          | Total adjustments (net) Add lines 4 through 8  | · · ·  | -13,596.     |
| 10<br>(D23 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9   | 0.1  | -60,578.     |
|            | t XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per  |  |              |
| 1          | Total revenue, gains, and other support per audited financial statements   | 1  | 463,398.     |
|            | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |  |              |
|            | Net unrealized gains on investments  |  |              |
| b          | Donated services and use of facilities 2b 94,80  | 00.  |              |
| C          | Recoveries of prior year grants  |  |              |
| d          | Other (Describe in Part XIV )  |  |              |
| е          | Add lines 2a through 2d  | 2 e  | 81,204.      |
| 3          | Subtract line 2e from line 1   | 3 1  | ,382,194.    |
| 4          | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   | ASSIA.   |              |
|            | Investment expenses not included on Form 990, Part VIII, line 7b . 4a  |  |              |
|            | Other (Describe in Part XIV ) 4b   | 40#  |              |
|            | Add lines 4a and 4b  | 4c   |              |
|            | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  |  | ,382,194.    |
|            | t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses   |  | 75027154.    |
|            |  |  | ,523,976.    |
|            | Total expenses and losses per audited financial statements   | in the state of th | ., 525, 570. |
|            | Amounts included on line 1 but not on Form 990, Part IX, line 25   |  |              |
|            | Donated services and use of facilities   | 0.   |              |
|            | Prior year adjustments 2b  |  |              |
|            | Other losses 2c  |  |              |
|            | Other (Describe in Part XIV )  | 0  |              |
| е          | Add lines 2a through 2d  | 2e   | 94,800.      |
|            | Subtract line 2e from line 1   | 3 1  | ,429,176.    |
| 4          | Amounts included on Form 990, Part IX, line 25, but not on line 1:   | (4. <b>4</b> .   |              |
| a          | Investment expenses not included on Form 990, Part VIII, line 7b . 4a  |  |              |
| þ          | Other (Describe in Part XIV.) 4b   |  |              |
|            | Add lines <b>4a</b> and <b>4b</b>  | 4c   |              |
|            | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)   | 5   1  | ,429,176.    |
|            | t×XIVe Supplemental Information  |  |              |
| Part '     | blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part I'V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also completed distributional information | ete this part to pro   | vide         |
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| Schedule D (Form 990) 2011 AMERICAN PUBLIC GARDENS ASSOCIATION  | 23-7110058    | Page 5          |
|---|---------------|-----------------|
| Schedule D (Form 990) 2011 AMERICAN PUBLIC GARDENS ASSOCIATION  Rait XIV Supplemental Information (continued) |               |                 |
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TEEA3305 05/25/11

Schedule D (Form 990) 2011

BAA

# SCHEDULE I

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2011

OMB No 1545-0047

Open to Publi

**Employer identification number** 23-7110058 Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990. Part I. General Information on Grants and Assistance AMERICAN PUBLIC GARDENS ASSOCIATION

| <ul> <li>1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance?</li> <li>2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States</li> </ul> | s to substantiate the grants or assistance procedures for monit | amount of the grants<br>e?<br>oring the use of gran | the grants or assistance, the grantees' eligibility for the grants or assistance, and se of grant funds in the United States | ntees' eligibility for the ates      | grants or assistance, a                                     | and                                       | X Yes No                           |
|--|---|---|--|--------------------------------------|---|---|------------------------------------|
| Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to  | ice to Governme   | ents and Organization                               | Organizations in the United States. Complete if the organization answered 'Yes' to   | ed States. Completed                 | e if the organizations                                      | ion answered 'Ye                          | is' to                             |
| Part II can be duplicated if additional space is needed  | additional space  | is needed   | ore unail 40,000. Or   | מין וואס פוויאס וויס                 | ore recipient rece  | מאכח וווסוב מושוו                         | <b>★</b> 3,000.                    |
| 1 (a) Name and address of organization or government   | (b) EIN   | (c) IRC section<br>if applicable                    | (d) Amount of cash grant   | (e) Amount of non-cash<br>assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant or assistance |
| (1) VIRGINIA COMMONWEALTH UNI  |   |   |  |                                      |   |   |                                    |
| RICHMOND VA 23284  | 54-6001758  | 501 (C) (3)   | 34,564.  |                                      |   |   | EDUCATION                          |
| (2)  |   |   |  |                                      |   |   |                                    |
|  |   |   |  |                                      |   |   |                                    |
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| (8)  |   |   |  |                                      |   |   |                                    |
|  |   |   |  |                                      |   |   |                                    |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table  | () and government or  | ganizations listed in                               | the line 1 table   |                                      |   |   |                                    |
| 3 Enter total number of other organizations listed in the line 1 table   | ons listed in the line  | 1 table   |  |                                      |   | •   |                                    |
| BAA For Paperwork Reduction Act Notice, see the Instructions for Form  | , see the Instruction   | s for Form 990.                                     |  | TEEA3901                             | 11/10/90  | Schedu                                    | Schedule I (Form 990) (2011)       |

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

Schedule I (Form 990) (2011) AMERICAN PUBLIC GARDENS ASSOCIATION

Part III 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.

Page 2

| (a) Type of grant or assistance   | (b) Number of recipients                | (c) Amount of cash grant   | (d) Amount of<br>non-cash assistance              | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance    |
|---|---|--|---|---|---|
| 1 STUDENT TRAVEL GRANT  | 12                                      | 3,000.   |   |   |   |
| 2 FACULTY ENHANCEMENT GRANT   | 2                                       | 2,074.   |   |   |   |
| 3   |   |  |   |   |   |
| 4   |   |  |   |   |   |
| 5   |   |  |   |   |   |
| 9   |   |  |   |   |   |
| Г   |   |  |   | -   |   |
| Farily   Supplemental Information. Complete this part to Pt_I_Line_2GRANT_RECIPIENTS_REQUIRED |   | provide the information required in Part I, line TO SUBMIT DOCUMENTATION FOR EXPENSI | ntormation required in Par<br>DOCUMENTATION FOR E | 2, and  | any other additional information.         |
|   | <br> <br> <br> <br> <br> <br> <br> <br> |  | 1   |   |   |
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| BAA   |   |  |   |   | Schedule I (Form 990) (2011)              |

Schedule I (Form 990) (2011)

#### SCHEDULE L (Form 990 or 990-EZ)

#### **Transactions With Interested Persons**

► Complete if the organization answered

OMB No 1545-0047

Open to Public inspection,

Department of the Treasury Internal Revenue Service Name of the organization

Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number 23-7110058 (c) Corrected? Yes No **►**\$ **►**\$ (g) Written agreement? (f) Approved by board or committee? (e) In default? Yes No Yes Yes No

AMERICAN PUBLIC GARDENS ASSOCIATION Rartie Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (a) Name of disqualified person (b) Description of transaction 1 (1) (2)(3) (4)(5) (6) Enter the amount of tax imposed on the organization managers or disqualified persons during the year under Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Partil Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a. (d) Balance due (b) Loan to or from the organization? (c) Original principal amount (a) Name of interested person and purpose То From (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)THE PART OF THE PA **►** \$ Total Part III Grants or Assistance Benefiting Interested Persons.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount and type of assistance |
|-------------------------------|---|-----------------------------------|
| (1) DANIEL STARK              | EXECUTIVE DIRECTOR  | 5,000. JOB SEARCH SERVICES        |
| (2)                           |   |                                   |
| (3)                           |   |                                   |
| (4)                           |   |                                   |
| (5)                           |   |                                   |
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| (10)                          |   |                                   |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2011

| Schedule L (Form 990 or 990-EZ) 2011 AMER         | ICAN PUBLIC GARD                                   | DENS ASSOCIATION             | 23-7110058                     | F          | Page 2                        |
|---|--|------------------------------|--------------------------------|------------|-------------------------------|
| Part IV Business Transactions Invo                | lving Interested Per                               | sons.                        |                                |            |                               |
| Complete if the organization answer               | ed 'Yes' on Form 990, Par                          | t IV, line 28a, 28b, or 28c. |                                |            |                               |
| <ul> <li>(a) Name of interested person</li> </ul> | (b) Relationship between interested person and the | (c) Amount of transaction    | (d) Description of transaction | (e) Sha    | aring of<br>zation's<br>nues? |
| •   | organization                                       | 110/100011011                |                                |            |                               |
| (3)   |  | ļ                            |                                | Yes        | No                            |
| (1)   |  |                              |                                |            | -                             |
| (2)   |  |                              |                                |            |                               |
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| (6)   |  |                              |                                |            |                               |
| (7)   |  |                              |                                |            |                               |
| (8)   |  |                              |                                |            | ļ                             |
| (9)   |  |                              |                                |            |                               |
| (10)  | <u> </u>   | 1                            |                                | _,         |                               |
| Part V Supplemental Information                   | .tf  | tt Cabad.                    | de l'Acce instructions         |            |                               |
| Complete this part to provide additional          | al information for respons                         | es to questions on Schedi    | lie L (see instructions).      |            |                               |
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Page 2

# SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

| LZ                | 2011           |
|-------------------|----------------|
| on                | Open to Public |
| Employer identifi | cation number  |

| AMERICAN PUBLIC | GARDENS ASSOCIATION                              | 23-7110058  |
|-----------------|--|-------------|
|                 | REVIEWED BY GOVERNING BODY PRIOR TO FILING       | <b></b>     |
| Pt VI, Line 12c | CONFLICT OF INTEREST POLICY OUTLINES PROCEDURES  | S FOR       |
|                 | INDIVIDUALS TO FOLLOW FOR POTENTIAL AND ACTUAL   | CONFLICTS   |
| Pt_VI,_Line_15  | INDEPENDENT BOARD MEMBERS APPROVE COMPENSATION   | FOR         |
|                 | EXECUTIVE DIRECTOR. BOARD REVIEWS EXECUTIVE DI   | RECTOR'S    |
|                 | PERFORMANCE ANNUALLY AND USES DATA OF COMPARABI  | <u>.e</u> . |
|                 | ORGANIZATIONS TO DETERMINE SALARY.               |             |
| Pt_VI, Line 19  | GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICE | Y, AND      |
|                 | FINANCIAL STATEMENTS AVAILABLE TO PUBLIC UPON R  | REQUEST     |
| Pt_XI           | UNREALIZED LOSS ON INVESTMENTS                   |             |
| Pt_VI,_Line_6   | ORGANIZATION HAS INSTITUTIONAL AND INDIVIDUAL M  | IEMBERS     |
| Pt_VI,_Line_7a  | INSTITUTIONAL AND PAYING INDIVIDUAL MEMBERS ELE  | CT          |
|                 | OFFICERS OF THE ORGANIZATION                     |             |
| Pt_VI,_Line_7b  | INSTITUTIONAL AND PAYING INDIVIDUAL MEMBERS APP  | PROVE       |
|                 | ALL CHANGES TO BYLAWS.                           |             |
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## Form 4562

### **Depreciation and Amortization** (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service

Name(s) shown on return Identifying number AMERICAN PUBLIC GARDENS ASSOCIATION 23-7110058 Business or activity to which this form relates Form 990 / Form 990EZ Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions 6 (c) Elected cost (a) Description of property (b) Cost (business use only) Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7. 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 ▶ 13 \_13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property Instead, use Part V Partill | Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election 22,388. 16 16 Other depreciation (including ACRS) Partill MACRS Depreciation (Do not include listed property.) (See instructions.) 4,543 17 MACRS deductions for assets placed in service in tax years beginning before 2011 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (C) Basis for depreciation (f) Method (a) (b) Month and (d) (e) (g) Depreciation Classification of property (husiness/investment use Recovery period deduction year placed only - see instructions) in service 19 a 3-year property 13,200 HY 200 DB 2,640 **b** 5-year property 5.0 yrs 5,198 7.0 yrs ΗY 200 DB 743. c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs S/L g 25-year property 27.5 yrs S/L h Residential rental MM property 27.5 yrs S/L MM MM S/L i Nonresidential real 39 yrs property MM S/L Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System S/L 20 a Class life 12 <u>yrs</u> S/L b 12-year MM S/L c 40-year yrs

the appropriate lines of your return Partnerships and S corporations — see instructions . For assets shown above and placed in service during the current year, enter

Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on

Part IV | Summary (See instructions.) 21 Listed property Enter amount from line 28

22

Part V : Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)

ing the standard mileage rate or deducting leas

| 24 a Do you have evide  | on A — Deprecia  |                                 |                          |                              |   | Yes       |                        |         |                                       | Yes,' is the           |         |                                      |                                       | Yes             | No                                      |
|---|--|---------------------------------|--------------------------|------------------------------|---|-----------|------------------------|---------|---------------------------------------|------------------------|---------|--------------------------------------|---------------------------------------|-----------------|---|
| (a) Type of property (list vehicles first)                                  | (a) (b) (c) Business/ investment use   |                                 | (d)  Cost or other basis |                              | (e) Basis for depreciation (business/investment use only) |           | (f) Recovery period    |         | Me                                    | (g) Method/ Convention |         | (h) Depreciation deduction           | (i)<br>Elected<br>section 179<br>cost |                 |   |
| 25 Special depre  | ciation allowance<br>in 50% in a quali   | percentage  <br>e for qualified | listed pro               | perty pla                    | ced in s  | ,,        | durın                  | g the   | tax ye                                | ar and                 | 25      |                                      |                                       |                 |   |
|   | more than 50%  |                                 |                          |                              | 1   |           |                        |         |                                       |                        |         |                                      |                                       |                 | *************************************** |
|   |  |                                 |                          |                              |   |           |                        |         |                                       |                        |         |                                      |                                       |                 |   |
| 27 Property used  | 1<br>50% or less in a  | gualified busi                  | ness use                 |                              | <u> </u>  |           |                        |         |                                       |                        |         | l                                    |                                       |                 |   |
|   |  |                                 |                          |                              |   |           |                        |         |                                       |                        |         |                                      |                                       | _02             |   |
| <del></del>   |  |                                 |                          |                              | -   |           |                        |         |                                       |                        |         |                                      |                                       |                 |   |
| 8 Add amounts i   | n column (h), lın  | es 25 through                   | 27. Ente                 | r here ar                    | nd on lir   | ne 21, pa | age 1                  | 1 .     |                                       | <del></del>            | 28      |                                      |                                       |                 |   |
| 9 Add amounts i   | n column (ı), line   | e 26. Enter he                  | re and or<br>Section     |                              |   |           |                        |         |                                       | _                      |         |                                      | 29                                    |                 |   |
| your employees, to<br>Total business<br>during the yea                      | nplete this section for vehicles used by a sole pour employees, first answer the questions in Se  Total business/investment miles driven during the year (do not include   |                                 |                          |                              |   |           |                        |         |                                       |                        |         |                                      |                                       |                 |   |
| commuting mi<br>1 Total commuting r   | ies)<br>niles driven during tl   | ne year                         |                          |                              |   |           | -                      |         |                                       |                        |         |                                      |                                       | <u> </u>        |   |
| 2 Total other per miles driven  | sonal (noncomn   | nuting)                         |                          |                              |   |           |                        |         |                                       |                        |         |                                      |                                       |                 |   |
| Total miles dri   | ven during the ye<br>ih 32   | ear Add                         |                          |                              |   | _         |                        |         |                                       |                        |         |                                      |                                       |                 |   |
|   |  |                                 | Yes                      | No                           | Yes   | No        | Ye                     | es _    | No                                    | Yes                    | No      | Yes                                  | No                                    | Yes             | No                                      |
| 4 Was the vehicl<br>during off-duty   | hours?   | •                               |                          |                              | <u> </u>  |           |                        | -       |                                       |                        |         |                                      |                                       |                 |   |
| 5 Was the vehicle used primarily by a more than 5% owner or related person? |  |                                 |                          |                              |   |           |                        |         |                                       |                        |         |                                      |                                       |                 |   |
| 6 Is another veh<br>personal use?   |  |                                 |                          |                              |   |           |                        |         |                                       |                        |         |                                      |                                       |                 |   |
| iswer these questi<br>6 owners or relate                                    | ons to determine   | C – Question  If you meet a     | •                        | •                            |   |           |                        |         |                                       |                        |         |                                      | o <b>are no</b>                       | <b>t</b> more t | nan                                     |
| 7 Do you mainta   | in a written polic   | ·                               | nat prohib               | nts all pe                   | rsonal ı  | use of ve | ehicle                 | es, ind | cluding                               | g commi                | uting,  |                                      |                                       | Yes             | No                                      |
| 8 Do you mainta   | in a written polic<br>se the instruction   |                                 |                          |                              |   |           |                        |         |                                       |                        |         |                                      |                                       |                 |   |
| -   | use of vehicles  |                                 | -                        | •                            |   |           |                        |         | ,                                     | 010 04411              | 013     |                                      |                                       |                 |   |
|   | more than five vetain the informa  |                                 |                          | ees, obt                     | aın ınfo  | rmation   | from                   | your    | emplo                                 | yees ab                | out the | use of t                             | he                                    |                 |   |
| 1 Do you meet th  | ne requirements of the same requirements of th | concerning qu                   | alified au               |                              |   |           |                        |         |                                       |                        |         |                                      | •                                     |                 | 7. <b>3</b> **,148                      |
| art VI Amort  | ization  | ····                            |                          |                              |   |           |                        |         |                                       |                        |         |                                      |                                       |                 |   |
| (a) Description of costs  |  | (b) Date amortization begins    |                          | (c)<br>Amortizable<br>amount |   | e         | (d)<br>Code<br>section |         | (e) Amortization period or percentage |                        | ,       | (f)<br>Amortization<br>for this year |                                       |                 |   |
| 2 Amortization o  | f costs that begin   | ns during your                  | 2011 tax                 | year (se                     | e instru  | ictions): |                        | T       |                                       |                        | T       |                                      |                                       |                 |   |
|   |  |                                 |                          |                              |   |           |                        | +       |                                       |                        |         |                                      |                                       |                 |   |
| 3 Amortization of   | of costs that bega   | an before your                  | 2011 tax                 | year                         |   |           |                        |         |                                       | <del></del>            |         | 43                                   |                                       |                 |   |
|   | ounts in column  | =                               |                          | -                            | ere to re   | port      |                        |         |                                       |                        |         | 44                                   |                                       |                 |   |

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4c (continued)

NORTH AMERICAN PLANT COLLECTIONS CONSORTIUM (NAPCC) - NETWORK OF
BOTANICAL GARDENS AND ARBORETA WORKING TO COORDINATE A CONTINENTWIDE APPROACH TO PLANT GERMPLASM PRESERVATION, AND TO PROMOTE
HIGH STANDARDS OF PLANT COLLECTIONS MANAGEMENT. THERE ARE CURRENTLY 61
COLLECTION HOLDERS.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

| Code:     | Description: | PUBLICATION OF MAGAZINE, NEWSLETTERS AND DIRECTORIES    |
|-----------|--------------|---|
| Expenses  | 109,775.     | DEVOTED TO HORTICULTURAL AND BOTANICAL SUBJECTS AS THEY |
| Grants Of | 0.           | RELATE TO ARBORAETA AND BOTANICAL GARDENS. OVER         |
| Revenue   | 24,435.      | 3000 MAGAZINES DISTRIBUTED QUARTERLY TO MEMBERS         |
| -<br>-    |              | AND SUBSCRIBERS.  |
|           |              |   |
| Code:     | Description: | TEXTBOOK PUBLICATION - PRODUCTION OF ACADEMIC           |
| Expenses  | 32,440.      | TEXTBOOK TO HELP INFORM AND EDUCATE FUTURE              |
| Grants Of | 0.           | PUBLIC GARDEN PROFESSIONALS                             |
| Revenue   | 1,300.       |   |
|           |              |   |
|           |              |   |

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 6, Line 17 (continued)

| Pennsylvania |  |
|--------------|--|
| California   |  |

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

| Description                | (A)<br>Total | (B)<br>Program<br>services | (C)<br>Management<br>and general | (D)<br>Fundraising |  |
|----------------------------|--------------|----------------------------|----------------------------------|--------------------|--|
| TELEPHONE                  | 9,186.       | 0.                         | 9,186.                           | 0.                 |  |
| POSTAGE AND PRINTING       | 41,699.      | 37,080.                    | 4,619.                           | 0.                 |  |
| Contract Labor             | 5,260.       |                            | 5,260.                           |                    |  |
| Dues & subscriptions       | 4,494.       |                            | 4,494.                           |                    |  |
| EQUIPMENT RENTAL           | 5,798.       | 0.                         | 5,798.                           | 0.                 |  |
| GRANT PROGRAMS             | 41,796.      | 41,796.                    | 0.                               | 0.                 |  |
| PROFESSIONAL DEVEL PROGRAM | 51,255.      | 51,255.                    | 0.                               | 0.                 |  |
| Membership services        | 18,579.      | 0.                         | 18,579.                          | 0.                 |  |
| Equipment support/repair   | 2,399.       | 0.                         | 2,399.                           | 0.                 |  |