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## **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

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

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

À_	For the 2	:011 cale	endar year, or tax year beginning July 28 , 2011, and ending March	31	, 20 12
В	Check if ap	oplicable	C Name of organization P.D. HEMLANI FOUNDATION, LTD D	Employer i	identification number
	Address ch	hange	Doing Business As	€	66-0769916
	Name char	- 1	Number and street (or P O box if mail is not delivered to street address) Room/suite E	Telephone	number
$\overline{\mathbb{Z}}$	Initial return	-	389 Chalan San Antonio - 2nd Floor	6.	71-647-0389
$\exists$	Terminated		City or town, state or country, and ZIP + 4		
$\exists$	Amended			Gross rece	ipts \$ 6,688,735
H			<u> </u>		<del>`</del>
ш	Application	n penaing			affibates? Yes V No
			P.O. Box 8007 Tamuning, Guam 96931 H(b) Are all af		uded? Yes No
<u>ب</u>	Tax-exemp		130 (c)() 1 30 (c)() 1 30 (c)() 1 32 (c)		•
7	Website:		H(c) Group ex		
				M State of	legal domicile GU
Р	art!	Summ	· · · · · · · · · · · · · · · · · · ·		
	1 E	Briefly de	escribe the organization's mission or most significant activities: To provide resources	on Guan	n and in the
Φ			nwealth of the Northern Mariana Islands in support of causes, concerns, charities, organiza		
Ę	t	to India a	and for general causes, concerns, charities, organizations, associations and sources on G	Jam and i	in the
Ĕ	) (	Common	wealth of the Northern Mariana Islands.		
Activities & Governance	2 0	Check th	his box $ ightharpoonup \square$ if the organization discontinued its operations or disposed of more than 2	5% of its	net assets.
5	3 1	Number	of voting members of the governing body (Part VI, line 1a)	3	3
38	4 1	Number	of independent voting members of the governing body (Part VI, line 1b)	4	3
¥	5 T	otal nur	mber of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
ŧ	1		mber of volunteers (estimate if necessary)	6	0
⋖	1		related business revenue from Part VIII, column (C), line 12	7a	0
	1		lated business taxable income from Form 990-T, line 34	7b	0
_	1		Prior Year		Current Year
Revenue	8 0	Contribu	tions and grants (Part VIII, line 1h)	0	6,688,664.50
			(7)	0	0,000,007.00
			ent income (Part VIII, tine 2g)	0	70.16
æ	1		· · · · · · · · · · · · · · · · · · ·		
			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	(80,693.40)
			enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	6,608,041.26
			nd similar amounte paid (Part IX, column (A), lines 1-3)	0	0
•			pard to be for members (Pard IX, column (A), line 4)	0	0
8			other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
Expenses	<b>16a</b>	rofessit	onal fundraising fees (Part 🗱 column (A), line 11e)	0	0
×			draising expenses (Part IX column (D), line 25)   0		<u> </u>
Ш			penses (Part IX, column (AF, Ines 11a-11d, 11f-24e)	0	981,312.46
	18 T	Total exp	penses, Add lines 13-17 (must equal Part IX, column (A), line 25) .	0	981,312.46
	19 F	Revenue	rtess expenses. Subtract line 18 from line 12	0	5,626,728.80
5 8			Beginning of Curre	nt Year	End of Year
sets or	20 T	Total ass	sets (Part X, line 16)	0	5,687,038.25
Net Ass Fund Ba	21 T		pilities (Part X, line 26)	0	60,309.45
25	22 N		ets or fund balances. Subtract line 21 from line 20	0	5,626,728.80
Р	art II		ture Block		
Ur	nder penaltu		ury, I declare that I have examined this return, including accompanying schedules and statements, and to the	hest of my	knowledge and belief it is
tru	e, correct,	and comp	elete. Declaration of preparer tother than officer is based on all information of which preparer has any knowledge	ge 1	rate modego de la comot, it io
				diach	<del></del>
Sig	an l	Sign	nature of efficacy Date	TOTAL PARTY	<u> </u>
He		)g.,	Vasvatov 10. Homiani Prosident	•	
		Turn	e or print name and title	<del></del>	
		<del>'</del>	<u> </u>		PTIN
Pa	nid	1 .		Check 🗸	if
Pr	eparer	R. Mic		self-emplo	yed P01200814
	se Only	Firm's r	name R. Michael Moore, CPA Firm's	EIN ▶	
			address ▶ 125 Angela Court Dededo, Guam 96929 Phone	no	
iVid	y the inc	UISCUS	s this return with the preparer shown above (see instructions)		∐ Yes ☑ No
For	Paperwo	ork Redu	iction Act Notice, see the separate instructions. Cat. No. 11282Y		Form <b>990</b> (2011)

'art	V. Checklist of Required Schedules		<b>.</b>	
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	Yes	No
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," complete Schedule C, Part I	2	✓	
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	3		<b>√</b>
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		<b>√</b>
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		<b>✓</b>
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		1
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.	***		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	1	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e	✓	1
12 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		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>✓</b>
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		/
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	-	1
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		1
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		1
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		1
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Ė

Part	Checklist of Required Schedules (continued)			
04	Did the encountry and the fit one of the fit		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
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		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		_
0	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		✓_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	040		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓_
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		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	200		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓_
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			1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27	}.i	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		· M	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<b>/</b>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			,
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		<b>✓</b>
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<b>✓</b>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			,
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,	30		<b>✓</b>
•	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			·
00	complete Schedule N, Part II	32		<b>✓</b>
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		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		_
	IV, and V, line 1	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<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	05.		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
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,			
38	Part VI	37		<b>✓</b>
~	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	
			990	(2011)

Part				
	Check if Schedule O contains a response to any question in this Part V	· <u>·</u>		
4			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4 1	藝	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Lab Countries to vendors and the organization comply with backup withholding rules for reportable payments to vendors and		1.	يُقى ، السياد
C	reportable gaming (gambling) winnings to prize winners?	1/2	<u> </u>	<u></u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	More	(Ga)
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2a	2 Met		,
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		<u> </u>
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		0.00	b
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶	i ir	40	Í.
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<i>(i)</i> ;	711	F:
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>✓</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>✓</b>
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
•	organization solicit any contributions that were not tax deductible?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		-
	gifts were not tax deductible?	6ь		İ
7	Organizations that may receive deductible contributions under section 170(c).	, E	17 11.	3.66
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	~ ~	lz.	
	and services provided to the payor?	7a		1
b	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 which it was			
	required to file Form 8282?	7c		<b>✓</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year	微性		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		/
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	-		<u> </u>
-	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			1
	organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.	Braz John	#J#	
а	Did the organization make any taxable distributions under section 4966?	9a	1	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	NO.		*,
а	Initiation fees and capital contributions included on Part VIII, line 12	_		•
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	-		
11 a	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
b	Gross income from members or shareholders	~	*	
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ <u>.</u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b		<u> </u>	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	İ	
	Note. See the instructions for additional information the organization must report on Schedule O.			
Ь	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			
C	Enter the amount of reserves on hand			L
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	✓_
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	l	l

Form 99	90 (2011)		- 1	Page <b>6</b>
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			_
Secti	Check if Schedule O contains a response to any question in this Part VI	<del></del>	•	<u> </u>
<del></del>	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a 3			1
	If there are material differences in voting rights among members of the governing body, or			- V.
	if the governing body delegated broad authority to an executive committee or similar			r frij
	committee, explain in Schedule O.	1000	\$ 7.00	
ь	Enter the number of voting members included in line 1a, above, who are independent . 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	<u> </u>	1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	_	1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>√</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<b>√</b> _
6 7a	Did the organization have members or stockholders?	6_		✓
	one or more members of the governing body?	7a		<b>✓</b>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		<b>/</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	3	ာန် ရွှ်ဆို	á.
_	the year by the following:			
a b	The governing body?	8a 8b		1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD		-
-	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	4	<u></u>	لتيب
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	<b>/</b>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	40-	ĺ	
13	Did the organization have a written whistleblower policy?	12c		_
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by	7		^^ ()
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	1	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1. June .		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	40-		1
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		<b>Y</b>
•	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	,		1
•	organization's exempt status with respect to such arrangements?	16b	<b></b>	
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► TERRITORY of GUAM			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
4.5	Own website			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	of inte	rest p	olicy,
00	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Sandra Lee Yee, Executive Director 389 Chalan San Antonio - 2nd Floor Tamuning Guam Tel# 671			

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Form	aan	/201	11

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☑ Check this box if neither the organization nor	any relate	d orga	anız	atıo	n co	ompe	nsa	ited any currer	t officer, directo	r, or trustee.	
(A) Name and Title	(B) Average hours per	(do n	ot ch	Pos neck is pe	tion more	than one the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	ne an	(D) Reportable compensation	(E)  Reportable compensation from related	(F) Estimated amount of	
· ,	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) Vasudev B. Hemlani Director / President	5			,				0	0		0
(2) Ruth Gurusamy	3	✓	-	✓	-			-	-		<u>-</u>
Director / Secretary	5	1		1					0		0
(3) Michelle Menashi		<del>                                     </del>	-	<b>-</b>				-	<u>_</u>		Ť
Director	5	1						0	0		0
(4)											_
(5)											_
(6)											_
(7)											
(8)											
(9)									_		
(10)				_							
(11)				_							
(12)											
(13)											
(14)											

Fait	Section A. Officers, Directors, Trust	tees, Key Ŀ	mploy	yees			lignes	st C	ompensated E	mployees	(continu	леd)	
(A) Name and title		(B) Average hours per week	box, unless person is officer and a director/					n an tee)	(D) Reportable compensation from	(E) Reportable compensation for	n from	(F Estima amou oth	ated int of er
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-I		comper from organiz and re organiz	the zation elated
(15)													
(16)		<del> </del>					<u> </u>						
(17)													
(18)		-				_							
(19)													
(20)								_					
(21)		-											
						_							
		-			-								
(24)						-							
(25)		-			-								
1b	Sub-total			Ш.	<u> </u>	L		<b></b>	0	-	0		0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio						<b>&gt;</b>	0		0		0
2	Total number of individuals (including but reportable compensation from the organi	t not limited	i to th	ose	list	ed a	above	e) w	ho received m	ore than \$1	00,000	) of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete \$							 emp	oloyee, or high	est compe	ensated		Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											e 🔜	
5	Did any person listed on line 1a receive of for services rendered to the organization?								4	ation or in			<u> </u>
Section	on B. Independent Contractors	-						•				<del></del>	
1	Complete this table for your five highest of compensation from the organization. Repyear.												ı's tax
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compensat	ion
Calvo	Fisher & Jacob LLP 259 Martyr Street Suite	100 Hagati	na, Gı	Jam				Leç	gal services				\$ 979,041
											-		
2	Total number of independent contractor received more than \$100,000 of compens							> th	nose listed abo	ove) who			× \$

Part	VIII	Statement of Reve	nue							
	1 40	#:-37 k · # * * *		Later A. Marrielle	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue		
l Ó	r, de		in A		lotal revenue	exempt	business	excluded from tax		
2 6	ák di					function revenue	revenue	under sections 512, 513, or 514		
इ इ	1a	Federated campaigns	- · · · · · · · · · · · · · · · · · · ·	a	- 1000 x 10 x 3m #	80,00 M MANAGEMENT		*** ***		
ᄩ	b			b		7 (\$ 4.0-j	5-2-2	\$ 10 DE		
e, Ĕ	С	Fundraising events .	<del></del>	lc	- A D WE					
# i	d	Related organizations	<del></del>	d			F '+ ' W			
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (con		le		1.77	1 1 1 mager )			
is is	f	All other contributions, gr			<b></b>	Lark in di	1.484 HT #121.48			
the th		and similar amounts not inc		1f 6,688,664.50	ga. , n. a		Section 1			
i di	g	Noncash contributions includ		<del></del>	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Col	h	Total. Add lines 1a-11			6,688,664.50	7	*** <b>4</b> *****	學· <b>學</b> /學/學/		
				Business Code	# 12 m	700 1885 1 1 Miles	# 5-45	# + \$4 '4004.		
le l	2a									
æ	b							-		
ice	С									
Š	đ									
Ē	е									
Program Service Revenue	f	All other program serv								
P	g	Total. Add lines 2a-2			0	<b>** 14 19 19</b>	Market A			
	3	Investment income	(including di	vidends, interest,						
		and other similar amo	unts)	•	70.16	,				
	4	Income from investment	t of tax-exemp	t bond proceeds ►						
	5	Royalties								
			(i) Real	(II) Personal	<b>建</b> 图 2000年					
	6a	Gross rents .		0 0	In constant					
	b	Less: rental expenses	80,693	.40 0			建海流	m 1 2 26 %		
	С	Rental income or (loss)		0 0			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	S A-SA ALA		
	d	Net rental income or (	loss) .	<u></u>	( 80,693.40 )					
	7a	Gross amount from sales of	(i) Securities	(II) Other		4-0~. ************************************	1 38° 2 m AC.	£ # #: #. A. A. B.		
		assets other than inventory				ph 11 4/4, 4	The winds	J. Lye & G		
	b	Less. cost or other basis				,		**************************************		
		and sales expenses .				a* , 5*				
	С	Gain or (loss)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* 11 1 An 1	<u> </u>	\$ * x ( \ \$\ \)		
	d	Net gain or (loss) .		. <u> ▶</u>						
ø.					3	,~				
evenue	8a	Gross income from fu	ndraising							
3 <b>v</b> e		events (not including \$			/ /4 44			Some After to		
Œ		of contributions reporte			· · · · · ·	4 1 - 1	*1. * . Ž			
Other	_	See Part IV, line 18 .			\$		141 - 1682 41 miles	a or assert a m		
ŏ		Less: direct expenses				-				
		Net income or (loss) fi								
	ya	Gross income from ga			~ % '	* * *	<u>^</u>	<i>\</i> ⇔		
		See Part IV, line 19 .			/3, vc, ¥	,	" ~	p		
		Less: direct expenses								
		Net income or (loss) fr						1		
	iva	Gross sales of in returns and allowance	ventory, les	SS						
					-		_			
		Less: cost of goods so Net income or (loss) fi			<del> </del>	ļ	ļ	<u> </u>		
	С	Miscellaneous R		Business Code						
	11a					_	· · · · · · · · · · · · · · · · · · ·			
	11a b					<del>                                     </del>	-	-		
	C					<del>                                     </del>	<del> </del>			
	d	All other revenue .		-	<del></del>	<del> </del>	<del> </del>			
		Total. Add lines 11a-		. •	0	1	<del>                                     </del>	<del>                                     </del>		
	12	Total revenue. See in			6,608,041.26					
			• • .		1,750,000.00	. 1	1	I		

## Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response to any question in this Part IX									
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21			,	المرابع معيور بداي المرابع المرابع المرابع المرابع					
2	Grants and other assistance to individuals in the United States. See Part IV, line 22									
3	Grants and other assistance to governments,			A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A franchischer A fran						
	organizations, and individuals outside the United States. See Part IV, lines 15 and 16									
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	0	0					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7 8	Other salaries and wages	0	0	0	0					
9 10 11	Other employee benefits									
a b	Management	070 040 00		070.040.00						
c	Legal	979,040.96	0	979,040.96	0					
d	Lobbying									
e f	Professional fundraising services. See Part IV, line 17 Investment management fees									
. g	Other									
12 13	Advertising and promotion	2,271.50	0	2 271 50	0					
14	Office expenses	2,271.50		2,271.50	0					
15	Royalties		<u> </u>							
16	Occupancy	-			_					
17	Travel									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings .		_							
20	Interest									
21 22	Payments to affiliates	_								
23	Depreciation, depletion, and amortization . Insurance	0	. 0	0	0					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If	KA.	₩ ~ ÷ ,	\$9 e. (	¢ , 1					
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			,	×					
a b										
C										
d		. <del>-</del>								
e	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	981,312.46	0	981,312.46	0					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here    if following SOP 98-2 (ASC 958-720)									

P	ārt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	0	2	167,368 24
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ţs	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9 10a	Prepaid expenses and deferred charges		9	
		other basis. Complete Part VI of Schedule D 4,938,379.01			
	b	Less: accumulated depreciation 10b 18,709 00	0		4,919,670.01
	11	Investments—publicly traded securities	<del></del>	11	
	12	Investments—other securities. See Part IV, line 11	0		600,000.00
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0		5,687,038.25
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20 21	Tax-exempt bond liabilities	<u> </u>	20	
		Escrow or custodial account liability. Complete Part IV of Schedule D .	\$ * * * * * * * * * * * * * * * * * * *	<del> </del>	5m /5%
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ē	23	·		23	
_	24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	_	24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	o	25	60,309.45
	26	Total liabilities. Add lines 17 through 25	0	_	60,309 45
es		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	., . š,		
Ę,	27	Unrestricted net assets		27	
Sale	28	Temporarily restricted net assets		28	
Ā	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.	₩ 4 ; #·	,	Sc dust
ţş (	30	Capital stock or trust principal, or current funds		30	
šše	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds.	0	32	5,626,728.80
Šei	33	Total net assets or fund balances	0	33	5,626,728.80
_	34	Total liabilities and net assets/fund balances	0	34	5,687,038.25
					Form 990 (2011)

_	4	•
Page	- 1	4

Total revenue (must equal Part VIII, column (A), line 12)	Par	t XI Reconciliation of Net Assets				
Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII.  Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		Check if Schedule O contains a response to any question in this Part XI		· · · ·	<u>.</u> .	
Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII.  Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	1	Total revenue (must equal Part VIII. column (A), line 12)	1	6	.608.04	41.26
Revenue less expenses. Subtract line 2 from line 1	2		<u> </u>			
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				5		
Other changes in net assets or fund balances (explain in Schedule O)	4		4			0
Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	5		5	-		0
Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII	6				_	
Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		column (B))	6	5	,626,72	28.80
1 Accounting method used to prepare the Form 990:  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?	Part					
1 Accounting method used to prepare the Form 990: ☐ Cash		Check if Schedule O contains a response to any question in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Yes	No
Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1	Accounting method used to prepare the Form 990:  Cash Accrual Other			> 20 3:00 2	- J
<ul> <li>Were the organization's financial statements compiled or reviewed by an independent accountant?</li></ul>			olaın	ın 🕌 🖺	, See	
b Were the organization's financial statements audited by an independent accountant?  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		Schedule O.				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		✓
of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	b	Were the organization's financial statements audited by an independent accountant?		. 2b		✓_
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	C	, , , , , , , , , , , , , , , , , , , ,	_			
Schedule O.  d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant'			
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			plain	in 🗠 🖫 🕹		
- 1,3) &1 2, d ,				n 6%,		
issued on a separate basis, consolidated basis, or both:	d	·	ar we	re	razili (g	1968 E
		issued on a separate basis, consolidated basis, or both:		100° 30	77, 74.	X *1
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		—			77 . P.	a.i
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	3a		forth	in		
the Single Audit Act and OMB Circular A-133?						✓
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	b					
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b		required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits			
Form <b>990</b> (20				For	ո 990	(2011)

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

**Public Charity Status and Public Support** 

20**1** 

2011 Open to Public

Department of the Treasury Internal Revenue Service 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.

Inspection

Name of the organization
P.D. Hemlani Foundation, Ltd

Employer identification number 66-0769916

Pa	t I Reason f	or Public Cha	rity Status (All orga	nization	s must c	omplete	this pa	rt.) See i	nstructio	ns.		
The			ation because it is: (Fo			<u> </u>			-			
1	A church, con	vention of churc	hes, or association of	churche	s describe	ed in <b>sec</b>	tion 170	(b)(1)(A)(i	i).			
2	☐ A school desc	ribed in section	170(b)(1)(A)(ii). (Attac	ch Sched	ule E)				•			
3	☐ A hospital or a	a cooperative ho	spital service organiza	ation des	cribed in	section '	170(b)(1)	(A)(iii).				
4		earch organizatione, city, and stat	on operated in conjun e:	ction with	n a hospit	al descri	bed in <b>se</b>	ection 17	0(b)(1)(A)(	(iii). Ente	r the	
5		on operated for b)(1)(A)(iv). (Com	the benefit of a colle plete Part II.)	ge or un	versity o	wned or	operated	by a go	vernment	al unit d	escrib	ed in
6 7	An organization	on that normally	nment or government receives a substantia (A)(vi). (Complete Pa	al part of					nit or from	n the ger	neral p	oublic
8	☐ A community	trust described i	n <b>section 170(b)(1)(A</b>	.)(vi). (Co	nplete Pa	art II.)						
9	An organization that normally receives: (1) more than 33 <sup>1</sup> / <sub>3</sub> % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 <sup>1</sup> / <sub>3</sub> % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10	☐ An organization	on organized and	operated exclusively	to test fo	or public s	safetv. Se	ee <b>sectio</b>	n 509(a)	(4).			
11	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See <b>section</b> 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.											
	a ☐ Type I									- , ,		
е	other than fou	indation manage	that the organization ers and other than on									
f	or section 509		. wetton dataminati		the IDC 4		. T	LTura	U T			
		check this box	a written determination						• •	e III sup	portin	ng _
g	•	17, 2006, has t	he organization acce									Ц
			ndirectly controls, eit	her alone	or toget	har with	nereone	describe	d in (ii) ar	nd	Yes	No
			ody of the supported									NO
			on described in (i) abo	-						11g(i)	$\overline{}$	
		•	a person described in							11g(ii)	_	
h		-	on about the support							11g(iii)	ــــــــــــــــــــــــــــــــــــــ	
	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the o	organization sted in your document?	(v) Did y the orgai col (i)	rou notify nization in of your port?	organiza (i) organi	ls the tion in col zed in the S?		mount o	of
				Yes	No	Yes	No	Yes	No			
(A)												
(B)					-							
(C)												
(D)											_	
(E)												
Tota	<u> </u>											

instructions . .

Part							
	(Complete only if you checked the						alify under
•	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	
	on A. Public Support	·			,	ı	
	dar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")					5 500 554 50	0 000 004 50
2	· · · · · · · · · · · · · · · · · · ·					6,688,664 50	6,688,664.50
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
•	•					0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge					0	0
4	Total. Add lines 1 through 3					6,688,664.50	6,688,664.50
5	The portion of total contributions by	## " " " " ## ## ## ## ## ## ## ## ## ##	· Operation	T. A.B. P.	Maring Service of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the		
•	each person (other than a		19 14 A		ان د -جنها پ		
	governmental unit or publicly	) · · · · · · · · · · · · · · · · · · ·					
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)		4.7	``\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			6,688,664 50
6	Public support. Subtract line 5 from line 4.	1 - A - 4 - 1	- 17-4.4	S. Vant Z	*4 * 1	· · · · · · · · · · · · · · · · · · ·	0
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4			_		6,688,664.50	6,688,664.50
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar	1					
	sources					70 16	70.16
9	Net income from unrelated business						
	activities, whether or not the business	1					
	is regularly carried on	!				o	0
10	Other income. Do not include gain or					-	
	loss from the sale of capital assets						
	(Explain in Part IV.)	l i				( 80,693.40)	( 80,693.40)
11	Total support. Add lines 7 through 10	Calledia	F'-Missi	- Deline		/ <b>3</b>	6,608,041 26
12	Gross receipts from related activities, etc					12	None
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he		<u>.</u>	<u> </u>		<u> </u>	🕨 🗸
Secti	on C. Computation of Public Support						
14	Public support percentage for 2011 (line					14	<u>%</u>
15	Public support percentage from 2010 Sci					15	%
16a	331/3% support test—2011. If the organi box and stop here. The organization qua						
b	331/3% support test-2010. If the organ						
	check this box and stop here. The organ	ization qualifie:	s as a publicly	supported org	anization .		▶ □
17a	10%-facts-and-circumstances test -2						
	10% or more, and if the organization me						
	Part IV how the organization meets the "I			_	ation qualifies	as a publicly su	upported
	organization						. ▶ 🗆
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization m				-	•	
	supported organization						
18	Private foundation. If the organization di	id not chack a l	nov on line 13	16a 16h 17a	or 17h chool	k thic hav and	500

Part III	Support Sched	tule for Or	ganization	s Descr	ibed i	n Section	on 509(a)(2)

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

Secti	on A. Public Support	4.145. 1.15 1.5	oto notou pon	on, piedee ee	p.o.o.r u.r.		
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees		(-,	(1) - 11	(-/ <u>-</u> -		
	received. (Do not include any "unusual grants.")					,	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose		1	ì		1	
3	Gross receipts from activities that are not an						<del></del>
	unrelated trade or business under section 513						
4	Tax revenues levied for the				_		
	organization's benefit and either paid		i				
	to or expended on its behalf			\ \		1	
5	The value of services or facilities		_				
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3					]	
	received from disqualified persons .				<u>-</u>		
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	!					
	•		-	ļ		<del>                                     </del>	
С 8	Add lines 7a and 7b	** 11 tg x	27939053 / - 78	denius		lotuser ar	
0	line 6.)		Liki W.S				
Secti	on B. Total Support	AS PEC BASE	17.50	12 . de . des.	يَم مَثْلُمُ مُن	(A1=07400 , V±	
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	(4) 2007	(3) 2000	(0) 2000	(4) 2010	(6) 2517	(1) 10141
10a	Gross income from interest, dividends,	_				-	
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether		<b>\</b>			,	
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets		}				
46	(Explain in Part IV.)		<del></del>			ļ <u> </u>	
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)		1	1			
14	First five years. If the Form 990 is for the	ho organizatio	n'a firmt asser	d thurd for who	or fifth toy w		501(a)(3)
'	organization, check this box and <b>stop he</b>				_		ii 301(c)(3) ▶ □
Secti	on C. Computation of Public Suppo			<del>· · · · · ·</del>	<del></del>	<u> </u>	· · _•_ <u></u>
15	Public support percentage for 2011 (line			3. column (f))		15	%
16	Public support percentage from 2010 Sc		•			16	<del></del>
	on D. Computation of Investment In				<del></del>		
17	Investment income percentage for 2011			y line 13, colur	nn (f))	17	%
18	Investment income percentage from 201					18	%
19a	331/3% support tests-2011. If the organ					nore than 331/39	
	17 is not more than 331/3%, check this box	and stop here	. The organizati	on qualifies as a	a publicly supp	orted organizati	on . 🕨 🗌
b	331/a% support tests—2010. If the organiz						31/3%, and
	line 18 is not more than 331/3%, check this		_		•		
20	Private foundation If the organization d	id not check a	hoy on line 14	10a or 10h o	hack this hav	and coe instru	ctions 🕨 🗔

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;	Pag
	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
Part II - Se	ection B - Line 10 Represents net loss of (\$80,693.40) for the year from operations of residential and commercial properties.	
,		
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<i>,</i>		
<i>,</i>		
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J		
		· • • •

#### **SCHEDULE D** (Form 990)

### **Supplemental Financial Statements**

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Inspection Employer identification number

Par	emlani Foundation, Ltd. Organizations Maintaining Done	or Advised Funds or Other Similar Fu	66-0769916
ı aı	organization answered "Yes" to F		inds or Accounts. Complete if the
	organization unovered 165 to 1	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and		
_	funds are the organization's property, subje	-	
6	Did the organization inform all grantees, do		
	only for charitable purposes and not for the conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	
Par		olete if the organization answered "Yes	"to Form 990. Part IV line 7
1	Purpose(s) of conservation easements held		to Form 990, Part IV, line 7.
•	Preservation of land for public use (e.g.,		of an historically important land area
	Protection of natural habitat	_	of a certified historic structure
	☐ Preservation of open space	_ Treestration	
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contribut	tion in the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation eas		
C	Number of conservation easements on a ce		
d	Number of conservation easements include historic structure listed in the National Region		l i
3	historic structure listed in the National Regis Number of conservation easements modifie		
3	tax year ►	a, transferred, released, extinguished, or te	arminated by the organization during the
4	Number of states where property subject to	conservation easement is located	
5	Does the organization have a written po		aspection, handling of
	violations, and enforcement of the conserva		
6	Staff and volunteer hours devoted to monitor	oring, inspecting, and enforcing conservation	on easements during the year
	<b>&gt;</b>		- ,
7	Amount of expenses incurred in monitoring,	, inspecting, and enforcing conservation ea	sements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported		
	(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization re		
	balance sheet, and include, if applicable, the organization's accounting for conservation of		inancial statements that describes the
Part		ections of Art, Historical Treasures, o	or Other Similar Assets
rait		vered "Yes" to Form 990, Part IV, line 8	
	If the organization elected, as permitted un		
	works of art, historical treasures, or other	• • • • • • • • • • • • • • • • • • • •	
	public service, provide, in Part XIV, the text	•	
b	If the organization elected, as permitted u	nder SFAS 116 (ASC 958), to report in its	s revenue statement and balance sheet
	works of art, historical treasures, or other		education, or research in furtherance of
	public service, provide the following amount		
	(i) Revenues included in Form 990, Part VIII (ii) Assets included in Form 990, Part X	l, line 1	<b>&gt;</b> \$
_	(ii) Assets included in Form 990, Part X .		· · · · ▶ \$
2	If the organization received or held works	of art, historical treasures, or other simil	ar assets for financial gain, provide the
_	following amounts required to be reported u		
a	Revenues included in Form 990, Part VIII, lir Assets included in Form 990, Part X	181	· · · · • • • • • • • • • • • • • • • •
<b>F3</b>	ASSES RICHOPO III FORD 990 P20 X		

Pag	e	2

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply):  a  □ Public exhibition	Part	III Organizations Maintaining C	ollections of A	t, Histo	rical T	reasures, o	or Oth	er Similar Ass	sets (co	ntinu	ied)
b	3		cession, and other	er records	s, check	any of the	followi	ng that are a si	gnificant	use	of its
c	а	☐ Public exhibition		d 🗀	Loan	or exchange	progra	ams			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  5 Duning the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	☐ Scholarly research		e 🗆	Other			····		<b>-</b>	
SIV.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	C										
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4										
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Yes   No   Yes   No   If "Yes," explain the arrangement in Part XIV and complete the following table:    C	5										
In 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Yes   No	Part										
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	. air					arnzanorra.	,0110.1		555,		,
included on Form 990, Part X?  Beginning balance  Beginning of bear an authority of the organization answered "Yes" to Scholarships  Chiterotypers  Charlistributions during the year  Endough galance  Distributions during the year  Ending balance  Distributions during the year  Ending balance  Distributions during the year  Ending balance  Distributions during the year  Endough galance  En	1a					r contributio	ons or	other assets no	t		
C Beginning balance										∍s 🔲	No
C Beginning balance	b	If "Yes," explain the arrangement in Part	XIV and complet	e the follo	owing ta	ıble:					
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21?  Did the organization include an amount on Form 990, Part X, line 21?  Part ▼ Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  Part ▼ Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ► % Permanent endowment ► % The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIV the intended uses of the organization's endowment funds.  Part V Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Describe in Part XIV the intended uses of the organization's endowment funds.  Part V Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Describe in Part XIV the intended uses of the organization's endowment funds.  Part V Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Describe in Part XIV the intended uses of the organization's endowment funds.  Part V Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Describe in Part XIV the intended uses of the organization's endowment funds.  Part V Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Describe in Part XIV the intended uses of the organization's endowment funds.  Part V Land, Buildings, and Equipment. See Form 990, Part X, line 10.		-						Ar	nount		
E Distributions during the year  f Ending balance 20 Did the organization include an amount on Form 990, Part X, line 21?	С						1c				
f Ending balance  Did the organization include an amount on Form 990, Part X, line 21?  Did the organization include an amount on Form 990, Part X, line 21?  Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  Beginning of year balance  Contributions  Net investment earnings, gains, and losses  Other expenditures for facilities and programs  Administrative expenses  End of year balance  Permanent endowment   Remanent   Rem	d	Additions during the year					1d		_		
Did the organization include an amount on Form 990, Part X, line 21?	е	Distributions during the year									
b If "Yes," explain the arrangement in Part XIV.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years	f	•					1f				
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Beginning of year balance   (a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years bac		9		t X, line 2	21?				∐ Ye	es	No
1a Beginning of year balance .  b Contributions .  c Net investment earnings, gains, and losses .  d Grants or scholarships .  e Other expenditures for facilities and programs .  f Administrative expenses .  g End of year balance .  Permanent endowment ▶ %  Temporarily restricted endowment ▶ %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (ii) unrelated organizations .  b If "Yes" to 3q(ii), are the related organizations listed as required on Schedule R? .  Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) depreciation .  1a Land						W	00	0 Dart IV has	10		
Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ % Permanent endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (nivestiment) (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation (d) Book value (d) Book value (d) Book value (d) Buildings 1,206,762 18,709 1,188,053 c Leasehold improvements d Equipment 0 0 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 4,919,670	Par	Endowment Funds. Complete			1						book
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Describion of property (a) Cost or other basis (c) Accumulated depreciation 1a Land 3,731,617 (investment) b Buildings 1,206,762 18,709 1,188,053 c Leasehold improvements d Equipment 0 0 Other 0 Other 0 10 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 4,919,670		<b>D</b>	(a) Current year	(b) Prior	year	(c) Two years	Dack	(u) Three years back	1		
C Net investment earnings, gains, and losses	_	_ · · · · _									
d Grants or scholarships e Other expenditures for facilities and programs  f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation (other)  1a Land 3,731,617 b Buildings (n) 3,731,617 c Leasehold improvements d Equipment 0 c Other 0 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 4,919,670		·		-	-				1.		
d Grants or scholarships	U								, ~ ,		75 Cr4
e Other expenditures for facilities and programs	a	<u> </u>		······································					2	7/2	1,
f Administrative expenses	-	· · · · · · · · · · · · · · · · · · ·							S N 38		***
f Administrative expenses	·	· · · · · · · · · · · · · · · · · · ·			ļ		!				
g End of year balance	f	· • —		-						, #	
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ %  b Permanent endowment ▶ %  c Temporarily restricted endowment ▶ %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations . 3a(ii)    b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . 3b    4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (other) (other) (d) Book value depreciation (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book valu		· · · · · · · · · · · · · · · · · · ·							7,000,000	1	
a Board designated or quasi-endowment   b Permanent endowment   % c Temporarily restricted endowment   % The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations   (ii) related organizations   3a(ii)    b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?   3b    4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property   (a) Cost or other basis   (b) Cost or other basis   (c) Accumulated depreciation   (d) Book value    1a Land			e current year end	balance	(line 1g	, column (a))	held a	 s:			
b Permanent endowment ► %  c Temporarily restricted endowment ► %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations				%		. ,,,					
The percentages in lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	b										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	С	Temporarily restricted endowment ▶	%								
organization by:  (i) unrelated organizations  (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value											
(i) unrelated organizations	3a	Are there endowment funds not in the I	possession of the	organiza	ation tha	it are held a	nd adr	ninistered for th	е		
(ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, Inne 10.  Description of property  (a) Cost or other basis (other)  (investment)  (other)  (c) Accumulated depreciation  (d) Book value  (other)  5 Buildings  1,206,762  18,709  1,188,053  c Leasehold improvements  d Equipment  Other  Other  Other  Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  ▶ 4,919,670		organization by:								Yes	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (investment)  (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  1a Land		(i) unrelated organizations								<u> </u>	
4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, Inne 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  3,731,617  b Buildings										—	<u> </u>
Part VI         Land, Buildings, and Equipment. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         3,731,617         3,731,617         3,731,617           b Buildings         1,206,762         18,709         1,188,053           c Leasehold improvements         0         0         0           d Equipment         0         0         0           e Other         0         0         0           Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)         ▶         4,919,670									_3b		<u> </u>
Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         3,731,617         3,731,617         3,731,617           b Buildings         1,206,762         18,709         1,188,053           c Leasehold improvements         0         0           d Equipment         0         0           e Other         0         0           Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)         ►         4,919,670											
(investment)         (other)         depreciation           1a Land         3,731,617         3,731,617           b Buildings         1,206,762         18,709         1,188,053           c Leasehold improvements         0         0           d Equipment         0         0           e Other         0         0           Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)         . ►         4,919,670	Par				_			late of	4-0 D-		
b Buildings		Description of property	1 ' '						(a) Box	ok valu	e 
c         Leasehold improvements         0           d         Equipment         0           e         Other         0           Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)         ▶         4,919,670	1a	Land	3,	731,617				-		3,73	1,617
d Equipment	b	Buildings	1,	206,762				18,709		1,18	8,053
e Other	С	Leasehold improvements									0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 4,919,670	d	Equipment									
	Total.	Add lines 1a through 1e. (Column (d) mu	ıst equal Form 99	0, Part X,	column	(B), line 10(	(c).) .	<u> ▶ }</u>			

Part VII	Investments - Other Securities.	See Form 990, Part X, I	ine 12.	
(a	Description of security or category (including name of security)	(b) Book value	(c) Method Cost or end-of-y	of valuation ear market value
(1) Financial	derivatives			
	neld equity interests			
	itual Funds with Merrill Lynch	600,000.00	Cost	
(A)			<u></u>	
(B)				
(C)				
(D)		<del></del>		
(E)				
(F)				
(G)				
(H) (l)				
	h) must squal Form 000. Part V sql. (P) line 12.)	600,000.00		
Part VIII	b) must equal Form 990, Part X, col. (B) line 12 ) ► Investments — Program Related			
	(a) Description of investment type	(b) Book value		of valuation
	ay bescription of investment type	(b) Dook value		vear market value
(1)				<del></del>
(2)				
(3)	<del>-</del>	-		
(4)	<del></del>			
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	b) must equal Form 990, Part X, col. (B) line 13 ) ▶			
Part IX	Other Assets. See Form 990, Pa			<del> </del>
		) Description		(b) Book value
	<del></del>			
(2)			<del></del>	
(3)			<del></del>	
(4)		<del>_</del>		
(5)	<del></del>			
(6)				
<u>(7)</u>				
(8)		<del></del>		
<u>(9)</u> (10)			<del></del>	
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)		<b>•</b>
Part X	Other Liabilities. See Form 990,		<del>_</del>	
1.	(a) Description of liability	(b) Book value	in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	2m \$c
(1) Federal	income taxes	<u> </u>		
(2) Real Pro	operty Taxes	60,309.45	* * *	
(3)				٠
(4)	<del></del>			
(5)				ź*
(6)			]	,
(7)				
(8)				ŕ
(9)				
(10)				
(11)			]	
	b) must equal Form 990, Part X, col (B) line 25 ) ▶	60,309 45		
	SC 740) Footnote. In Part XIV, provide		the organization's financial s	tatements that reports the
organization	n's liability for uncertain tax positions u	nder FIN 48 (ASC 740).		

Schedul	e D (Form 990) 2011			Page <b>4</b>
-Part	XI- Reconciliation of Change in Net Assets from Form 990 to Au	udited Financial Staten	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	_
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine		10	
Part			r Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1,000	
а	Net unrealized gains on investments	2a	3. T.	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)			
e	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)			
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part	XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses	per Return	-
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>	<i></i>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5	
Part	XIV Supplemental Information			
Part V	ete this part to provide the descriptions required for Part II, lines 3, 5, and line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, ditional information.			

Schedule D (Fo	rm 990) 2011	Page <b>5</b>
Part XIV	Supplemental Information (continued)	<del></del>
	•••••	***-***********************************
		*****
		***************************************
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•		
*		

#### SCHEDULE M (Form 990)

#### **Noncash Contributions**

OMB No 1545-0047

2011

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Name of the organization

P.D Hemlani Foundation, Ltd.

Employer identification number

P.D H	emlani Foundation, Ltd.					66-	-0769916		
Part	Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part V	rted on		(d) ethod of de ash contribu		
1	Art-Works of art								
2	Art Historical treasures								
3	Art—Fractional interests								
4	Books and publications		,						
5	Clothing and household		to the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se			l			
	goods								
6	Cars and other vehicles								
7	Boats and planes					<u> </u>			
8	Intellectual property					<u> </u>			
9	Securities—Publicly traded								
10	Securities—Closely held stock .								
11	Securities—Partnership, LLC, or trust interests								
12	0					<del>-</del>			
13	Securities—Miscellaneous Qualified conservation	·							
13	contribution—Historic			·					
	structures								
14	Qualified conservation					<u> </u>			
	contribution—Other					!			
15	Real estate—Residential	<del></del>	50	4,	842,335.01	FMV a	at time of re	eceipt	
16	Real estate - Commercial .	1	1	<u> </u>		FMV at time of receipt			
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies				•				
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts					<u> </u>			
25	Other ► (								
26	Other ► (								
27	Other ► ()					₩			
<u>28</u> 29	Other ► ( )  Number of Forms 8283 received	by the or	ganization during the tax i	year for contribu	itions for	$\vdash$			
25	which the organization completed					29			
	William and Organization Completed	i i oiiii olo	5, , a.t. 11, 501100 / 10111011101	agament		25		Yes	No
30a	During the year, did the organiza	tion receive	hy contribution any prope	erty reported in	Part I line	s 1_25	that	1	1
000	it must hold for at least three year							,	1 : "
	used for exempt purposes for the						30	)a	1
ь	If "Yes," describe the arrangement		÷ ·				30	-	
31	Does the organization have a		stance policy that require	s the review of	of any no	n-star	ndard		
	contributions?						. 3	1	1
32a	Does the organization hire or us	e third par	ties or related organization	s to solicit, pro	cess, or se	ell non			
	contributions?						. 32	ا د	

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

b If "Yes," describe in Part II.

describe in Part II.

33

ichedule M (	Form 990) (2011) Page 2
Part II	<b>Supplemental Information.</b> Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

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.

Open to Public Inspection

Name of the organization
Part VI - Line 11b

Employer identification number

Prior to filing, a complete electronic copy of Form 990 is sent to all members of the Board of Directors. Affirmative confirmation is made
to assure that all directors concur with the return as prepared.
Part VI - Line 15a and 15b
Compensation for the Executive Director and other key employees is established by review of standard salaries for similar positions in
the USA mainland.

Schedule O (Form 990 or 990-EZ) (2011)	Page Z
Name of the organization	Employer identification number
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P.D. Hemlanı Foundation, Ltd. Form 1120 - All Assets

**Depreciation and Amortization Report** 

2011

Tax Year 2011

▼ Keep for your records

1,747 5,489 6,440 3,294 Accumulated Depreciation\* 780 18,709 \*Accumulated Depreciation = Section 179 + SDA + Prior + Current 66-0769916 Current Depreciation 6,440 5,489 1,747 3,294 18,709 959 780 Prior Depreciation Method/ Convention SL/MM SL/MM SL/MM SL/MM SL/MM SL/MM 241,500 27.50 128, 131 27.50 472,265 27.50 81,144 39.00 241,548 27.50 42,174 27.50 Life Depreciable Basis 1,206,762 Section 179 Depreciation Allowance Business Use % 14,900 100.00 3,280,500 100.00 128,275 100.00 72,628 100.00 66,049 100.00 115,375 100.00 53,890 100.00 1,206,762 3,731,617 Land Cost (net of land) 42,174 472,265 81,144 241,500 128,131 241,548 Code: S = Sold, A = Auto, L = Listed, C = COGS Date in Service 08/19/11 11/0/11 11/28/11 11/28/11 11/28/11 08/19/11 11/0/11 Code SFD-TAM-Lot30, Tract13105 SFD-TAM-Lot4 (153), Block1 SFD-Dededo -196, B2, T100, Uni Comm - Merizo - Lot 40 SFD-Dededo-L2121-1-4, Unit11 SFD-SIN-Lot3257-1-2 Land - Undeveloped **Asset Description** Main Activity DEPRECIATION TOTALS

FDIV7001 09/22/11

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