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Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

OMB No 1545-1150

Open to Public

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K Check I de organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A form 990-EZ or Form 990 return is not required though Form 990-N (e-posterard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 55, 6c, and 75, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, inte 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule 0 to respond to any question in this Part I. Contributions, grits, grants, and similar amounts received 1 Contributions, grits, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less; cost or other basis and sales expenses 6 Gaming and fundraising events 6 Gaming and fundraising events 7 Gross income from gaming alatch Schedule G if greater than strong from fundraising events (not including \$ or contributions gross income and contributions exceeds \$15,000) 6 Gross income from fundraising avents (not including \$ or contributions gross income and contributions exceeds \$15,000) 6 Gross income from gaming and fundraising events 6 A Net income or (loss) from gaming and fundraising events 6 A Net income or (loss) from gaming and fundraising events 6 Can or good sold 7 Gross sales of inventory, less returns and allowances 9 Total revenue (describe in Schedule 0) 9 Total revenue Add lines 10, 3, 4, 5c, 6d, 7c, add 8 RECEIVED 10 Grants and similar amounts paid (list in Schedule 0) 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salanes, other compensation, and emplo	K Check					
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14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Expenses of (defeat) for the year (Subtract line 17 from line 0) 18 Expense of (defeat) for the year (Subtract line 17 from line 0)	Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 14 15 16 246 246 21 3,129 3,258	ens	13	Professional fees and other payments to independent contractors	13	
15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Expense or (defeat) for the year (Subtract line 17 from line 0) 19 12 12 12 12 12 12 12 12 12 12 12 12 12	15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 15 246. 246. 246. 27 28 29 20 3, 129 20 3, 258	ă	14	Occupancy, rent, utilities, and maintenance OGDEN 113	14	
17 Total expenses. Add lines 10 through 16 17 246	17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 24 17 246 24 26 25 26 27 26 27 27 28 29 28 20 Other changes in net assets or fund balances (explain in Schedule 0) 29 20 3, 258	Щ	15	Printing, publications, postage, and shipping	15	
17 Total expenses. Add lines 10 through 16 18 Expense or (deficit) for the year (Subtract line 17 from line 0) 19 17 246	17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 17 246. 18 129. 19 3,129. 20 0. 21 3,258.		16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	246.
18 Excess or (deficit) for the year (Subtract line 17 from line 0)	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 18 129. 19 3,129. 20 3,258.		17	Total expenses. Add lines 10 through 16	17	
9 19 Net assets or fund balances at beginning of year (from line 27 column (AL)	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 3, 258.	·^	18		1	
W 1 10 Met assets of fatha palatices at occiniting of year fitchir line 21, column fath	21 Net assets or fund balances at end of year. Combine lines 18 through 20	šėts	t	·		
(must agree with end-of-year figure reported on prior year's return)	21 Net assets or fund balances at end of year. Combine lines 18 through 20	Ass			19	3.129
20 Other changes in net assets or fund balances (explain in Schedule O)	21 Net assets or fund balances at end of year. Combine lines 18 through 20	et	20			
		Z				
5,230	LHA For Paperwork Reduction Act Notice, see the separate instructions Form 990-EZ (2011		•		1.41	Form 990-EZ (2011)

	1,990-EZ (2011) THE HORATIO R. STORER FOU	NDATION, I	NC.		<u> 73-</u>	<u> 10109</u>	13 Page 2
Pa	Irt II Balance Sheets. (see the instructions for Part II.)						
	Check if the organization used Schedule O to res	pond to any que					<u> </u>
			(A)	Beginning of year	-	(B) Ei	nd of year
22`	· · · · · · · · · · · · · · · · · · ·		<u> </u>	1,046		ļ	<u>1,363.</u>
23	Land and buildings		<u> </u>	4 1	23		1 100
24	Other assets (describe in Schedule 0) SEE SCHEDULE O			4,166		-	$\frac{4,166}{5,533}$
25	Total assets		<u> </u>	5,212			5,529.
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE O		<u> </u>	2,083			2,271.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) art III Statement of Program Service Accomplishmer	ate (oog the inst	ructio	3,129	. 27	<u> </u>	3,258.
Pa		•					penses for section
14/5 -	Check if the organization used Schedule O to res		estion	in uns Part in	لما	501(c)(3) i	and 501(c)(4)
	t is the organization's primary exempt purpose? SEE SCHEDULE O						ons and section trusts; optional
	ribe the organization's program service accomplishments for each of its three largest program s her, describe the services provided, the number of persons benefited, and other relevant inform			In a clear and concise		for others.	
	THE FOUNDATION SEEKS TO PROVIDE SUP			TABLE OR			
	EDUCATIONAL PROGRAMS WHICH ADVOCATE						
	EDUCATIONAL PROGRAMS WHICH ADVOCATE	PRO-DIFE	CAU	3E3.		i i	
	(Grants \$) If this amount includes foreign g	rants check here				28a	0.
29	The this amount includes locally	nants, check here				200	
20							
	(Grants \$) If this amount includes foreign g	rants, check here			$\overline{\Box}$	29a	
30		ranto, on on more					
		·					
	(Grants \$) If this amount includes foreign g	rants, check here				30a	
31	Other program services (describe in Schedule O)						
	(Grants \$) If this amount includes foreign g	rants, check here				31a	
32	Total program service expenses (add lines 28a through 31a)		,	·		32	0.
Pa	art IV List of Officers, Directors, Trustees, and Key E					instructions fo	or Part IV)
	Check if the organization used Schedule O to res	· · · · · · · · · · · · · · · · · · ·		ı ın this Part IV			
		(b) Title and average		(C) Reportable compensation (Forms	(d) He	ealth benefits, ributions to	(e) Estimated
	(a) Name and address	per week devoted position	10	W-2/1099-MISC) (If not paid, enter -0-)	empl	oyee benefit and deferred	amount of other compensation
	N ORITHD D. HTLLTANG		,		con	pensation	
HO	N. GELINE B. WILLIAMS	CHAIRMAN C)F T	_		0	
110	N. LINDA BELL	0.50 VICE CHAIR	DAGA AT	0.	O 2 E	0.	0.
пО	N. LINDA BELL	1	CATATA		UAR		
\overline{C}	ROL TOBIAS	0.50 PRESIDENT		0.	-	0.	0.
<u>C</u>	MOD TODIAD_	0.50	Į	0.		0.	0.
ΔΝ	THONY LAUINGER	VICE PRESI	DEN				0.
711	INONI DAGINGBR	0.50	וונוטי	0.		0.	0.
RE	V. DENNIS C. DAY	TREASURER					
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132	11.6					F	990-F7 (2011)

_	990-EZ (2011) THE HORATIO R. STORER FOUNDATION, INC.	73-101			Page 3
Pa	Other Information (Note the Schedule A and personal benefit contract				
	instructions for Part V) Check if the organization used Sch. O to respon	nd to any question in t	his Pa	art V	\mathbf{X}
				Yes	No
33	`Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a deta	iled description of each			
	activity in Schedule 0		33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed cop	y of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (se	e instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business ac	tivities (such as those reported			
	on lines 2, 6a, and 7a, among others)?		35a		Х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in School	dule O	35b	N/	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice				
	requirements during the year? If "Yes," complete Schedule C, Part III		35c	ļ	Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets durin	g the year? If "Yes,"			
	complete applicable parts of Schedule N		36	į	Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	7a 0			
b	Did the organization file Form 1120-POL for this year?		37b	Ì	X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were a	ny such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?		38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	Bb N/A			
39	Section 501(c)(7) organizations. Enter		7	1	
а		9a N/A	ŀ		
b	Gross receipts, included on line 9, for public use of club facilities	9b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.				
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • , section 4955 ▶	0.			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit in				
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior	or Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I		40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers				
	or disqualified persons during the year under sections 4912, 4955, and 4958	• 0.			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the				
	organization	• 0.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		E		
	transaction? If "Yes," complete Form 8886-T		40e		Х
41	List the states with which a copy of this return is filed. NONE				
42 a	The organization's books are in care of ▶ AMARIE NATIVIDAD, CFO	Telephone no. ► (202)	626	-88	00
	Located at ► 512 10TH STREET, NW, WASHINGTON, DC	ZIP + 4 ▶	2000	4	
b	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			Yes	No
	account)?		42b		Х
	If "Yes," enter the name of the foreign country:				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and	Financial Accounts			
C	At any time during the calendar year, did the organization maintain an office outside of the US?		42c		X
	If "Yes," enter the name of the foreign country:	<u> </u>			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here				
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43	N/A		
				Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed in	nstead of			
	Form 990-EZ		44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be complete	ed instead			
	of Form 990-EZ		44b	ļ	X
C	Did the organization receive any payments for indoor tanning services during the year?		44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explain	nation			
	ın Schedule O		44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		45a		X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the m	eaning of section			
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instruct		45b		
			Form 9	00 57	(2011)

Form 990-EZ (2	2011) THE	HORATIO	R. STORER	FOUN	DATION,	INC.		73-1010	<u>913</u>		Page 4
Ē										Yes	No
46 Did the or	ganization engage	, directly or indirectly	, in political campaig	n activities	on behalf of or ii	n opposition	to candidates for pu	iblic office?			
If "Yes," co	omplete Schedule	C, Part I							46		Х
		(c)(3) organizat	tions and sect	tion 494	7(a)(1) none	exempt	charitable trus	sts only. All	section	n 501	(c)(3)
	organizations an	nd section 4947(a)(1) nonexempt cha	ritable tru:	sts must answe	er question	s 47-49b and 52,	and complete	the ta	bles	
	•	51 Check if the or	•			-		,			
	io, iii ioo oo ana	<u> </u>	garnzanori acco c	0.7000.0	10 /00 /00 /00 /00	any quest	<u> </u>			Yes	No
47 Did the or	nanization engane	ın lobbyıng activities	or have a section 50	N1/h) electu	on in effect durin	in the tay ve:	ar? If "Ves " complete	Sch C Part II	47		X
		as described in secti					ar ir rea, complete	, 00m 0, t att m	48		X
-						L			49a		X
		iny transfers to an exe		related bry	anization						
		anization a section 52			Salles des effect				49b	l	
		organization's five hig				rs, directors	, trustees and key en	npioyees) who e	acnie	ceiveo	nore
than \$100		ation from the organiz					·····	(4)			
		nd address of each ei I more than \$100,000			(b) Title and aver per week dev		(C) Reportable compensation (Forms	(d) Health benefit contributions to	, am) Estimount of	
	paic	•			per week dev		W-2/1099-MISC)	employee benefi plans, and deferre	١. ١	mpens	
			NONE	_	position	,,		compensation	00	nipono	
							-				
-											
	ion. If there is non d address of each	e, enter "None." independent contract	NONE or paid more than \$	100,000		(b) Type o	f service	(c)	Comp	ensatio	n
		-									
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d Total nun	nber of other indep	pendent contractors e	each receiving over \$	\$100,000			-				
		ete Schedule A? Note	, ,,	, •	,	,	•	=		_	_
charitable	trusts must attac	h a completed Sched at I have examined this re er) is based en at historia	ule A	٠				▶ L		es L	<u> </u>
Declaration of pre	of perjuty, I declare that paren other than offic	er) is based on all fratorm	turn, including accompa atjun-of-which preparer)	nying schedi has any know	iles and statements ledge	s, and to the be	est of my knowledge and	belief, it is true, co	orrect, a	nd comp	lete
Sign	1 Xm	wo M	leplot					9/17	7//	>	
Here	Signature of officer	, 0	_					Date //	<i>!</i> '		-
	AMARIE	NATIVIDAL	, CHIEF E	TINAN	CIAL OFF	CICER					
	Type or print name	and title									
	Print/Type prepa	arer's name	Preparer's	signature	<u> </u>	Date	Check] if PTIN			
Paid			\rightarrow	.1	, ,	-1	self- emplo	yed			
Preparer	JOANN W	OODSON	Mins	w W	oodson	19/11	12	P01	293	745	
Use Only			PA GROUP	PLLC			Firm's EIN	▶ 47-09			
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May the IRS du	scuss this return v	with the preparer show	•					>	ΧY	es F	No
											(2011)
											· · · /

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

2011

Open to Public Inspection

Name of the organization

Employer identification number

Part I	Reason		ity Status (All organiz					ructions	13	3-1010913	<u> </u>
ـــــا			because it is: (For lines 1					actions.			
1 Gan			s, or association of church	_		•	•				
2	· ·					ction 170	(D)(T)(A)(T)	•			
	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4 🗀	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
. \Box	city, and stat		benefit of a college or ur			orated by		montal	dooosiba	- d	
5 📖			-	liversity of	wried or of	perated by	a governi	nemai unii	describe	ea m	
•		(b)(1)(A)(iv). (Comple				4700 V					
6 L 7 X		-	ent or governmental unit					. (11			
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)									in		
• —	-		•	(Camplata	Don't II \						
9			ection 170(b)(1)(A)(vi).								
э 🗀			eives (1) more than 33 1								
		•	nctions - subject to certa		•	•			• •	•	
		509(a)(2). (Complete	axable income (less sect	liononia	x) irom bu	sinesses a	acquired b	y the organ	nization a	iner June 30, 19	75.
10			reart iii) perated exclusively to te	et for publ	io cofoti. S	eno nantin	- E00/a\/	11			
11	_	= .	perated exclusively for the	•	•			•	out the	nurnosas of ana	or
'' [-	-	itions described in section		-			-			Oi
			organization and comple				-) Occ 3e (2000 309(2	лдоў. Опе	ck the box that	
	a Type I		¬ - ·		e III - Func		tegrated		а	Type III - Other	
e 🗔			t the organization is not			,	•	r more disc		•	an
ت ت	-		han one or more publicly		•	•	•				411
f		-	ten determination from t		_				(α)() Οι (300(1011 000(14)(12)	
•	_	rganization, check th				po ., . , po	, 5 , p.	· ···			
g		•	rganization accepted ar	nv aift or c	ontribution	from any	of the follo	owing pers	ons?		
9	-		irectly controls, either al			•		• •		Yes	No
		•	upported organization?	9					.,,	11g(i)	1
			n described in (i) above?	1						11g(ii)	
	• •	•	person described in (i) of		e?					11g(iii)	
h	• •	•	about the supported or								
		J	.,	•	` ,						
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	organization	(v) Did yo	u notify the	(vi) ls	the	(vii) Amount	nf
• •	anization	(", ", "	organization		sted in your	, , ,	tion in col.	organizátio (i) organiz	on in col. ed in the	support	UI
			(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	Ü.S.	2		
			(see instructions))	Yes	No	Yes	No	Yes	No		
										•	
								,			
Total				<u> </u>					<u> </u>		
LHA For F	Paperwork Re	duction Act Notice	, see the Instructions f	or				Schedul	e A (Forr	n 990 or 990-EZ	2011

132021 01-24-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011 THE HORATIO R. STORER FOUNDATION, INC. 73-1010913 Page 2

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

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

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	ınclude any "unusual grants ")	35,000.	30,217.	26,272.	26,515.	375.	118,379.		
2	Tax revenues levied for the organ-			•					
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	35,000.	30,217.	26,272.	26,515.	375.	118,379.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,		•			'			
	column (f)								
6	Public support. Subtract line 5 from line 4						118,379.		
	ction B. Total Support	<u></u>				<u> </u>	22070.50		
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
	Amounts from line 4	35,000.	30,217.	26,272.	26,515.	375.	118,379.		
8	Gross income from interest,	737333					220/0.50		
•	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income Do not include gain								
	or loss from the sale of capital	1							
	assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10						118,379.		
	Gross receipts from related activities,	etc (see instruction	ons)			12	110,313.		
	First five years. If the Form 990 is for	•	•	d fourth or fifth ta	ıv vear as a sectio				
	organization, check this box and stor		,	a, 10am, or mar a	ix year as a sectio	11 30 1(0)(0)			
Se	ction C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2011 (line 6. column (f) d	ivided by line 11, o	column (fl)		14	100.00 %		
	Public support percentage from 2010	• • • • • • • • • • • • • • • • • • • •	• •	(-//	•		100.00 %		
16a	33 1/3% support test - 2011. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n				
	stop here. The organization qualifies as a publicly supported organization								
t	33 1/3% support test - 2010. If the		_		line 15 is 33 1/3%	or more, check th			
		_					▶□		
17a	and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization								
	meets the "facts-and-circumstances"			•	•	organ	▶		
ŀ	10% -facts-and-circumstances tes	_			_	17a and line 15 ie	10% or		
•	more, and if the organization meets to								
	organization meets the "facts-and-cire				•		_		
1Ω	Private foundation. If the organization		-	•		•			
_10	1 Trate Tournation, it the Organizatio	A GIG HOL CHECK A	200 011 III 10 10, 10	u, 100, 11a, 01 1/L	, CHECK THIS DOX 2	TIO SEE INSTRUCTION			

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

					
(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
		 	 	 	
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the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sect	on 501(c)(3) organi	zation,
					▶□
ic Support Pe	rcentage				
ine 8, column (f) d	livided by line 13,	column (f))		15	
Schedule A, Part	III, line 15			16	
stment Incom	e Percentage				
111 (line 10c, colui	mn (f) divided by li	ne 13, column (f))		17	
2010 Schedule A,	Part III, line 17			18	
organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
					▶[
			· · · · · · · · · · · · · · · · · · ·		and
	(a) 2007 (a) 2007 (b) Support Peine 8, column (f) of Schedule A, Part Stment Income 111 (line 10c, column 2010 Schedule A, organization did indicate this box and seck this	(a) 2007 (b) 2008 (b) 2008 (c) Support Percentage In 8, column (f) divided by line 13, or column (f) divided by line 13, or column (f) divided by line 13, or column (f) divided by line 17, or column (f) divided by line 17 or column (f) divided by line 17 or column (f) divided by line 18, column (f) divided by line 19, column (f) divided by line 19, column (f) divided by line 10c, column (f) divided by line 19, column (f) divide	(a) 2007 (b) 2008 (c) 2009 (a) 2007 (b) 2008 (c) 2009 (b) 2008 (c) 2009 (c) 2009 (d) 2007 (e) 2008 (c) 2009 (e) 2009 (f) 2008 (c) 2009 (f) 2009 (f) 2008 (c) 2009 (f) 2	(a) 2007 (b) 2008 (c) 2009 (d) 2010 (a) 2007 (b) 2008 (c) 2009 (d) 2010 (b) 2010 (c) 2009 (d) 2010 (c) 2009 (d) 2010 (d) 2010 (e) 2009 (d) 2010 (f) 4010 (d) 40	(a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 The organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization (f) divided by line 13, column (f) (f) (f) (f) (f) (f) (f) (f) (f) (f)

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

. THE HORATIO R. STORER FOUNDATION	, INC.	73-:	1010913
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCAT	IONS:		
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:			
DESCRIPTION OF OTHER EXPENSES:			AMOUNT:
MISCELLANEOUS			246.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:			
DESCRIPTION	BEG.	OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE		4,166.	4,166.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES	:		
DESCRIPTION	BEG.	OF YEAR	END OF YEAR
ACCOUNTS PAYABLE		2,083.	0.
DUE TO NATIONAL RIGHT TO LIFE COMMITTEE		0.	2,271.
TOTAL TO FORM 990-EZ, LINE 26		2,083.	2,271.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE -			
PROVIDE SUPPORT TO CHARITABLE OR EDUCATIONAL PRO	GRAMS	WHICH AD	VOCATE
PRO-LIFE CAUSES.			
FORM 990-EZ, PART V, INFORMATION REGARDING PERSO	NAL BE	NEFIT CO	NTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEI	VE ANY	FUNDS,	DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BEN	EFIT C	ONTRACT.	
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY	ANY PR	EMIUMS,	DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.			

Schedule O (Form 990 or 990-EZ) (2011)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12