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Form 990-EZ

Department of the Treasury Internal Revenue Service

# 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)

(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 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No. 1545-1150

2011

Open to Public Inspection

A	Fort	the 2	2011 calenda	ar year, or tax year beginning	July 1	, 2011, a	and ending	J	une 30	, 20	12
В	Check	if ap	If applicable C Name of organization				D Emple	oyer id	entification numb	er	
	Addre	ess ch	nange	Wausau School Foundation, Inc					2	0-0287482	
	Name	e char	nge	Number and street (or PO box, if mail is not	delivered to street address)	)	Room/surte	E Telep	hone n	umber	
F	Initial			415 Seymour Street			715-261-0510				
누	Termi		return	City or town, state or country, and ZIP + 4	,	•		F Grou	p Exe	motion	
F	=		n pending	Wausau, WI 54403					ber ▶	-	A
G				✓ Cash	ıfv\ ▶		Н	Check I	· [7]	f the organization	n is not
ī	Web		9	thefoundationwsd.org						ach Schedule B	
J				eck only one) - 3 501(c)(3) 501(c) (	) ◀ (insert no.) ☐ 49	947(a)(1) or		•		0-EZ, or 990-PF)	_
	Chec			e organization is not a section 509(a)(3) suj				•		<u></u>	
				0. A Form 990-EZ or Form 990 return is n	. • •		_		~	•	•
				ses to file a return, be sure to file a comp	, -	., 000 11 (0	poologa ay ma	.y 50 .0q	o o a (	oco mon donomo,	
L		_		b, to line 9 to determine gross receipts. If gr		0 or more, o	or if total assets	s (Part II.			
				w) are \$500,000 or more, file Form 990 inste	•			•	▶ •		
	Part			e, Expenses, and Changes in N					tions	for Part I	
	rait	_		•			•			•	
-	7	•		the organization used Schedule O							
				ons, gifts, grants, and similar amounts				}	1	18	276.00
			_	ervice revenue including government					2	<del></del>	
				ip dues and assessments					3		
	1 4	_	Investment					• •	4	-5	480.00
	•	5a		ount from sale of assets other than in	•	<del></del>		0.00	1		
	İ	b		or other basis and sales expenses .				0.00			
	١.			ss) from sale of assets other than inv	entory (Subtract line	5b from li	ne 5a)		5c		0.00
	6	-	_	d fundraising events					İ		
	<b>.</b>	а		ome from gaming (attach Schedu	ile G if greater tha						
	Revenue		•			6a		0.00			
	Š	þ		me from fundraising events (not inclu			contribution	is			
Č	뿔			aising events reported on line 1) (at		ne į					
		_	sum of suc	ch gross income and contributions ex	(ceeds \$15,000)	6b	19	5683.00			
		F	Less: direc	t-expenses from gaming and fundral	sing events	6c		5192.00			
		þ	Net theom	of (loss) from gaming and fundrai	sing events (add line	es 6a and	l 6b and sul	otract	_		
			tine-6c)	La U.		• . • • .			6d	10	491.00
	7			s of inventory less returns and allow	ances	7a		0.00			
		60						0.00			
	-11	c	-Gross-prof	it or (loss) from/sales of inventory (Su	ıbtract line 7b from lir	ne 7a) .		]	7c		0.00
	#	3						[	8		0.00
_	,3	)	Total reve	nue Add lines 1 2, 3, 4, 5c, 6d, 7c,	and 8			. ▶	9	23	287.00
	10	)	Grants and	I similar amounts paid (list in Schedu	le O)				10		0.00
	11	1	Benefits pa	aid to or for members				[	11		0.00
- 5	ខ្ល   12	2	Salaries, of	ther compensation, and employee be	enefits			[	12	18	772.00
	Sesued x 12	3	Profession	al fees and other payments to indepe	endent contractors .				13	2	359.00
- 1	<u>8</u>   14	\$	, ,						14		0.00
Ĺ	ŭ   15	5		ublications, postage, and shipping.					15	7	928.00
	16		Other expenses (describe in Schedule O)						16		0.00
	17			enses. Add lines 10 through 16					17	29	059.00
_	46		Excess or	(deficit) for the year (Subtract line 17	from line 9)	<u>-</u>	<u> </u>		18		772.00
- {	19			or fund balances at beginning of y	•						
3	88			r figure reported on prior year's return					19	191	463.00
•	net Assets	)		nges in net assets or fund balances (e					20	•	412.00
2	Ž   21			or fund balances at end of year. Cor					21		279.00
_		•		, waran ooo at one or your. Oor					~· ·	1/3	-, ,,,,,

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Form 990-EZ (2011)

Cat. No. 10642I

Par	Balance Sheets. (see the instructions	for Part II.)				
	Check if the organization used Schedule	O to respond to a	ny question in this		· ·	<u> </u>
			j	(A) Beginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments			191463.00		175279.00
23	Land and buildings			0.00	+	0.00
24	Other assets (describe in Schedule O)			0.00	+= -+	0.00
25	Total assets			191463.00	-	175279.00
26		(PD)		0.00		0.00
27	Net assets or fund balances (line 27 of column			191463.00	27	175279.00
Par		•		,	İ	Expenses
	Check if the organization used Schedule		<del></del>	Part III L		quired for section
	is the organization's primary exempt purpose?	Enhance educationa				(c)(3) and 501(c)(4) anizations and section
	ribe the organization's program service accomplis					7(a)(1) trusts; optional
	easured by expenses. In a clear and concise mons benefited, and other relevant information for ea		e services provide	d, the number of	for	others.)
28	Reach for the Stars-Provides grants for creative inno			ool District.		
	The Wausau School Foundation presented 13 grants	to the Wausau Scho	ool District.			
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ □	288	27,590.00
29	The John Waldron Fund administered through the W	ausau School Found	lation provided need	led services		
	in the form of health and other support to 126 studer	nts.			l	
				,		
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ 🗆	298	4,437.00
30	The Wausau School Foundation provided for the ins	tallation of 7 Smart B	loards throughout t	ne school district	]	
	(Smart Boards are interactive electronic whiteboards	5)			]	İ
		includes foreign gra	ints, check here .	▶ 🗆	308	43,000.00
31	Other program services (describe in Schedule O)				1	
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	<u> </u>	318	<del></del>
	Total program service expenses (add lines 28a t				32	
Par					ınstrı	ictions for Part IV.)
	Check if the organization used Schedule	1	ny question in this	(d) Health benefits.	<del></del>	· · · · <u>·</u>
	(a) Name and address	(b) Title and average hours per week	compensation	contributions to employ		
	•	devoted to position	(Forms W-2/1099-MISO (if not paid, enter -0-			other compensation
Barb	ara Klofstad	President		<u> </u>	+	
	Seymour Street, Wausau, WI 54403	2hrs/wk	0.0	0.0	00	0.00
	ine Vanden Heuvel	Exec. Director		<del>-</del>	7	
415	Seymour Street, Wausau, Wi 54403	40hrs/wk	17000.0	0.0	00	0.00
	ert G. Ludwig	Treasurer				<del></del> - <u></u>
	Seymour Street, Wausau, WI 54403	2hrs/wk	0.0	0.0	00	0.00
Bill E	Brandimore	Vice President			$\top$	· <del>-</del>
415	Seymour Street, Wausau, WI 54403	2hrs/wk	0.0	0.0	00	0.00
Delo	res Kessel	Secretary				
415	Seymour Street, Wausau, WI 54403	2hrs/wk	0.0	0.0	00	0.00
Dr. C	eorge Lor	Board Member				
$\overline{}$	Seymour Street, Wausau, WI 54403	1hr/wk	0.0	0.0	00	0.00
	ael Moran	Board Member	1			
	Seymour Street, Wausau, WI 54403	1hr/wk	0.0	0.0	00	0.00
	en Sickels	Board Member				
	Seymour Street, Wausau, WI 54403	1hr/wk	0.0	0.0	00	0.00
	Slayton	Board Member				
	Seymour Street, Wausau, WI 54403	1hr/wk	0.0	0.0	00	0.00
	Stopher Toner	Board Member	1			
	Seymour Street, Wausau, WI 54403	1hr/wk	0.0	0.0	ואט	0.00
	a Terwilliger	Board Member			~	
	Seymour Street, Wausau, WI 54403 y Wessels	1hr/wk	0.0	0.0	<u>~</u>	0.00
	y wessels Seymour Street, Wausau, WI 54403	Board Member	0.0	n 0.	no	0.00

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		<b>√</b>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35 <sub>a</sub>	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		<b>✓</b>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<b>✓</b>
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions.   [37a]  0.00  Did the organization file Form 1120-POL for this year?	37b 38a		<b>√</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b   0.00			
39	Section 501(c)(7) organizations. Enter:			
a b 40a	Initiation fees and capital contributions included on line 9			1
b	section 4911 ▶ 0.00 ; section 4912 ▶ 0.00 ; section 4955 ▶ 0.00  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<i>J</i>
С	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			<del></del>
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	:		1
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed. ► Wisconsin			
42a			1-0510	<u> </u>
b	Located at ► 415 Seymour Street, Wausau, WI ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	544	103 Yes	No
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<b>1</b>
	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 the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	<b>D</b>
44	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	_	Yes	No
44a	completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>✓</b>
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		<b>1</b>

	90-EZ (2011)			· <u></u>				age
46	Did the organization engage, directly or it to candidates for public office? If "Yes,"						Yes	No
Part		s and section 4947 tion 4947(a)(1) none: s for lines 50 and 51	(a)(1) nonexempt xempt charitable tr	<b>charitable</b> usts must a	trusts on	ly. All sec		) ) 
	Check if the organization used 30	riedule O to respond	to any question in	IIIS FAIT VI	<del> </del>	· · · · ·	Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa		section 501(h) election					✓
48	Is the organization a school as described							_ ✓
49a b	Did the organization make any transfers If "Yes," was the related organization a s	•	•			. 49a	<del> </del>	
50	Complete this table for the organization' employees) who each received more tha	s five highest comper	sated employees (ot	her than offic	cers, direct			d k
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions benefit plans, comper	to employee and deferred	(e) Estimate other con		
N/A						· · · · · · · · · · · · · · · · · · ·		
		1		,				
			<u> </u>			<del></del>	<del></del>	
		1	<u></u>					
f 51	Total number of other employees paid or Complete this table for the organization \$100,000 of compensation from the org	n's five highest comp	ensated independent	t contractors	who each	received	more	tha
			1					
(a)	) Name and address of each independent contractor p	aid more than \$100,000	(b) Type of ser	vice	(c)	Compensati	on	
	) Name and address of each independent contractor p	aid more than \$100,000	(b) Type of ser	vice	(c)	Compensati	on	
	) Name and address of each independent contractor p	aud more than \$100,000	(b) Type of ser	vice	(c)	Compensati	on	
	) Name and address of each independent contractor p	aud more than \$100,000	(b) Type of ser	vice	(c)	Compensati	ion	
	) Name and address of each independent contractor p	aud more than \$100,000	(b) Type of ser	vice	(c)	Compensati	on	
N/A	) Name and address of each independent contractor p	aud more than \$100,000	(b) Type of ser	vice	(c)	Compensati	ion	
N/A				vice		) Compensati	on	
N/A	Total number of other independent contribute the organization complete Schedule	ractors each receiving	over \$100,000	<b>&gt;</b>		WA		No.
d 52	Total number of other independent conti	ractors each receiving A? Note: All section of a completed Schedu	over \$100,000 . 501(c)(3) organization le A	s and 4947(a	)(1)	IJΑ ▶ ∐ Yes		_
N/A  d 52	Total number of other independent control of the organization complete Schedule nonexempt chantable trusts must attach penalties of penury, I declare that I have examined this	ractors each receiving A? Note: All section of a completed Schedu	over \$100,000 . 501(c)(3) organization le A	s and 4947(a	)(1)	IJΑ ▶ ∐ Yes		
d d 552	Total number of other independent control Did the organization complete Schedule nonexempt chantable trusts must attach penalties of penury, I declare that I have examined this priect, and complete Declaration of preparer (other the	ractors each receiving A? Note: All section of a completed Schedu	over \$100,000 . 501(c)(3) organization le A	s and 4947(a	best of my kr	IJΑ ▶ ∐ Yes		
d d 552	Total number of other independent control Did the organization complete Schedule nonexempt chantable trusts must attach penalties of penury, I declare that I have examined this priect, and complete Declaration of preparer (other the	ractors each receiving A? Note: All section of a completed Schedu	over \$100,000 . 501(c)(3) organization le A	s and 4947(a	best of my kr	IJΑ ▶ ∐ Yes		
d d 52 Under prue, cc	Total number of other independent continuous Did the organization complete Schedule nonexempt charitable trusts must attach penalties of penury, I declara that I have examined this prect, and complete Declaration of preparer (other the Signature of officer  Robert G. Ludwig, Treasurer Type or print name and title  Print/Type preparer's name	ractors each receiving A? Note: All section of a completed Schedu	over \$100,000 501(c)(3) organization le A	s and 4947(a	best of my kr	I/A  ▶ □ Yes nowledge an  // O/3		
d d 52 Under prue, cc	Total number of other independent continuous Did the organization complete Schedule nonexempt charitable trusts must attach penalties of penjury, I declare that I have examined this prect, and complete Declaration of greparer (other the Signature of officer  Robert G. Ludwig, Treasurer Type or print name and title	ractors each receiving A? Note: All section 5 a completed Schedu return, including accompar an officer) is based on all info	over \$100,000 501(c)(3) organization le A	s and 4947(a	best of my kridge.	I/A  ▶ □ Yes nowledge an  // O/3		

#### 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.

OMB №. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Wausau School Foundation, Inc. 20-0287482 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated d Type III-Other e 🔲 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? . . . . . . . . . . . . 11g(i) (ii) A family member of a person described in (i) above? . . . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). h (iv) is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (vi) Is the (vii) Amount of the organization in col (i) of your organization (described on lines 1-9 in col (ii) listed in your organization in col. support governing document? above or IRC section (i) organized in the support? US? (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E)

Total

(Form 990 or 990-EZ) 2011						Page 2
Support Schedule for Organiza	tions Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(v	ri)
(Complete only if you checked th	e box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	•
A. Public Support		· · · · · · · · · · · · · · · · · · ·				
year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total

Secti	on A. Public Support						
Calen	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.")						
2	Tax revenues levied for the organization'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						
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.						
	on B. Total Support		T	1	T	T	,
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on					<u>.</u>	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		:				
11	Total support. Add lines 7 through 10					·	
12	Gross receipts from related activities, etc					12	<u> </u>
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he				· · · · ·		🕨 🗀
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2011 (line (		•			14	%
15	Public support percentage from 2010 Sch					15	<u>%</u>
16a	331/3% support test—2011. If the organi				d line 14 is 331	3% or more, o	heck this
	box and <b>stop here.</b> The organization qua	•		_		4-1	· · ▶ 🗀
b	331/3% support test—2010. If the organ check this box and stop here. The organ	ization qualifie	es as a publicly	supported or	ganization .		▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "f	ets the "facts- acts-and-circ	and-circumsta umstances" te:	ınces" test, ch	eck this box ar	nd stop here.	Explain in
	organization					• • • •	· · 🕨 🗀
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	tion meets the	e "facts-and-ci	ircumstances" tances" test. 1	test, check th	nis box and st	top here. a publicly
18	Private foundation. If the organization di	d not check a			a. or 17h. chec	k this box and	see
-	instructions						<b>▶</b> г

### 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 falls to quality	under the tes	sts listed beid	w, piease co	mpiete Part i	1.)	
	on A. Public Support						
	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			j		1	
_	received. (Do not include any "unusual grants.")	157,062.00	21,820.00	47,379.00	19,053.00	17,683.00	262,997.00
2	Gross receipts from admissions, merchandise sold or services performed, or facilities					Į.	
	furnished in any activity that is related to the					i	
	organization's tax-exempt purpose	5,618.00	21,560.00	15,857.00	2,455.00	15,683.00	61,173.00
3	Gross receipts from activities that are not an					- 1	
	unrelated trade or business under section 513	0.00	0.00	0.00	0.00	0.00	0.00
4	Tax revenues levied for the						
-	organization's benefit and either paid			1			
	to or expended on its behalf	0.00	0.00	0.00	0.00	0.00	0.00
5	The value of services or facilities	0.00	0.00	0.00	0.00	0.00	0.00
•	furnished by a governmental unit to the					1	
	organization without charge	0.00	0.00	0.00	0.00	0.00	0.00
6		162,680.00	43,380.00	63,236.00	21,508.00	0.00 33,366.00	0.00
_	<b>Total.</b> Add lines 1 through 5	102,000.00	43,360.00	63,236.00	21,506.00	33,300.00	324,170.00
, a	received from disqualified persons .	0.00	0.00	0.00		أمما	2.22
	<b>1</b>	0.00	0.00	0.00	0.00	0.00	0.00
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						
	· )	129,167.00	10,000.00	25,000.00	0.00	0.00	164,167.00
	Add lines 7a and 7b	129,167.00	10,000.00	25,000.00	0.00	0.00	164,167.00
8	Public support (Subtract line 7c from						
	line 6.)						160,003.00
	on B. Total Support				· · - · · · · · · · · · · · · · · · · ·		
	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	162,680.00	43,380.00	63,236.00	21,508.00	33,366.00	324,170.00
10a	Gross income from interest, dividends,				j		
	payments received on securities loans, rents,						
	royalties and income from similar sources .	-5,117.00	-12,305.00	9,656.00	11,652.00	-1,118.00	2,768.00
b	Unrelated business taxable income (less						_
	section 511 taxes) from businesses		Į.			ĺ	
	acquired after June 30, 1975	35.00	0.00	0.00	0.00	0.00	35.00
C	Add lines 10a and 10b	-5,082.00	-12,305.00	9,656.00	11,652.00	-1,118.00	2,803.00
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	0.00	0.00	0.00	0.00	0.00	0.00
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	0.00	0.00	0.00	0.00	0.00	0.00
13	Total support. (Add lines 9, 10c, 11,						<del></del>
	and 12.)	157,598.00	31,075.00	72,892.00	33,160.00	32,248.00	326,973.00
14	First five years. If the Form 990 is for the						
	organization, check this box and stop her				-		
Secti	on C. Computation of Public Suppor			<del></del>	<del></del>		<del></del>
15	Public support percentage for 2011 (line 8	, column (f) di	vided by line 1	3, column (f))		15	48.934 %
16	Public support percentage from 2010 Sch					16	38.283 %
	on D. Computation of Investment Inc				<u> </u>		70
17	Investment income percentage for 2011 (I			v line 13. colun	an (fi)	17	8.572 %
18	Investment income percentage from 2010					18	6.584 %
19a	331/3% support tests—2011. If the organi						
	17 is not more than 33½%, check this box						
b	331/3% support tests—2010. If the organiz						
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization de						
24	ivaniacaviii ii iilo digaliizalidii dil	a not oneck a t	707 OH III IO 14,	, Ja, Oi 13D, U	DECK HIIS DOX I	21 14 355 II ISII UC	tions 🕨 🔲

Schedule A (F	-om 990 or 990-E∠) 2011	Page 4
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
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