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Department of the Treasury Internal Revenue Service

OV 1 & 2012

KINTURK DATE NOV

SCANNED DEC 1 1 201

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 (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 F	or the 2	2011 calenda	ar year, or tax year beginning JULY 1 , 2011, and 6		JUNE	, 20	
B Check if applicable		plicable	C Name of organization	D Empl	-	ntification num	ber
Address change			ST ANTHONY SCHOLARSHIP FOUNDATION			-2204738	
Name change			Number and street (or P O box, if mail is not delivered to street address)	m/suite E Telep	hone nu	mber	
=	nitial retur		P O BOX 8348		662	2-915-5449	
=	erminated		City or town, state or country, and ZIP + 4	F Grou	ıp Exen	nption	
=	vmended i opplication		UNIVERSITY, MS 38677	Num	ber 🕨		
		ing Method	✓ Cash	H Check	► ☐ ıf	the organization	on is not
	Vebsit					ch Schedule B	
			eck only one) — 501(c)(3)	527 (Form 9	90, 990	-EZ, or 990-PF	-)
			e organization is not a section 509(a)(3) supporting organization or a section 527 o		s aross	receints are no	ormally
	heck ►	· L !! !!!!	e organization is not a section 309(a)(3) supporting organization of a section 327 of 10. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-post	tcard) may be red	ured (s	see instructions	s) But if
			oses to file a return, be sure to file a complete return	loard, may bo rod	J., 54 (, 55
1 0	dd linge	5b 6c and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	otal assets (Part II.			
			ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ ¢		88,382
_			ie, Expenses, and Changes in Net Assets or Fund Balances (soo the instru	tions	for Part I \	00,302
P	art I						
			the organization used Schedule O to respond to any question in the	is raiti	1	· · · · ·	72 151
	1		ons, gifts, grants, and similar amounts received				72,151
	2		ervice revenue including government fees and contracts		2		
	3	Membersh	nip dues and assessments		3		40.004
	4	Investmen			4		16,231
	5a	Gross amo	ount from sale of assets other than inventory 5a		.		
	b		or other basis and sales expenses		3		
	С	Gaın or (lo	ss) from sale of assets other than inventory (Subtract line 5b from line 5	5a)	5c		
	6	Gaming ar	nd fundraising events		٠, ١		
	a		come from gaming (attach Schedule G if greater than		ľ. d		
e	!	\$15,000)					
Revenue	ь	Gross inco	ome from fundraising events (not including \$of cor	ntributions	[*,]		
è	ļ	from fundi	raising events reported on line 1) (attach Schedule G if the				
-		sum of suc	ch gross income and contributions exceeds \$15,000) 6b		'		
	С	Less: direc	ct expenses-from-gaming-and-fundraising events 6c				
	d	Net incom	ne or (loss) from gaming and fundraising events (add lines 6a and 6b	and subtract			
		line 6c)			6d		
	7a	Gross sale	es of inventory, less returns and allowances				
	b		t of goods sold 0 V 1 9 20.12.		1		
	c		fit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
	8		enue (describe in Schedule O)		8		
	9	Total reve	enue. Add lines 1,2,3,4,5c, 6d, 7c, and 8		9		88,382
_	10		d similar amounts paid (list in Schedule O)		10		16,000
	11		paid to or for members		11		
S	12		other compensation, and employee benefits		12		
Expenses	13		nal fees and other payments to independent contractors		13		
ē	14		cy, rent, utilities, and maintenance		14		-
×					15		
w	15	• • •	oublications, postage, and shipping		16		1,688
	16	•	· ·		17		17,688
	17	ι οται exp	enses. Add lines 10 through 16	• • • • •	 		
its	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	uet agree with	18		70,694
šše	19	ivet asset	s or fund balances at beginning of year (from line 27, column (A)) (initial figure reported on prior year's return)	ust agree will			100 740
ĕ					19		160,743
Net Assets	20		inges in net assets or fund balances (explain in Schedule O)	_	20		004 405
	21			<u> ▶</u>	21	- 000 -	231,437
Fo	Paper	work Reduc	ction Act Notice, see the separate instructions. Cat No	106421		Form 990-E	= 4 (2011)

09



Pai	t II Balance Sheets. (see the instruction						
	Check if the organization used Sched	ule O to respond to a	ny question in this	Part II.			🗆
				(A) Beginnin	g of year		(B) End of year
22	Cash, savings, and investments				162,443	22	231,437
23	Land and buildings					23	
24	Other assets (describe in Schedule O)					24	
25	Total assets				162,433	25	231,437
26	Total liabilities (describe in Schedule O)				1,700	26	
27	Net assets or fund balances (line 27 of colu	mn (B) must agree wit	h line 21)		160,743	27	231,437
Par	Statement of Program Service Acco	omplishments (see th	ne instructions for	Part III.)		1	F
	Check if the organization used Sched	ule O to respond to a	ny question in this	Part III	🗆	(Rec	Expenses urred for section
What	t is the organization's primary exempt purpose?	CREATE PERMANE	NT ENDOWMENT F	OR SCHOLA	RSHI		c)(3) and 501(c)(4)
Desc	ribe the organization's program service accom	inlishments for each o	of its three largest	nrogram se	nices		nizations and section
as m	neasured by expenses. In a clear and concise ons benefited, and other relevant information for	manner, describe the					'(a)(1) trusts; optional thers.)
	PROVIDE SCHOLARSHIPS TO STUDENTS AT TH		ISSIPPI				
	18 INDIVIDUALS RECEIVED SCHOLARSHIPS RAI	NGING FROM \$500 to \$1	1000 for the academ	ic vear 2013			
						İ	
		unt includes foreign gra			> []	28a	16,000
29	<u> </u>					200	10,000
	(Grants \$) If this amou	int includes foreign ar:	onte chack hara		N	29a	
30						230	
30							
	(Grants \$) If this amou		anta abaak bara		<u></u>	200	
24	Other program services (describe in Schedule 6	unt includes foreign gra				30a	
31		O)					
22	(Grants \$) If this amount Total program service expenses (add lines 28					31a	
Par						32	16,000
Fall	Check if the organization used Sched				(see the i	ristru	ctions for Part IV.)
	Check if the organization used Sched		(c) Reportable		benefits,	ii	<u> U</u>
	(a) Name and address	(b) Title and average hours per week	compensation	contributions	to employ	ee (e)	Estimated amount of
	(a) Name and address	devoted to position	(Forms W-2/1099-MISe (if not paid, enter -0-		lans, and		ther compensation
T18.60	TIVY (COD) EV		(ii flot paid, effter -o-) Celened Co	inpensatio	-	
	OTHY K CORLEY	PRESIDENT					_
	BRADFORD STREET, FLORENCE AL 35633	5		0		0	0
	LIE M BRUNT	V-PRESIDENT		_		_	
	CECIL AVENUE, ST. LOUIS, MO 63105		<u> </u>	0		0	0
	CE CHAMBLEE	SECRETARY		_			_
	COBB STUMP ROAD, FULTON, MS 38843			0		0	0
	LIAM R RHODES	TREASURER		1			
	BOX 823 OXFORD, MS 38655	.5		0		0	0
	LIAM B MCCARTY	DIRECTOR					
	PINEWOOD DRIVE, JACKSON, MS 39211			0		0	0
	RLES L MORRIS	DIRECTOR					
283 (OAKMONT TRAIL, RIDGELAND, MS 39157			0		0	0
GEO	RGE H BOOTH	DIRECTOR					
651 I	HIGHLAND CIRCLE, TUPELO, MS 38801			0	-	0	0
	·						
			1			1	
				1			
							
						- 1	
				-		-	

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	Part		<u> </u>
	The state of the s		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		✓
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		✓
35a	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		/
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	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	35c		✓
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a			,-
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		7
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			* -
39	Section 501(c)(7) organizations. Enter:		;	
а	Initiation fees and capital contributions included on line 9	*	, ' .	
b	Gross receipts, included on line 9, for public use of club facilities	1 4	* : : ·	<i>5</i>
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶	, ,		
b	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		
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		, ,	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	2. No.	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	3. 7	✓
41	List the states with which a copy of this return is filed. ▶			
42a	The organization a books are in date of a second control of a seco		5-544	9
	Located at ► 204 A CONNER HALL, UNIVERSITY MS At any time during the calendar year, did the organization have an interest in or a signature or other authority over	38	677	
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	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	27.		-
_	and Financial Accounts.	42c	، سنت	
	At any time during the calendar year, did the organization maintain an office outside the U.S.?	420	L	
43	Section 4947(a)(1) nonexempt characteristic 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		•	
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	1	163	140
_	completed instead of Form 990-EZ	44a		1
b	completed instead of Form 990-EZ	44b		
C	Did the organization receive any payments for indoor tanning services during the year?	44c	1	✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	-	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	49-5	17.08	18.00
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	دستاً ت		
	Form 990-EZ (see instructions)	45b		<u> </u>

Form 99	90-EZ (20	111)						Р	age 4
								Yes	No
46		ne organization engage, directly or in						1	
		ndidates for public office? If "Yes," of							✓
Part		Section 501(c)(3) organizations							
_		501(c)(3) organizations and section	on 4947(a)(1) none	cempt charitable tri	usts must an	swer ques	stions 4	7-491	b
		and 52, and complete the tables	for lines 50 and 51						
		Check if the organization used Sch			his Part VI			. 	. 🗆
		<u> </u>		<u> </u>	•			Yes	No
47	Did tl	ne organization engage in lobbying	activities or have a	section 501(h) election	on in effect di	iring the ta	ax 🗆		
7.		If "Yes," complete Schedule C, Part					47	[
40	•	organization a school as described in		1)2 If "Vac " complete	Schodula E		48	 	
48		•		•			49a	1	
49a		ne organization make any transfers to						<u> </u>	
b If "Yes," was the related organization a section 527 organization?							49b		1 1
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."									ia key
	emple	byees) who each received more than	\$100,000 of comper	nsation from the orga	_,		enter	vone.	
	(a) N	ame and address of each employee	(b) Title and average	(c) Reportable	(d) Health be contributions to		(e) Estimat	ed amoi	unt of
	(6) 14	paid more than \$100,000	hours per week	compensation (Forms W-2/1099-MISC)	benefit plans, ar		other cor		
			devoted to position	(FORMS VV-27 1099-1013C)	compens	ation			
NONE									
		······							
						-			
				 	+				
	T-4-1		#100 000	▶ 0					
f		number of other employees paid ov							
51		olete this table for the organization ,000 of compensation from the orga			contractors	wno eacn	received	more	e tnan
	Ψ100	,000 or compensation from the orga	inization. Il tricic is in	Tito, enter 140ne.					
(a)) Name a	nd address of each independent contractor pa	id more than \$100,000	(b) Type of ser	vice	(c) (Compensat	tion	
NONE	_			 					
NON				-					
				 					
				4					
				4	1				
				-					
				ļ					
				_					
				<u> </u>	<u></u>				
d	Total	number of other independent contra	actors each receiving	over \$100,000	. ▶	0)		
52	Did t	he organization complete Schedule	A? Note: All section 5	501(c)(3) organization	s and 4947(a)	(1)			
		xempt charitable trusts must attach				_	► 🗸 Ye	s 🗌	No
Under	penalties	of perjury, I declare that I have examined this	return, including accompar	nying schedules and statem	nents, and to the b	est of my kno	owledge a	nd belief	f, it is
true, c	oπect, ar	nd complete Declaration of preparer (other that	n officer) is based on all inf	ormation of which preparer	has any knowled	ge.	_		
		1 William KKha				august	21.	2012	
Sign		Signature of officer			Date	- The state of the			
Here		▲ WILLIAM R RHODES, TREASURE	R						
	1	Type or print name and title							
		Tr	Preparer's signature	Tr.	ate		PTIN		
Paic	t	Print/Type preparer's name	, rope or a signature	١		Check L self-employ	ıf		
Pre	oarer			•	T =		٠		
Use	Only	Firm's name ► Firm's address ►		 	Phon	s EIN ►			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ST ANTHONY SCHOLARSHIP FOUNDATION

Employer identification number 26-2204738

Part		Reason fo	or Public Char	ity Status (All organ	nizations	must c	omplete	this par	t.) See ir	nstructio	ns.
				tion because it is: (Foi							-
1		A church, conv	vention of church	nes, or association of	churches	describe	ed in sec t	tion 170((b)(1)(A)(i)).	
2		A school desc	rıbed in section	170(b)(1)(A)(ii). (Attac	h Schedu	ıle E.)					
				pital service organiza							
	_ ı	hospital's nam	e, city, and state			-					
5	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.)										
8		A community t	rust described in	section 170(b)(1)(A)	(vi). (Con	nplete Pa	rt II.)				
	;	receipts from support from acquired by th	activities related gross investment e organization at	receives: (1) more that I to its exempt functi nt income and unrel fter June 30, 1975. Se	ons—sub ated bus ee sectio	oject to c iness tax n 509(a)(a	ertain ex cable inc 2). (Comp	ceptions ome (les olete Part	s, and (2) ss section t III.)	no more n 511 tax	than 331/3% of its
10		An organizatıo	n organized and	operated exclusively	to test fo	r public s	afety. Se	e sectio	n 509(a)(4).	
11		purposes of o	ne or more pub	d operated exclusive licly supported organ describes the type of s	izations (described	d ın secti	on 509(a	a)(1) or se	ection 509	(a)(2). See section
		a 🗌 Typel	b 🗀 :	Type II c	☐ Type	III-Functi	onally int	egrated		d□	Type III-Other
e		By checking th	nis box, I certify ndation manage	that the organization is and other than one	s not cor or more	ntrolled d publicly	rectly or supporte	indirectly ed organi	y by one izations d	or more o lescribed	disqualified persons in section 509(a)(1)
f	1		ation received a	written determination	n from t	he IRS t	hat it is	а Туре	I, Type I	I, or Typ	e III supporting
g		Since August following person		ne organization accep	oted any	gift or co	ntributio	n from a	ny of the	•	_
				ndirectly controls, eithody of the supported of					described	d in (ii) an	d Yes No
		(ii) A family m	ember of a perso	on described in (ı) abo	ve?						11g(ii)
				a person described in							11g(m)
h				on about the supporte							
(1)		ne of supported (II) EIN ((iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S?		(vii) Amount of support
				,	Yes	No	Yes	No	Yes	No	
A)											
B)											
C)											
D)	•										
E)											
				, , , , , , ,] ,			,			

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

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

Section A Public Support

Section	on A. Public Support					,	
Calen	dar 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						
	include any "unusual grants ")		150,208	69,447	58,112	72,151	349,918
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				1		
4	Total. Add lines 1 through 3		150,208	69,447	58,112	72,151	349,918
		-		7 1 30			
5	The portion of total contributions by each person (other than a		, , ,				
	each person (other than a governmental unit or publicly		,	, , ,	, ,		
	supported organization) included on					Trade	
	line 1 that exceeds 2% of the amount	1127		· -:	' ' ' '		
	shown on line 11, column (f)	- ' '	1 .		, ₂ ,	163 30 - 3	165,220
6	Public support. Subtract line 5 from line 4			, , ,		2 2	184,698
	on B. Total Support	<u> </u>	<u> </u>	L		<u> </u>	104,038
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	(4) 2001	150,208	69,447	58,112		349,918
8	Gross income from interest, dividends,					,	
U	payments received on securities loans,						
	rents, royalties and income from similar						
	sources		28	1,642	47	16,231	17,948
9	Net income from unrelated business		20	1,042	·	10,231	17,040
9	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or	<u> </u>					
10	loss from the sale of capital assets		1				
	(Explain in Part IV.)						
44	Total support. Add lines 7 through 10		1 3				402,045
11 12	Gross receipts from related activities, etc.					12	0
13	First five years. If the Form 990 is for t						
10	organization, check this box and stop he	-					▶ ☑
Secti	on C. Computation of Public Suppo						· · · •
14	Public support percentage for 2011 (line			1 column (fl)		14	%
15	Public support percentage from 2010 Sc		•			15	//
16a	331/3% support test—2011. If the organ						
100	box and stop here . The organization qua						•
b	331/3% support test—2010. If the orga	•	• • •	•			or more
J	check this box and stop here . The organ					10 13 00 /3/0	
47-				• • • • • • • • • • • • • • • • • • • •			. P []
17a							
	10% or more, and if the organization me						
	Part IV how the organization meets the "			_	auon quaimes	as a publicly S	
	organization					· · · · ·	. ▶ 🗆
b	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organiza				•		•
	Explain in Part IV how the organization r				-		
•-	supported organization						
18	Private foundation. If the organization d						
	instructions		<u></u>	· · · · ·			<u>·</u> • 📮

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

	in the organization rans to quality	under the te	0.0 1101.00 5010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	···/	
	on A. Public Support			() 2000		1	
	dar 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 include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities					1	
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an				-		
	unrelated trade or business under section 513					ļ	
4	Tax revenues levied for the						
7	organization's benefit and either paid						
	to or expended on its behalf						
_	'						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3		1				
	received from disqualified persons .						
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		, ,	* ,	, 1 p 1	' · -	
	line 6)			y- :	7 7 7 8	ے ما بی	
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6		, ,	• •			
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						
	or not the business is regularly carried on						
40	- ·						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)]	
12	Total support. (Add lines 9, 10c, 11,						
13	· · · · · · · · · · · · · · · · · ·						
4.4	and 12.)		No fund	d thurd forms	Or fifth tour	00,000	n F01(a)(0)
14	First five years. If the Form 990 is for the	_					
04:	organization, check this box and stop he		<u> </u>		· · · · ·		
	on C. Computation of Public Suppor			0 ashu (0)		145	
15	Public support percentage for 2011 (line 8		•			15	<u>%</u>
16 Socti	Public support percentage from 2010 Sch			<u> </u>	· · · · ·	16	%
	on D. Computation of Investment In			vilno 12 natim	mn (fl)	1471	
17	Investment income percentage for 2011 (•	* * * * * * * * * * * * * * * * * * * *		<u>%</u>
18	Investment income percentage from 2010					18	% 2 and line
19a	331/3% support tests—2011. If the organ						
	17 is not more than 331/8%, check this box					-	_
b	331/3% support tests - 2010. If the organiz	ation did not d	neck a box on	iine 14 or line 1	isa, and line 16	o is more than 3	ദ്യ'ശ്യം, and
D							
J	line 18 is not more than 331/8%, check this Private foundation. If the organization di	box and stop h	ere. The organ	zation qualifies	as a publicly s	upported organ	ization 🕨 🔲

ocneaule A (F	-orm 990 or 990-E2) 2011	Page 4
Part IV	Supplemental Information. 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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