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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)

Dep. Inter	artment of nai Reven	ue Service	▶ The organization may have to use a copy of this return to satisfy state reporting	requirements	Inspection
Ā	For the	2011 cale	ndar year, or tax year beginning JULY 1 , 2011, and ending	JUNE 30	, 20 12
В	Check if	applicable	C Name of organization GAMMA MU FOUNDATION, INC.	D Employe	er identification number
	Address	change	Doing Business As		33-0351175
	Name ch	nange	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephor	ne number
	Initial ret	urn	C/O JAMES H. SHERROD, 1005 EIGHTH AVENUE SOUTH		615-254-5590
	Termina	ted	City or town, state or country, and ZIP + 4		
	Amende	d return	NASHVILLE, TENNESSEE 37203	G Gross re	ceipts \$ 261,226
	Applicat	ion pending	F Name and address of principal officer H(a	i) Is this a group return i	or affiliates? 🗌 Yes 🗹 No
				•	cluded? Yes No
<u>L</u> _	Tax-exe	mpt status	✓ 501(c)(3)	If "No," attach a	list (see instructions)
<u>J</u>	Website	-) Group exemption	
_			✓ Corporation Trust Association Other ► L Year of formation	1989 M State	of legal domicile FL
Ŀ	art I	Summ			
	1		scribe the organization's mission or most significant activities:	VIIAL ODIENTA	
9	1		E CIVIL RIGHTS FOR ALL CITIZENS WITHOUT REGARD TO RACE, CREED OR SE	XUAL ORIENTA	ATION.
ğ		CHARITA	BLE AND EDUCATIONAL PROGRAMS		
Activities & Governance	2	Chook th	is box ▶ ☐ if the organization discontinued its operations or disposed of more	o than 25% of	ito not conota
ő	3		and the contract of the contra	1 . 1	16
∘ઇ	4		of voting members of the governing body (Part VI, line 1a)	 	16
ties	5		nber of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
Ę	6		nber of volunteers (estimate if necessary)	6	35
Ą	7a		elated business revenue from Part VIII, column (C), line 12	7a	0
	Ь		ated business taxable income from Form 990-T, line 34	7b	
	 -			Prior Year	Current Year
2	8	Contribu	tions and grants (Part VIII, line 1h)	420,591	261,226
֓֞֜֝֟֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֡֓֓֓֓֓֡֓֡֓֡֓֡	9		service revenue (Part VIII, line 2g)		
va v v 😂 Revenue	10	_	nt income (Part VIII, column (A), lines 3, 4, and 7d)	251,933	(20,013)
2 Œ	11		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
7	12	Total rev	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	672,524	241,213
· —	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)	108,536	130,750
í	14	Benefits	paid to or for members (Part IX, column (A), line 4)		
ွှ	15	-	other compensation, employee benefits (Part IX, column (A), lines 5-10)		
שופים שופים	16a		onal fundraising fees (Part IX, column (A), line 11e)		
Expenses	. b		draising expenses (Part IX, column (D), line 25)		BROWN BURNEY WAR
ш	1 ''		penses (Part IX, column (A), lines 11a-11d, 11f-24F ECEIVED	34,003	41,213
,	18		penses. Add lines 13-17 (must equal Part IX, column (A), line 25)	142,539	171,963
	19	Revenue	less expenses. Subtract line 18 from line 120 NOV 6: 9: 2017	529,985	69,250
5 0	88		sets (Part X, line 16)	ng of Current Year	End of Year
Assets or	E 20			1,833,992	1,903,242
Net A	21		pilities (Part X, line 26)	4 500 600	4 000 040
_			ts or fund balances. Subtract line 21 from line 20	1,883,992	1,903,242
	art II		iry, I declare that I have examined this return, including accompanying schedules and statements, a	and to the boot of a	are broadlands and halof she
			lete Declaration of preparer (other than officer) is based on all information of which preparer has an		ny knowledge and belief, it is
		$\top \!\!\! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	China the State	1/	1,-/12
Si	ign	Sigi	agure of officer	Date	4/12
	ere			(e-2	,
		Тур	e or print name and title		
_ D	aid	Pnnt/T	pe preparer's name Preparer's signature Date	Check [ıf PTIN
	aiu repar	DOUG	LAS J. BROWN	self-emp	
	se Or		name ► BROWN & TATRO, P.C.	Firm's EIN ▶	26-1953871
		Firm's	address ► 1005 EIGHTH AVENUE SOUTH, NASHVIKLE, TENNESSEE 37203	Phone no	615-345-6234
_			s this return with the preparer shown above? (see instructions)		🗹 Yes 🗌 No
F	r Papei	rwork Redi	action Act Notice, see the separate instructions. Cat No 1128	32Y	Form 990 (2011)

Form 99	0 (2011)			Page 2
Part		m Service Accomplishments contains a response to any question	in this Dort III	
1	Briefly describe the organiza	ition's mission. R ALL CITIZENS WITHOUT REGARD TO F	RACE, CREED OR SEXUAL ORIENTATION	
2	prior Form 990 or 990-EZ?		uring the year which were not listed on the	Yes 🗹 No
3	services?	conducting, or make significant ch	anges in how it conducts, any program	ı ∐Yes ☑No
4	expenses. Section 501(c)(3)	program service accomplishments for and 501(c)(4) organizations and sec	each of its three largest program services tion 4947(a)(1) trusts are required to report any, for each program service reported.	s, as measured by ort the amount of
4a	(Code:) (Expense grants made to various related to matters of s		of \$) (Revenue \$ IRC 501C3 TO PROMOTE KNOWLEDGE AND) EDUCATION
4b	(Code:) (Expense	es \$including grants o	of \$) (Revenue \$)
4c	(Code:) (Expense	es \$including grants o	of \$) (Revenue \$)
4d	Other program services (Des			
	(Expenses \$ Total program service exp	including grants of \$ enses ▶) (Revenue \$	····

Form 99	0 (2011) •			Page 3
Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	√	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	√	
3	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," <i>complete Schedule C, Part I</i>	3		1
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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		1
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		1
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, 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
	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
	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
	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	✓	
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	, , , , ,	14a		✓
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		1
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		<u>·</u>
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		√
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		20a		✓
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		-
		Forn	n 990	(2011)

Form 99	0 (2011) •			Page 4
Part	Checklist of Required Schedules (continued)			
04	Did the augustation report more than \$5,000 of superboundabless and other specific results.		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		1
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		V
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	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, 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		1
c b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		✓
	to defease any tax-exempt bonds?	24c		✓
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d	!	V
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		✓
	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		 ✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	-	1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		V
	conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		√
36	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		√
37	related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		✓
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	/	-

1a b c 2a	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	0 0	Yes	No
b c 2a	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		Yes	No
b c 2a	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			15.00
2a	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			b `~
2a	reportable gaming (gambling) winnings to prize winners?			1
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		عَامُنا .
		17886	V * 1.8%	367.2
h	Statements, med for the calcillar year chairly with or within the year covered by this feture 2a		5.34	200
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	0 2b		
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			N.S
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	12 diam'r	/
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	 	Ľ
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	}	1	
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: >			MI
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	_	_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1.	ł	
h	organization solicit any contributions that were not tax deductible?	<u>6a</u>	<u> </u>	✓
b			l	
7	gifts were not tax deductible?	6b	- Anneards	Chelist
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	4		
_	and services provided to the payor?	7a	A.	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	\vdash	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		1	F
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	0	i Acti	\$
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	34		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8	1.00 to 282	V
9	Sponsoring organizations maintaining donor advised funds.	200		
a b	Did the organization make any taxable distributions under section 4966?	9a		V
10	Section 501(c)(7) organizations. Enter:	9b	Vijena.	.⊌S*Obt
а	Initiation fees and capital contributions included on Part VIII, line 12			H.
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			ď.
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	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		- AMERICAN
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	MA	110	¥2.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		_
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

13b

13c

F	Page 6
а	"No"

Form 99					age O
Part \					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sche	dule O. S	ee ins	tructi	ons
	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	<u> </u>	<u> </u>	✓
Section	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	16	,	Trans.	7
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			PAGE.	11 - 3 - 1 18 (81) %
	committee, explain in Schedule O.	ŀ			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh				
	any other officer, director, trustee, or key employee?	·	2	mercanian.	√
3	Did the organization delegate control over management duties customarily performed by or under the			-	_
	supervision of officers, directors, or trustees, or key employees to a management company or other person	? .	3		✓ _
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file		4		\
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ts?.	5		✓_
6	Did the organization have members or stockholders?	٠	6_	✓_	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or one or more members of the governing body?	appoint	_		
L	Are any governance decisions of the organization reserved to (or subject to approval by) me	ombore	7a	✓	-
b	stockholders, or persons other than the governing body?	anders,	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken	durina	M.A	8.7e" 5.0e	
_	the year by the following:	5		á,	
а	The governing body?		8a	✓	1. Participal
b	Each committee with authority to act on behalf of the governing body?		8b	-	1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		_9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Interna-	al Reven	ue C		 -
40-	Did the excenivation have local chapters, branches, or offiliates?	1	40-	Yes	
10a b	Did the organization have local chapters, branches, or affiliates?	· · ·	10a		√
•	affiliates, and branches to ensure their operations are consistent with the organization's exempt purpo		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the		11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to c	onflicts?	12b		✓
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? In	"Yes,"			
	describe in Schedule O how this was done	• •	12c		
13	Did the organization have a written whistleblower policy?		13		/
14 15	Did the organization have a written document retention and destruction policy?	oval by	14	ep es	√
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and dec	•			
а	The organization's CEO, Executive Director, or top management official		15a	-1 es 10	<u> </u>
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).	ł	74		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arran	gement			
	with a taxable entity during the year?	• •	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to eval				. 1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguorganization's exempt status with respect to such arrangements?			421	
Soot	on C. Disclosure	<u>···</u>	16b		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ► NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Γ (Section	5010	c)(3)s	onlv)
	available for public inspection. Indicate how you made these available. Check all that apply.		(,,-,-	
	Own website Another's website Upon request				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents,	conflict o	f inter	est p	olicy,
	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	i records	of the)	
	organization: ► JAMES H. SHERROD, JR., 1005 EIGHTH AVENUE SOUTH, NASHVILLE, TN 37203				

Form 990 (201											Page 7		
Part VII													
,	Independent Contractors												
	Check if Schedule O contains a re										<u> </u>		
	Officers, Directors, Trustees, Key te this table for all persons required										a with or within the		
	n's tax year.	I TO DE HOL	eu. m	epo	,,,,	JUIII	pens	a110	ii ioi the calei	idai yeai eridiri	g with or within the		
5	of the organization's current office	rs, director	s, tru	ste	es (whe	ther	indi	viduals or orga	anızations), rega	rdless of amount o		
	ion. Enter -0- in columns (D), (E), and												
• List all	of the organization's current key em	iployees, if	any	See	ıns	truc	tions	for	definition of "k	key employee."			
	e organization's five current highes												
	ed reportable compensation (Box 5	of Form V	V-2 a	ind/	or I	Вох	7 of	Fo	rm 1099-MIS0	C) of more than	\$100,000 from the		
•	n and any related organizations. Il of the organization's former office	ore kov on	anlow	000	25	d h	iahoo	+ 0	omposested a	mployaga wha	received more than		
	f reportable compensation from the c									inployees who	received more mai		
	of the organization's former direct	-		-			_			s a former direc	tor or trustee of the		
organizatio	n, more than \$10,000 of reportable co	ompensatio	n froi	m th	ne o	rgai	nizatı	on a	and any related	l organizations.			
	ns in the following order: individu		s or	dire	ecto	ors;	ınstr	tutio	onal trustees;	officers; key	employees; highest		
-	ed employees; and former such person												
☐ Check t	his box if neither the organization nor	any related	d orga	aniz			ompe	nsa	ited any currer	it officer, directo	r, or trustee.		
		(m)			-	C) ition							
	(A) Name and Title	(B) Average	(do not check more						(D) Reportable	(E) Reportable	(F) Estimated		
	Name and This	hours per	s per officer and a director/trustee)						compensation	compensation from	amount of		
		week (describe	e ju	lns	Officer	<u>ک</u>	em	For	from the	related organizations	other compensation		
		hours for related	lirec	it	e e	em	hest	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the		
		organizations	Individual trustee or director	Institutional trustee	ŀ	Key employee	8 COT		(44-2/1099-14130)		organization and related		
		in Schedule O)	uste	trus		8	pen				organizations		
		,	ı "	8			Highest compensated employee				•		
						-							
(1) NONE							1						
		ļ. <u>.</u>				_		_			<u> </u>		
(2)													
(3)					-		 	\vdash	 				
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(4)													
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(5)													
(6)			 -	<u> </u>		\vdash							
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(11)													
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(12)		1	I	1		1	1	1			İ		

(14)

Part '	Section A. Officers, Directors, Trust	ees, Key E	mploy	yees	s, a	nd F	lighe	st C	ompensated E	mployees (continue	ed)		
					•	C)								
	(A)	(B)	(do n	ot ch		ition	e than o	опе	(D)	(E)		(1	F)	
	Name and title	Average	box,	unles	s pe	rson	is both	n an	Reportable	Reportabl			nated	
		hours per week				Γ	or/trust	<u>, </u>	compensation	compensation related	from	amoi	unt of ner	
		(describe	Individual trustee or director	Institutional trustee	Officer	Key employee	불	Form	the	organizatio		compe	nsation	ı
		hours for related	vidu	큪	cer	em	o est	ner	organization (W-2/1099-MISC)	(W-2/1099-N	IISC)	_	the zation	
		organizations	Q #	onal		 	i g		(** 2, 1000 111100)				elated	
		in Schedule O)	uste	ţ		ee ee) pg					organi	zations	
		0,	ő	stee			Highest compensated employee							
// 51 510							ä							
(15) NO	INE					1		Ì	1		Ì			
(4.6)			├─		_	┢		┢		<u> </u>				
(16)											l			
(17)				-	-		_	├			-			
32.27														
(18)		t. 	<u> </u>	-	\vdash			\vdash						
X:172		1		ļ	1									
(19)						 	_							
X]									i			
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(21)				ļ	ļ			ļ						
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(22)								1						
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(23)														
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(24)		4	}	İ			}	1						
<u></u>			 	-	<u> </u>	├	 	⊢	 	 				
(25)		-	ł	1										
1b	Sub-total	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	I	<u> </u>		L	_						
C	Total from continuation sheets to Part			•	•	•		•	 					
d	Total (add lines 1b and 1c)				•	•		•				 -		
2	Total number of individuals (including bu						above	e) w	ho received m	ore than \$1	00.000	of		
_	reportable compensation from the organ						ubo.	٠,		oro andri qu	50,000	٥.		
													Yes	No
3	Did the organization list any former of	ficer, direc	ctor, c	or ti	rust	ee,	key (emp	oloyee, or high	est compe	nsated			
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ivid	ual	•				3		✓
4	For any individual listed on line 1a, is the													
	organization and related organizations	_		150	,000	0? /	f "Ye	s, "	complete Sch	nedule J fo	r such			
				•	•	•		•	• • • • •	• • • •		4		✓_
5	Did any person listed on line 1a receive of for services rendered to the organization													
		rii res, c	comp	ietė	SCI	nea	uie J	ior	such person	· · · ·	<u>· · · </u>	5		<u>✓</u>
	on B. Independent Contractors		lod in	400		lon*			ovo that reading		- 6100	000 -4		
1	Complete this table for your five highest compensation from the organization. Re												n'e ta	v
	year.	port compe	a iodii	0111	0, 1	116 (aiciic	Jai ;	year ending wi	III OI WILIIII	ine orga	arnzano	ii S la	^
	(A)							Т	(B)			(C)		
	Name and business add	dress						1	Description of s	ervices	C	Compensa	ition	
NONE								1-						
-												_	_	
												~		
								_						0
2	Total number of independent contractor received more than \$100,000 of compen							o th		ove) who	- \$ th			: 12
	received more man production of compen	Januii II Ull	1 1116 C	лyd	. 114ć	はいひに	·		0		r is the	1	- n 1	

Part	VIII	Statement of Reve	enue					· · · · · · · · · · · · · · · · · · ·
			17 17 17 17 17 17 17 17 17 17 17 17 17 1		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns				1799 A. F. S		SECTION OF THE PROPERTY.
ara Iou	b	Membership dues .	——	110,887	100	4.14.5.56		
s, C Am	С	Fundraising events .		63,722		13.35		
Giff	d	Related organizations	s 1d					100
ıs, (imi	е	Government grants (con						4.
tior r S	f	All other contributions, g						
bul		and similar amounts not inc	cluded above 1f	86,617				
ntri d O	g	Noncash contributions include	ded in lines 1a-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1	f	>	261,226		15	1797
				Business Code	\$6.50 miles	42570 WAGE	13 1707	
Ven	2a				Militar annual de al marchite de la constantion della constantion		200000000000000000000000000000000000000	
Be	Ь				·····			
ဋ	ြင						· · · · · · · · · · · · · · · · · · ·	
ē	di			· ·				
S	e							
gra	l ř	All other program ser						
Program Service Revenue	g	Total. Add lines 2a–2						
	3	Investment income	(including divide	ends, interest.				
		and other similar amo	,		68,528			
	4	Income from investmen	=		55,025			
	5							
	"	Royalties	(i) Real	(II) Personal	\$100 SEE SEE SEE SEE SEE SEE SEE	A STATE OF S		
	6a	Gross rents	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,,		i i i trajiri i		
	b	Less: rental expenses						
	C	Rental income or (loss)						
	d	Net rental income or						
	7a	Gross amount from sales of (i) Securities (ii) Other		(ii) Other	USTINGAOTE AND COSTS, AND PARK	20204/1444 (2020)	Francisco de la companio	
	/"	assets other than inventory	(i) Coodinioo	(ii) Galler				
	ь	Less: cost or other basis			i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de		Figure 1976	
	5	and sales expenses .	İ	VADIOUE				
		<u>.</u>		VARIOUS			100	*17: 5.4
	C	Gain or (loss)			(00.544)		45.0	
	d	Net gain or (loss) .		<u> ▶</u>	(88,541)	Banks (FX of Alba A. Lee Bank	1817-19-180-19-180-180-180-18-18-18-18-18-18-18-18-18-18-18-18-18-	a-Archinestal al Carathe son conserva-
<u>o</u>	00	Gross income from fu	ındroioina		The section	11.4	7.50	
enene	8a	events (not including \$	inuraising			1.464		
ě	1	•				200		
Œ		of contributions report See Part IV, line 18 .	•		1.0	· . 2442		
Other	١.		= -			1.00 Mg. 144		
ō	b	Less: direct expenses					基本研究的描述上的	
	C	Net income or (loss) to Gross income from ga		events . 🕨	37.少春で、別のでい 治 の高級連続集業			
	9a	See Part IV, line 19 .				COLUMN 		
	_		_					
	b	Less: direct expenses Net income or (loss) t			22 F 12 F 12		San Carlotte	2.4.2.7.00 (A) (A) (A) (A)
	10a			villes P	A-25 CAMPANA	47.754.000.000.207.000		
	10a	returns and allowanc	•					
	١.		_				100	
	b	Less: cost of goods s		L antoni b	SE COL	进。进行宣动。 为宣	He give to	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	C	Net income or (loss) t						
	-	Miscellaneous F	nevenue	Business Code				
	11a							
	b			-				
	С	All all an			ļ	-		
	d	All other revenue		L				
	12°	Total. Add lines 11a-						
	12	Total revenue. See i	HSTRUCTIONS		241,213	1		İ

Part IX Statement of Functional Expenses

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

	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	(D) Fundraising					
1	Grants and other assistance to governments and			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	L. Selver					
	organizations in the United States. See Part IV, line 21	129,000	129,000	general expenses						
2	Grants and other assistance to individuals in the United States. See Part IV, line 22									
3	Grants and other assistance to governments, 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									
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									
9	Other employee benefits			ļ. .						
10	Payroll taxes									
11	Fees for services (non-employees):									
a b	Management									
C	Accounting	12,850		9,638	3,212					
d	Lobbying	12,000		3,030	3,212					
e	Professional fundraising services. See Part IV, line 17									
f	Investment management fees		THE REPORT OF THE PARTY OF THE	burden management of the Management and the						
g	Other									
12	Advertising and promotion									
13	Office expenses									
14	Information technology									
15	Royalties	<u> </u>								
16	Occupancy									
17	Travel	1,750	1,750							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings .			ļ						
20	Interest									
21	Payments to affiliates	220		220						
22 23	Depreciation, depletion, and amortization . Insurance	338		338						
23 24	Other expenses, Itemize expenses not covered	Ziripijase kare e								
24	above. (List miscellaneous expenses in line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
а	ADMIN EXPENSES	10,024		7,518	2,506					
þ	BOARD MEETINGS	7,027		5,270	1,757					
C	CREDIT CARD FEES	4,008		3,006	1,002					
d	MISC. EXPENSES	6,966		5,225	1,741					
e	All other expenses Total functional expenses. Add lines 1 through 24e	474 000	420 770		40.5==					
25	Joint costs. Complete this line only if the	171,963	130,750	30,995	10,218					
26	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)									

Pa	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	73,031	1	133,643
l	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
		· ·		4	
	4	Accounts receivable, net	CONSTRUCTION OF THE ACTION OF	4	TO STANK T. ARROW MARKET VICES
	5	Receivables from current and former officers, directors, trustees, key	20 Television 19	5 (1) 5 (1)	
,		employees, and highest compensated employees Complete Part II of		28	
		Schedule L		5	
İ	6	Receivables from other disqualified persons (as defined under section		SAFE.	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		203	
		employers and sponsoring organizations of section 501(c)(9) voluntary	Market State Control		
s		employees' beneficiary organizations (see instructions)		6	
set	7	Notes and loans receivable, net	<u> </u>	7	
Assets	8	Inventories for sale or use	<u> </u>	8	
,	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or	PERSONAL TAX	Wist's	
	100	other basis. Complete Part VI of Schedule D			
				10c	**************************************
	11	Investments—publicly traded securities	4.750.407	11	4 700 000
	12	Investments—other securities. See Part IV, line 11	1,759,407		1,768,233
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,554		1,366
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,833,992	<u> </u>	1,903,242
	17	Accounts payable and accrued expenses		17	<u> </u>
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	WATER TO SERVICE A CONTRACT OF THE PARTY OF	21	Catherine di Catherine de la c
es	22	Payables to current and former officers, directors, trustees, key			
Ξ		employees, highest compensated employees, and disqualified persons.			1
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		ŀ	
	ļ	parties, and other liabilities not included on lines 17-24). Complete Part X	1	1	
	į	of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
		Organizations that follow SFAS 117, check here ▶ ☐ and complete	AND THE RESERVE		
ě	1	lines 27 through 29, and lines 33 and 34.			
ä	27	Unrestricted net assets	1,883,992	27	1,903,242
Bal	28	Temporarily restricted net assets		28	
و	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117, check here ▶ ☐ and		政制	
2		complete lines 30 through 34.			e a u i
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ě	33	Total net assets or fund balances	1,833,992	33	1,903,242
_	34	Total liabilities and net assets/fund balances	1,833,992	34	1,903,242
		· · · · · · · · · · · · · · · · · · ·			5 000

orm 99	0 (2011)			Pa	age 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			٠,	. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		24	1,213
2	Total expenses (must equal Part IX, column (A), line 25)	2		17	1,963
3	Revenue less expenses. Subtract line 2 from line 1	3		6	9,250
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,83	3,992
5	Other changes in net assets or fund balances (explain in Schedule 0)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		1,90	3,242
Part	· · ·				
	Check if Schedule O contains a response to any question in this Part XII	· • •	<u> </u>	<u> </u>	<u>. </u>
_			12.40	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			- 4	
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	lain in			
200				14.2	A A
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	√	
b	Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over		2b		✓_
С	of the audit, review, or compilation of its financial statements and selection of an independent account			,	
	If the organization changed either its oversight process or selection process during the tax year, exp		2c	√	STORES AND
	Schedule O.	лантин			
А	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	r word			
u	issued on a separate basis, consolidated basis, or both:	i weie			4.5
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	orth in			200
34	the Single Audit Act and OMB Circular A-133?		За		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ao the	00		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3ь		-
			Forn	n 990	(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.

OMB No 1545-0047

2011

Open to Public Inspection

Name	of the organization						E	mployer ic	dentification	number		
	MA MU FOUNDATION		<u> </u>						33-035			
Par			ity Status (All orga						nstruction	ıs.		
The 6 1 2 3 4	A church, cond A school description A hospital or a A medical rese	vention of church ribed in section cooperative hos earch organizatio	tion because it is: (Fonces, or association of 170(b)(1)(A)(ii). (Attaction of spital service organization operated in conjunction.	churches th Schedu ation desc	describeriber describeribed in s	ed in sec section 1	tion 170(170(b)(1)(b)(1)(A)(i A)(iii).	•	ii). Ente	r the	
5	☐ An organization	e, city, and state on operated for t)(1)(A)(iv). (Comp	he benefit of a colle	ge or uni	versity o	wned or	operated	by a go	vernmenta	l unit d	escrib	ed in
6 7	☐ A federal, state ☑ An organization	e, or local govern	nment or government receives a substantia (A)(vi). (Complete Par	l part of					nit or from	the gei	neral (public
8	☐ A community t	trust described in	section 170(b)(1)(A))(vi). (Cor	nplete Pa	ırt II.)						
9	receipts from support from	activities related gross investmen	receives: (1) more that I to its exempt funct nt income and unrel fter June 30, 1975. Se	ions-sul lated bus	oject to d siness ta	certain ex xable inc	ceptions	s, and (2) ss sectio	no more	than 33	31/3%	of its
10 11	An organization	on organized an one or more pub	operated exclusively d operated exclusive licly supported organ describes the type of	ely for th	e benefi describe	t of, to p	oerform t	the funct (1) or se	ions of, o ection 509	(a)(2). S		
e		indation manage	Type II c that the organization rs and other than one		ntrolled o	lirectly or	indirectl		or more d		ed pe	rsons
f	organization,	check this box .								e III sup · · ·	portir	ng · 🗀
g	following pers (i) A person	ons? who directly or i	ne organization acception acception of the supported of t	her alone	or toget	her with	persons				Yes	No
	• •			_						11g(i)		<u> </u>
		•	on described in (i) abo							11g(ii		-
ł			a person described ir on about the support							11g(iii	L	
	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 organ col (i)	ou notify nization in of your port?	organizat (i) organi	Is the tion in col zed in the S ?		mount	of
				Yes	No	Yes	No	Yes	No			
(A)										_		
(B)												
(C)												
(D)												
(E)												
Tota	al									· ·		

	e A (Form•990 or 990-EZ) 2011				<u> </u>	·	Page 2
Part							
	(Complete only if you checked the						alify under
Cooti	Part III. If the organization fails to on A. Public Support	quality unde	the tests is	ited below, pi	ease comple	te Part III.)	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(a) 2011	(6 Total
Calen	Gifts, grants, contributions, and	(a) 2007	(b) 2006	(6) 2009	(a) 2010	(e) 2011	(f) Total
1	membership fees received. (Do not						
	include any "unusual grants.")	212,406	196,084	385,019	420,591	261,226	1,475,326
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			330,70.10	120,001	201,220	1,110,020
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	212,406	196,084	385,019	420,591	261,226	1,475,326
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.				性机械的时候		1,475,326
	on B. Total Support					,	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	212,406	196,084	385,019	420,591	261,226	1,475,326
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,945	21,107	14,912	50,235	68,528	185,727
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	_					
11	Total support. Add lines 7 through 10			Exc itations		1010.4865	1,661,053
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for t				-		
	organization, check this box and stop he			· · · · ·	<u></u>	· · · · ·	▶ □
	ion C. Computation of Public Suppo						
14	Public support percentage for 2011 (line		-	***		14	89 %
15 16a	Public support percentage from 2010 Sc 331/3% support test—2011. If the organ box and stop here. The organization qua	ization did not o	check the box	on line 13, and	d line 14 is 331		
b		nization did no	t check a box	on line 13 or	16a, and line		or more,
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the " organization	eets the "facts-a facts-and-circu	and-circumsta mstances" tes	inces" test, che st. The organiz	eck this box ar ation qualifies	nd stop here. E as a publicly su	xplain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization resupported organization	ation meets the neets the "facts	facts-and-ci and-circums	ircumstances" tances" test. T	test, check th he organizatio	nis box and st o n qualifies as a	publicly
18	Private foundation. If the organization of						
	instructions						

Part	Support Schedule for Organiza						
	(Complete only if you checked the						ler Part II.
	If the organization fails to qualify	under the tes	sts listed belo	ow, please co	mplete Part I	1)	
	on A. Public Support						
	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.") Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities			ĺ			
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose		<u> </u>				
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513			N/A			
4	Tax revenues levied for the	:					
	organization's benefit and either paid				1	1	
_	to or expended on its behalf						
5	The value of services or facilities				i		
	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 .						

b	Amounts included on lines 2 and 3 received from other than disqualified			1			
	received from other than disqualified persons that exceed the greater of \$5,000					į	
	or 1% of the amount on line 13 for the year					ĺ	
•	Add lines 7a and 7b						
С 8	Public support (Subtract line 7c from	Sale of Carlosia	Destriction	F-1121288888			
Ü	line 6.)						
Secti	on B. Total Support	BB550K02411121128F8638	NET 2万 60 1986年,7 55	一个在18年2時時至1779年	Web As Court & Detail		
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	(4) 2001	(2) 2000	(0) 2000	(4) 2010	(0) 2011	
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			N/A			
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets	1				Ì	
	(Explain in Part IV.)					_	
13	Total support. (Add lines 9, 10c, 11,		-	}			
	and 12.)	·	<u> </u>	L			
14	First five years. If the Form 990 is for the	-			•		, ,, ,
	organization, check this box and stop he			<u></u>		· · · · ·	<u> </u>
	ion C. Computation of Public Suppo						
15	Public support percentage for 2011 (line		-			15	%_
16	Public support percentage from 2010 Sc			<u></u>		16	N/A %
	ion D. Computation of Investment In				(0)		
17	Investment income percentage for 2011	•		•		17	%
18	Investment income percentage from 201					18	N/A %
19a	331/3% support tests—2011. If the organ 17 is not more than 331/3%, check this box						·
						_	_
b	331/3% support tests – 2010. If the organiline 18 is not more than 331/3%, check this						
00	Private foundation. If the organization d						
20		HOL OHOUR A	20/201 III 14	, 10u, 01 10D, C	ALCON LING DOX	~ <u>~</u>	

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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SCHEDULE D (Form 990)

Supplemental Financial Statements

2011

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number GAMMA MU FOUNDATION, INC. 33-0351175 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . Aggregate contributions to (during year) . Aggregate grants from (during year) . . N/A Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

, , , ,	0.45 0000 0044						- 0
Schedul	e D (Form•990) 2011 Organizations Maintaining	Callactions of	Art Lic	torical T		Other Similar Ac	Page 2
3	Using the organization's acquisition, a collection items (check all that apply):						
a b	☐ Public exhibition ☐ Scholarly research		d e	☐ Loan ☐ Other	or exchange p	ograms	
с 4	Preservation for future generations Provide a description of the organizate XIV.		and expl	ain how th	ney further the	organization's exem	pt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta	uned as	part of the	organization's	collection?	☐ Yes ☐ No
Part	line 9, or reported an amoun	t on Form 990, I	Part X, I	ine 21.			
1a	Is the organization an agent, trustee, included on Form 990, Part X?						t ☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	·		J			nount
d	Beginning balance					1c 1d	
e	Distributions during the year) i	1e	N/A
f	Ending balance				ì	1f	·
	Did the organization include an amour If "Yes," explain the arrangement in Pa	art XIV.					☐ Yes ☐ No
Par	t V Endowment Funds. Comple						~
4.0	Paginning of year balance	(a) Current year	(B) Pr	or year	(c) Two years ba	ck (d) Three years back	(e) Four years back
1a b	Beginning of year balance Contributions				··		
C	Net investment earnings, gains, and						
	losses		İ				
d	Grants or scholarships					I/A	eriodice di
е	Other expenditures for facilities and programs						
f	Administrative expenses		ļ				
g	End of year balance		<u> </u>				
2	Provide the estimated percentage of t Board designated or quasi-endowmer		nd baland	ce (line 1g	, column (a)) he	eld as:	
a b	Permanent endowment	%	⁷⁰				
C	Temporarily restricted endowment ▶	·····/" %					
•	The percentages in lines 2a, 2b, and 2		00%.				
3a	Are there endowment funds not in the organization by:			ization tha	at are held and	administered for the	Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
b	If "Yes" to 3a(ii), are the related organi						3b
4	Describe in Part XIV the intended uses Land, Buildings, and Equip						
الفائي	t VI Land, Buildings, and Equip					(a) Assessment	<u> </u>

Part VII	Investments – Other Securities	. See Form 990, Part X	(, line 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
(1) Financ	ial derivatives			
	/-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)		,	N/A	
(E)				
(F)				
(G)				
(H)				
(I)				
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 12.)		Charles San Carlot	
Part VII		d. See Form 990, Part	X, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method o Cost or end-of-ye	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)			N/A	
(7)		· · · -		
(8)				
(9)				
(10)		<u> </u>		
	nn (b) must equal Form 990, Part X, col. (B) line 13)			
Part IX	Other Assets. See Form 990, Pa	art X, line 15.		
	(a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)		N/A		
(7)				
(8)				
(9)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(10)				
Total. (C	olumn (b) must equal Form 990, Part X, o	ol. (B) line 15.)		>
Part X				
1.	(a) Description of liability	(b) Book value		
	ral income taxes	 		
(2)				
(3)				
(4)	N/A			
(5)				
(6)	· · · · · · · · · · · · · · · · · · ·	 		
(7)		 		
(8)		 		
(9)		 		
(10)		 		
(11)		 		
	mn (b) must equal Form 990, Part X, col. (B) line 25.)	 		
	(ASC 740) Footnote. In Part XIV, provide		to the organization's financial at-	tomonto that remarks the
	tion's liability for uncertain tax positions		to the organization 5 illiancial Sta	nements that reports the
organiza	tion a habitity for uncertain tax positions t	211GG1 1 114 70 (AGO 740)		

Total evenue (Form 990, Part VIII, column (A), line 12;		p. D (Form•990) 2011		Page 4
2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (deficit) for the year. Subtract line 2 from line 1 3 69,250 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 5 Investment expenses 6 6 7 Prior period adjustments 8 Other (Describe in Part XIV). 9 Total adjustments (eight Add lines 4 through 8. 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9. 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9. 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9. 10 Excess or (deficit) for the year per audited financial statements with Revenue per Return 1 Total revenue, gains, and other support per audited financial statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements. 1 241,213 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Net unrealized gains on investments. 3 Donated services and use of facilities. 4 Describe in Part XIV). 4 Expenses and Investment expenses not included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 3 a linvestment expenses not included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4 Investment expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial statements. 1 1 171,963 2 Amounts included on Form 990, Part IX, line 12, but not on line 1: 4 Investment expenses in the part XIV). 5 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d	Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents	
Sexcess or (deficit) for the year. Subtract line 2 from line 1 3 69,250	1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	241,213
A Net unrealized gains (losses) on investments Donated services and use of facilities Prior period adjustments 7 Prior period adjustments 7 Prior period adjustments Other (Describe in Part XIV.) Total adjustments (net) Add lines 4 through 8 Dexcess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Excess or (deficit) for the year per audited financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments Donated services and use of facilities Recoveries of prior year grants Add lines 2a through 2d Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Cother losses Other (Describe in Part XIV.) Add lines 2a through 2d Amounts included on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2a Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2b Other (Describe in Part XIV.) Add lines 2a through 2d Amounts included on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Amounts included on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2a Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2a Subtract line 2e from line 1 Amounts inc	2	Total expenses (Form 990, Part IX, column (A), line 25)	2	171,963
5 Donated services and use of facilities 5 6 Investment expenses 6 7 Prior period adjustments 7 7 7 7 7 7 7 7 7	3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	69,250
6 Investment expenses 7 7 Prior penod adjustments 9 7 Prior penod adjustments 9 7 Total adjustments (net) Add lines 4 through 8 8 Total adjustments (net) Add lines 4 through 8 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Excess or (deficit) for the year per audited financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements With Revenue per 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: 2 Net unrealized gains on investments 2 3 Donated services and use of facilities 2 6 Recoveries of prior year grants 2 6 Other (Describe in Part XIV.) 2 6 Add lines 2a through 2d 2 7 Subtract line 2e from line 1 3 241,213 8 Amounts included on Form 990, Part VIII, line 7b 4 8 Investment expenses not included on Form 990, Part VIII, line 7b 4 9 Donated services and 4b 4c 4c 4c 4c 4c 4c 4c 4c 4c 4c 4c 4c 4c	4		4	
7 Prior period adjustments	5	Donated services and use of facilities	5	
8 Other (Describe in Part XIV.) 9 Total adjustments (net) Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 69,250 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV). 2 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV). 4 Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 241,213 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements c Other (Describe in Part XIV). 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses c Other (Describe in Part XIV). 2 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIV). 4 Amounts included on Form 990, Part IX, line 25: b Prior year adjustments c Other (Describe in Part XIV). 5 101,963 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, line 4; Part X, line 2; Part XI, line 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide	6	Investment expenses	6	
9 Total adjustments (net) Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 69,250 Part XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b 5 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial Statements 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: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIV.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIV.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) 5 171,963 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, line 4; Part XI, line 8; Part XII, lines 2d and 4b, Also complete this part to provide	7	Prior period adjustments	7	
Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 69,250	8	Other (Describe in Part XIV.)	8	
Part XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12.) 5 241,213 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 1 171,963 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIV). 2 Ead lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25; a Other (Describe in Part XIV). 2 Ead lines 2a and 4b 5 Total expenses not included on Form 990, Part IX, line 25; a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIV). 2 Ead lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b b Other (Describe in Part XIV). 5 171,963 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, line 8; Part XII, line 8; Part XII, lines 2d and 4b, Also complete this part to provide	9	Total adjustments (net) Add lines 4 through 8	9	
1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) Add lines 2a through 2d 3 Subtract line 2e from line 1 3 241,213 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 241,213 Part XIII Reconciliation of Expenses per Audited Financial Statements 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: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIV). 2 Add lines 2a through 2d 3 Subtract line 2e from line 1 3 171,963 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Other (Describe in Part XIV). 4 D 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 5 171,963 Fart XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b b. Also complete this part to provide				
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments			$\overline{}$,
a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 241,213 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b 5 Total expenses and losses per audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited Financial Statements 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: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIV.) c Add lines 2a through 2d 3 Subtract line 2e from line 1 3 171,963 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 171,963 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, line 2; Part XII, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide			1	241,213
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 241,213 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 241,213 Part XIII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 171,963 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 1: a Investment expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 171,963 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide	2			
c Recoveries of prior year grants d Other (Describe in Part XIV). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 3 1241,213 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIV). c Add lines 4a and 4b. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 241,213 Part XIII Reconciliation of Expenses per Audited Financial Statements 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: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 171,963 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XIV, line 2; Part XII, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide	а	· · · · · · · · · · · · · · · · · · ·		
d Other (Describe in Part XIV.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 241,213 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 241,213 Part XIII Reconciliation of Expenses per Audited Financial Statements 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: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIV.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 171,963 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide	b			
e Add lines 2a through 2d	C			
3 Subtract line 2e from line 1	d	Other (Describe in Part XIV.)		
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b Other (Describe in Part XIV.)	4			
c Add lines 4a and 4b	а	investment expenses not included on Form 990, Part VIII, line 7b 4a		
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	b	Other (Describe in Part XIV.)		
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements	С		4c	
1 Total expenses and losses per audited financial statements				
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	Part		er Re	eturn
a Donated services and use of facilities	1		1	171,963
b Prior year adjustments c Other losses	2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
c Other losses	а			
d Other (Describe in Part XIV.)	b	Prior year adjustments		
e Add lines 2a through 2d	С	Other losses		
3 Subtract line 2e from line 1	d	Other (Describe in Part XIV.)		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.)	е	Add lines 2a through 2d	2e	
a Investment expenses not included on Form 990, Part VIII, line 7b	3	Subtract line 2e from line 1	3	171,963
b Other (Describe in Part XIV.)	4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	132	
c Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	b	Other (Describe in Part XIV.)		
Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide	С	Add lines 4a and 4b	4c	1
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide	5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	171,963
Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide	Part	XIV Supplemental Information		
	Part V	, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also con		
N/A		N/A	-	
			-	•

Schedule D (For	rm 990) 2011	Page 5
Part XIV	Supplemental Information (continued)	
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		••••

SCHEDULE O' (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service 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.

onal information.

Open to Public Inspection

Name of the organization	Employer identification number
GAMMA MU FOUNDATION, INC	33-0351175
SECTION C - DISSOLVE UPON REQUEST	
ACCIONAL TENENT DE LOUDED À TRE LOUDED DEUEN ALL TAVECDIA DE DO	
ASSISTANT TREASURER & TREASURER REVIEW ALL TAX FORMS PRIOR	R TO FILING
•••••••••••••••••••••••••••••••••••••••	
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Roster of Directors July 2011

Dr. John D. Block

John S. Chapman (Founder)

John R. Connell

Martin W. Culbreth

John Ellis

Joshua (JT) Hatfield Smith

J. Scott Kahle

William R. Kapfer, Ph.D.

Jack V. Lewis (President)

Steven A. Lotterer (Vice President)

Douglas Morton

Cliff Pettit

Frank Rambusch

Jim Sherrod (Treasurer)

Tom Sikes (Secretary)

Kenneth L. Thompson

Date	Name	Street1	Street2	City	State	Zip	· Amount
5	Addison Paul R	35402 Vista Real		Rancho Mirage	CA	92270	100 00
1077710	Addison Paul B Total						, 100 00
07/22/2011 1080	Alberto, Ralph	307 N Michigan Ave, Apt 1814		Chicago	7	60601	200 00
	Alberto, Ralph Total						200 00
11/30/2011	Allen, Jon	1616 Atlantic Blvd #20		Key West	FL	33040	1,000 00
	Allen, Jon Total						1,000 00
07/22/2011 1080	Alther, Richard	64425 Via Amante		Palm Springs	٥	92264	200 00
01/24/2012	Alther, Richard	64425 Via Amante		Palm Springs	c _A	92264	2,000 00
	Alther, Richard Total						2,200 00
12/31/2011 4946	Anonymons						45 00
	Anonymous Total						45 00
12/15/2011 9938	Barfield, Carlysle	330 Concord St, Apt 16-E		Charleston	SC	29401	250 00
	Barfield, Carlysle Total						250 00
07/22/2011 2091	Bates, Bradford W.	521 W Via Lola		Palm Springs	8	92262	5,000 00
10/17/2011 2278	Bates, Bradford W.	521 W Via Lola		Palm Springs	₹	92262	10,000.00
11/30/2011 2287	Bates, Bradford W.	521 W Via Lola		Palm Springs	Q V	92262	200 00
06/14/2012	Bates, Bradford W	521 W Via Lola		Palm Springs	Ą	92262	200.00
06/30/2012 2516	Bates, Bradford W.	521 W. Via Lola		Palm Springs	8	92262	10,000 00
	Bates, Bradford W. Total						26,000 00
07/22/2011 1080	Baumhoff, Walter	PO Box 2272		Palm Springs	გ	92263-2272	200 00
	Baumhoff, Walter Total						200 00
12/31/2011	Beavin, Charlie	1450 Shendan St #10		Hollywood	7	33020	100 00
	Beavin, Charlie Total						100 00
12/15/2011 2156	Bebbington, David	2805 E. Oakland Park Blvd, #428		Ft Lauderdale	占	33306	315 00
	Bebbington, David Total						315 00
12/29/2011 3477	Bell, Curtis T.	1201 N Nash St, Apt 503		Arlington	4 >	22209-3696	100 00
	Bell, Curtis T. Total						100 00
12/31/2011 1391	Berl, John D.	369 Montezuma Ave #107		Santa Fe	ΣZ	87501-2835	250.00
	Berl, John D. Total						250 00
12/15/2011 895	Blachford, Norman	PO Box 8249		La Jolla	5	92038	200 00
	Blachford, Norman Total						200 00
04/16/2012	Block, Dr. John D.	2152 Leavenworth St		San Franciso	ς C	94133	100 00
06/14/2012	Block, Dr. John D.	2152 Leavenworth St		San Franciso	٥	94133	1,000.00
	Block, Dr. John D. Total						1,100 00
12/27/2011 7896	Blundin, William Bransford	350 South Ocean Boulevard		Palm Beach	긥	33480	1,000 00
	Blundin, William Bransford Total						1,000 00

40000	onve M. Thra	10506 Barrowood Drive	Dallas	¥	75230	. 500 00
56.70 1.102/51/71	Dille, waylie	40EOS Barranond Drive	Dallas	¥	75230	100 00
01/27/2012 313/	Britz, wayne	TOOOD DAILYWOOD DIVE				. 600 00
	Britz, Wayne I otal	2620 NE 37th Street	Ft. Lauderdale	己	33308-6321	250 00
12/29/2011 3227	Brown, H. Carey					250 00
	Brown, n. Carey Iolai		0 <u>1</u> 00	Ç	02264	100 00
02/03/2012 1219	Bryan, Bill	1550 Palm Colony	raim opring	5	£0776	100.00
	Bryan, Bill Total			i		000
06/25/2012	Campbell, Gary	54 Rainey St, Ste 1214	Austin	ř	78701	00 001
06/30/2012 418	Campbell, Gary	54 Rainey St, Ste 1214	Austin	¥	78701	150 00
	Campbell, Gary Total					250 00
12/31/2011 4946	Candler, Douglas	2057 NE 6th Terrace	Wilton Manors	료	33305	100 00
	Candler, Douglas Total					100 00
12/31/2011 111	Cao, Lai	1515 15th St. NW, Apt 715	Washington	음	20005	100 00
	Cao. Lai Total					100 00
12/15/2011	Caudell, William L.	101 Broad Oaks Terrace	Houston	¥	77056	100 00
	Caudell, William L. Total	-				100 00
04/16/2012	Charles Joshua T	9613 Overlea Dr	Rockville	MD	. 20850	100 00
06/30/2012 655	Charles	9613 Overlea Dr	Rockville	M	20850	150 00
	Charles Joshua T Total					250 00
		1506 October 104	New Orleans	۲	70115	100 00
12/15/2011 /032	Chisesi, Victor	love Conely of	New Cliedia	Ś	2	100 00
	Cilisesi, Victor Total		1 ((ć	4 40 4 40 4 4	0000
05/30/2012 215	Clark Trust 7	Dennis L. Plank, Trustee	Palm Desert	Š	92260-1811	25,000 00
	Clark Trust Total				,	25,000 00
02/10/2012 6485	Clarke, Thomas G	1549 E. Lobo Way	Palm Springs	δ	92264	200 00
	Clarke, Thomas G. Total					200 00
12/09/2011	Clements, Billy R.	2500 N. Houston St, Apt 2605	Dallas	¥	75219	500.00
04/16/2012	Clements, Billy R	2500 N Houston St, Apt 2605	Dallas	¥	75219	100 00
	Clements, Billy R. Total					00 009
12/31/2011 6507	Coda International Tours	12794 Forest Hill Blvd, Sute 1A	Wellington	귙	33414	200 00
	Coda International Tours Total					200 00
12/29/2011 4920	Collins, Ray T	3233 NE 34th Street #302	Ft. Lauderdale	료	33308	100 00
	Collins, Ray T. Total					100 00
05/01/2012	Colvin, Alan	2344 Throckmorton St.	Dallas	¥	75219	150 00
	Colvin, Alan Total					150 00
12/15/2011 9182	Connell, John R.	6630 E Sixth Avenue	Denver	8	80220	1,000 00
	Connell, John R. Total					1,000 00
12/15/2011 895	Cooper, Peter	PO Box 8249	La Jolla	Š	92038	200 00

						•	200 00
	Cooper, Peter Total	235 West Donce de Leon Ave #315	ι.	Decatur	GA GA	30030	00 066
11/30/2011 1118	Corsale, Ur Inlark J.		•				00 066 .
	Corsale, Dr. Mark J. Total			Rancho Mirade	8	92270	250 00
02/10/2012	Courtney, William C	/4 Magdaleria Di					250 00
	Courney, William C. Total	44954 Desert Horizons Dr		Indian Wells	Ą	92210-7401	200 00
02/86 21/02//2/20	Cox, James A.						200 00
4400000	COX, James A. Total	1160 N Federal Hwv #522		Ft. Lauderdale	딤	33304	200 00
12/27/2011	Cultrath Martin	1160 N. Federal Hwv. #522		Ft Lauderdale	긥	33304	500.00
02/26/2012	Culbreth Madio	1160 N. Federal Hwy, #522		Ft Lauderdale	긭	33304	100 00
210701760	Culbreth, Martin Total						1,100 00
07/22/2011 1080	Daltroff, Pat	PO Box 1942		Palm Springs	Š	92263-142	200 00
	Daltroff, Pat Total						200 00
05/15/2012 1046	Davis. James O.	299 Arguello Blvd, #306		San Franciso	8	94118-1434	250 00
06/07/2012	Davis, James O	299 Arguello Blvd, #306		San Franciso	δ	94118-1434	100 00
	Davis, James O. Total	,					350 00
06/30/2012 1483	Deegan, Michael	Winston House	3050 NE 47th Court #408	-Ft. Lauderdale	교	.33308	100 00
	Deegan, Michael Total						100 00
05/15/2012 11701063	Donsbach, Jan	1521 Ramillo Ave		Long Beach	CA CA	90815	250.00
	Donsbach, Jan Total						250 00
11/02/2011 16509668	Douglas, George	215 N Birch Rd, Apt A9		Ft. Lauderdale	F	33304	1,000 00
,	Douglas, George Total	,					1,000 00
01/27/2012 3772	Drapeau, Don	5000 Marine Dr, Apt 1a		Chicago	7	60640	400 00
02/03/2012 3774	Drapeau, Don	5000 Marine Dr, Apt 1a		Chicago	-1	60640	10 00
05/15/2012 3800	Drapeau, Don	5000 Marine Dr, Apt 1a		Chicago	=	60640	1,000 00
	Drapeau, Don Total						1,410 00
12/31/2011 4946	Drum, Ferrell	PO Box 550368		Dallas	ĭ	75355-0368	100 00
	Drum, Ferrell Total						100 00
12/31/2011 3104	Eatman, George H.	PO Box 203		Washington	∀	22747-0203	100 00
	Eatman, George H. Total						100 00
12/09/2011	Ebert, Charles	1170 N Federal Hwy #302		Ft. Lauderdale	교	33304	250 00
	Ebert, Charles Total						250 00
12/27/2011 2707	Ellis, John N	PO Box 10129		Pompano Beach	근	33061-6129	1,000 00
	Ellis, John N. Total						1,000 00
01/24/2012 3011	Gaiser, Gary	PO Box 3400		Palm Springs	ઇ	92263	200 00
	Gaiser, Gary Total						200 00
12/31/2011	Gaunt, Dick	13022 Mindanao Way, Apt 4		Marina Del Rey	&	90292-6457	250 00

Gamma Mu Foundation Transaction Detail By Account

0.000	, i	13022 Mindepend Way Apt 4	Marina Del Rev	Q.	90292-6457	250,00
02/03/2012 7 130	Gaunt, Dick Total					200 00
07/22/2011 1080	Goins, Michael	35504 Vista Del Luna	Rancho Mirage	8	92270	200 00
	Goins, Michael Total					200 00
12/09/2011	Gorin, Roy	400 Alton Road, Apt 1609	Miamı Beach	<u> </u>	33139	200 00
	Gorin, Roy Total					200 00
12/15/2011 10313	Gray, T.M. (Jud)	PO Box 3608	San Angelo	ዾ	76902-3608	500.00
	Gray, T.M. (Jud) Total					200 00
12/15/2011 1302	Grillo, Richard	3333 NE 34th St, Apt 1502	Ft. Lauderdale	၎	33308	250 00
	Grillo, Richard Total					250 00
12/31/2011 1583	Guenther, Ben	2400 inlet Dr	Ft Lauderdale	仼	33316-3622	200 00
	Guenther, Ben Total					200 00
12/31/2011	Guernen, Omar	162 Webster Street	East Boston	MA	02128	300 00
	Guernen, Omar Total					300 00
12/09/2011 4297	Haines, William	PO Box 324	Lahaska	PA	18931	200 00
	Haines, William Total					200 00
11/30/2011 1042	Hancock, Robert K.	2501 Lucille Dr	Fort Lauderdale	7	33316	200 00
	Hancock, Robert K. Total		•			200 00
12/09/2011 5664	Hessler, Dr. Dallas	849 Argonne Ave NE, Unit A1	Atlanta	GA	30308	200 00
	Hessler, Dr. Dallas Total		-			200 00
02/10/2012 2148	James, Randolph	8000 N. Federal Hwy, #120	Boca Raton	딤	33487	250 00
	James, Randolph Total					250 00
12/09/2011 886	Jarvis, Joseph C	28457 E River Rd	Perrysburg	HO	43551-2723	250 00
	Jarvis, Joseph C. Total					250 00
12/29/2011 343044	Jenkins, Wayland L , Jr.	PO Box 888	Ahoskie	S	27910	200 00
	Jenkins, Wayland L., Jr. Total					200 00
12/27/2011	Jones, James	3401 Lee Parkway, #606	Dallas	Է የ	75219	1,250 00
	Jones, James Total					1,250 00
02/27/2012 4212	Joraanstad, Daniel O.	2 Pizarro Way	San Francisco	Ą	94112	1,000 00
	Joraanstad, Daniel O. Total					1,000 00
12/27/2011	Kahle, Jeffrey	3401 Lee Parkway, #606	Dallas	¥	75219	2,750 00
04/16/2012	Kahle, Jeffrey	3401 Lee Parkway, #606	Dallas	¥	75219	100 00
	Kahle, Jeffrey Total					2,850 00
12/27/2011 7896	Kahriman, Kyle	(With William Blundin)				1,000 00
	Kahriman, Kyle Total					1,000 00
04/16/2012	Kapfer, Bill	1080 Madison Ave #7B	New York	Ž	10028	100 00
06/14/2012	Kapfer, Bill	1080 Madison Ave #7B	New York	ž	10028	150 00

	Kapfer, Bill Total						. 250 00
06/18/2012 3110	Karaban, Jeffrey E. MD	6305 N Kirkwood Ave		Chicago	_	60646-4409	150 00
	Karaban, Jeffrey E., MD Total						. 150 00
12/15/2011	Kawashima, Maurice	700 Front Street, Apt 2307		San Diego	8	92101	20 00
02/10/2012	Kawashima, Maurice	700 Front Street, Apt 2307		San Diego	&	92101	20 00
02/29/2012	Kawashima, Maurice	700 Front Street, Apt 2307		San Diego	8	92101	20 00
04/26/2012	Kawashima, Maurice	700 Front Street, Apt 2307		San Diego	٥	92101	20 00
05/30/2012	Kawashima, Maurice	700 Front Street, Apt 2307		San Diego	ð	92101	20 00
06/29/2012	Kawashima, Maurice	700 Front Street, Apt 2307		San Diego	Ą	92101	20 00
	Kawashima, Maurice Total						300 00
12/09/2011	Keegan, Dennis F.	1516 Mesa Ave		Colorado Springs	8	90608	200 00
02/26/2012	Keegan, Dennis F	1516 Mesa Ave.		Colorado Springs	8	90608	100.00
	Keegan, Dennis F. Total						300 00
04/16/2012	Kelly, Wılıam E.	3634 7th Ave, Unit 5A		San Diego	Š	92103	100 00
	Kelly, Wiliam E. Total						100 00
11/27/2011	Kendrick, Warren	1 North Ocean Blvd, Apt PH 07	,	Pompano Beach	겁	33062	125 00
	Kendrick, Warren Total						125 00
12/31/2011 12062	Kenny, Robert Travis	524 Esplanade Ave		New Orleans	₹	70116	1,000 00
	Kenny, Robert Travis Total						1,000 00
06/30/2012 1337	Koch, Fred	1825 Les Chateaux Blvd #101		Naples	덦	34109-0397	37 50
	Koch, Fred Total						37 50
04/16/2012	Krull, Dean	2046 S. Toledo		Palm Springs	S	92264	100 00
	Kruli, Dean Totai						100 00
01/24/2012 1189	Langston, Ellis	9205 Gardner Ave		Lubbock	¥	79424-3634	200 00
	Langston, Ellis Total						200 00
02/10/2012 397	Lawrinson, Waiter	2931 NE 55th Place		Ft Lauderdale	교	33308	250 00
	Lawrinson, Walter Total						250 00
12/29/2011	Levi, Alan	3710 Rawlins St, Ste 860		Dallas	¥	75219	50 00
	Levi, Alan Total	ı					20 00
12/27/2011	Lewis, Jack V	2344 Throckmorton St		Dallas	ዾ	75219	250 00
02/26/2012	Lewis, Jack V	2344 Throckmorton St		Dallas	ዾ	75219	100 00
06/07/2012	Lewis, Jack V	2344 Throckmorton St		Daílas	¥	75219	20 00
	Lewis, Jack V. Total						400 00
12/09/2011 3450	Lillybridge, Richard L	Palmaire 407	821 Cypress Blvd	Pompano Beach	겁	33069-4060	200 00
	Lillybridge, Richard L. Total						200 00
12/09/2011	Loche, John	2455 Marathon Lane		Ft Lauderdale	J.	33312	105 00
	Loche, John Total						105 00

, 100 00	, 46 20	30 80	61 60	15 40	46 20	30 80	16 50	49.50	33 00	33 00	100 00	33 00	496 00	1,000 00	1,000 00	250 00	250 00	200 00	200 00	200 00	200 00	300 00	300 00	250 00	250.00	300 00	300 00	200 00	200 00	250 00	250 00	1,000 00	1,000 00	100 00	250 00
20005	22302	22302	22302	22302	22302	22302	22302	22302	22302	22302	22302	22302		33480		90807		92263-2272		60072		33131		60642		33306-1903		33306-1916		43215		33304		92262	92262
, 20	*	∀	Υ,	∀	∀	۸ ۲	∀	₹>	Υ,	₹	\$	∀		7		8		8		ዾ		낸		_		럾		료		동		김		Š	ŏ
Washington	Alexandria	Alexandria	Alexandria	Alexandria	Alexandria	Alexandria	Alexandria	Alexandria	Alexandria	Alexandria	Alexandria	Alexandria		Palm Beach		Long Beach		Palm Springs		Houston		Miami		Chicago		Ft Lauderdale		Ft. Lauderdale		Columbus		Ft Lauderdale		Palm Springs	Palm Springs
														ر د						-	, (-							601 Middle River Dr			
1515 15th St NW, Apt 715	3552 S. George Mason Dr.	3552 S George Mason Dr	3552 S. George Mason Dr	3552 S George Mason Dr	3552 S. George Mason Dr	3552 S. George Mason Dr	3552 S. George Mason Dr	3552 S. George Mason Dr.	3552 S George Mason Dr.	3552 S. George Mason Dr.	3552 S. George Mason Dr	3552 S. George Mason Dr.		400 S. Ocean Blvd		4537 Countryclub Lane		PO Box 2272		311 Teetshorn Street		520 Brickell Key Dr, Apt PH00		860 W. Blackhawk, Unit 2007		2900 NE 30th St, Apt 8H		2818 NE 28th Street		34 W. Poplar Avenue, Apt 201		Erwin Mayer		3062 North Greg Circle	3062 North Greg Circle
Longinotto, Finn	Longinotto, Finn Total Lotterer Steven A	Lotterer Steven A.	Lotterer Steven A.	Lotterer. Steven A	Lotterer. Steven A.	Lotterer. Steven A	Lotterer, Steven A	Lotterer, Steven A	Lotterer, Steven A.	Lotterer, Steven A.	Lotterer. Steven A	Lotterer, Steven A	Lotterer, Steven A. Total	Lucchetti, Raymond F	Lucchetti, Raymond F. Total	Lussier, Marcus	Lussier, Marcus Total	Macon, John	Macon, John Total	Major, Robert A	Major, Robert A. Total	Marchman, Ray E	Marchman, Ray E. Total	Martin-Rutherford, John	Martin-Rutherford, John Total	McCoy, William Barry	McCoy, William Barry Total	McCulloch, Robert L	McCulloch, Robert L. Total	Miller, William	Miller, William Total	Moritz, Didier	Moritz, Didier Total	Morton, Douglas G	Morton, Douglas G
12/29/2011 1030	07/22/2011 227651	08/29/2011 22/30/	10/17/2011 234344	11/29/2011 238191	12/15/2011 240033	12/31/2011 242488	02/27/2012 247187	03/20/2012 249170	04/24/2012 250427	05/15/2012 254719	06/07/2012	06/30/2012 256396		12/09/2011 252		02/21/2012 7729		07/22/2011 1080		12/27/2011		04/16/2012		12/29/2011		12/31/2011 1531		12/27/2011 3689		12/31/2011 1188		12/29/2011		04/16/2012	06/27/2012

	Morton Douglas G. Total				•	350 00
12/15/2011 105	Milconosso Dapiel	604 Lakeside Circle	Pompano Beach	F.	33060	200 00
001 1107/01/71	Mucciarosso, Daniel Total					, 200 00
12/09/2011 1737	Nebeker Gordon A	3320 Lace Leaf Drive	Doyleswtown	PA	18902	100.00
	Nebeker, Gordon A. Total					100 00
07/22/2011 1080	Newton, David	3112 E. San Martin Circle	Palm Springs	Ą	92264-8750	200 00
	Newton, David Total					200 00
06/19/2012	Nicoletti, Nicholas E	2324 S Beverly Glen Blvd #208	Los Angeles	e C	90064	100 00
	Nicoletti, Nicholas E. Total					100 00
12/29/2011 3146	Noll, Michael	1995 Molino Ave #301	Signal Hill	CA	90755	250 00
	Noll, Michael Total		J			250 00
06/18/2012 5002	Nupen, Walter	13755 NW Lariat Ct	Portland	R	97229-7003	1,000 00
	Nupen, Walter Total					1,000 00
12/09/2011 5103	Offit, Simon B.	Apt 305 North 2600 S. Ocean Blvd	n Bivd Palma Beach	且	33480	250.00
	Offit, Slmon B. Total					250 00
12/31/2011	O'Quinn, Croft	1405 Baddour Pkwy, Ste 106	Lebanon	Z	37087	250 00
	O'Quinn, Croft Total		, , ,			250 00
06/30/2012 1337	Orr, W Michael	1825 Les Chateaux Blvd #101	Naples	7	34109-0397	37 50
	Orr, W. Michael Total					37 50
09/30/2011 4575	Pair, Jerry	145 15th St NE, Apt 1407	Atlanta	Q.	30309-3561	1,000 00
	Pair, Jerry Total					1,000 00
03/02/2012 3293182	Papel, Stanley	5 Pinto Rd	Palm Springs	ď	92264-8531	200 00
	Papel, Stanley Total		,			200 00
11/30/2011 1024	Parrett, Timothy J	20973 Country Barn Drive	Estero	김	33928	200 00
	Parrett, Timothy J. Total					200 00
12/29/2011	Pettit, Cliff	1314 E Las Olas Bivd, #1019	Ft. Lauderdale	긥	33301	200 00
12/31/2011	Pettit, Cliff	1314 E. Las Olas Bivd, #1019	Ft Lauderdale	귙	33301	10 00
12/31/2011 8459	Pettit, Cliff	1314 E Las Olas Bivd, #1019	Ft. Lauderdale	귙	33301	100 00
01/24/2012	Pettit, Cliff	1314 E. Las Olas Blvd, #1019	Ft. Lauderdale	4	33301	131.00
04/16/2012	Pettit, Cliff	1314 E. Las Olas Bivd, #1019	Ft Lauderdale	F	33301	100 00
	Pettit, Cliff Total					841 00
07/22/2011	Piane, John	1960 California St #41	San Francisco	δ	94109	100 00
08/29/2011	Piane, John	1960 California St #41	San Francisco	5	94109	100 00
09/29/2011	Piane, John	1960 California St #41	San Francisco	გ	94109	100 00
10/31/2011	Piane, John	1960 California St #41	San Francisco	8	94109	100 00
11/30/2011	Piane, John	1960 California St #41	San Francisco	₹	94109	100 00
12/31/2011	Piane, John	1960 California St #41	San Francisco	Ą	94109	100 00

	Piane, John	1960 California St #41		San Francisco	S	94109	100 00
Piane	Piane, John	1960 California St #41		San Francisco	8	94109	100 00
Pian	Pıane, John	1960 California St #41		San Francisco	გ	94109	, 100 00
Pian	Piane, John	1960 California St #41		San Francisco	&	94109	100 00
Pian	Piane, John	1960 California St #41		San Francisco	8	94109	100 00
Pia	Piane, John Total						1,100 00
Д Б	Premetz, Rudolph W	PO Box 3608		San Angelo	¥	76902-3608	250 00
P	Premetz, Rudolph W. Total						250 00
Ē	Profeta, Samuel	1 Gordon's Pond Drive		Rehoboth Beach	DE	19971	200 00
ď	Profeta, Samuel	1 Gordon's Pond Drive		Rehoboth Beach		19971	250 00
ά	Profeta, Samuel Total						450.00
ď	Pye, Daniel M	425 N Andrews Ave #301		Ft. Lauderdale	చ	33301	204 00
ď	Pye, Daniel M.	425 N Andrews Ave #301		Ft. Lauderdale	교	33301	136 00
ď	Pye, Daniel M.	425 N Andrews Ave #301		Ft Lauderdale	교	33301	126 00
Ţ	Pye, Daniel M. Total						466 00
ā	Quale, James	.2900 N Course Dr Unit 801		Pompano Beach	<u>ج</u>	33069	1,000 00
Ø	Quale, James	2900 N Course Dr Unit 801	,-	Pompano Beach	귙	33069	100 00
a	Quale, James Total						1,100 00
œ	Rainey, James	3300 NE 36th St Apt 1710		Fort Lauderdale	仼	33308-6748	200 00
œ	Rainey, James Total						200 00
œ	Rambusch, Frank X.	2877 NE 29 St	,	Fort Lauderdale	<u>Я</u>	33306	250 00
œ	Rambusch, Frank X.	2877 NE 29 St	et et	Fort Lauderdate	긾	33306	100.00
Œ	Rambusch, Frank X. Total	•					350 00
ır.	Repp, Ray	64425 Via Amante		Palm Springs	8	92264	200 00
œ	Repp, Ray Total						200 00
Œ	Rexinger, Allan	184 Clark Lane		Washington	*	22747	100 00
œ	Rexinger, Allan Total						100 00
œ	Richard, Edward H	1 North Ocean Blvd, Apt PH 07		Pompano Beach	군	33062	125 00
œ	Richard, Edward H. Total						125 00
œ,	Richards, Robert P	2931 N E 55th Place		Ft Lauderdale	덦	33308-3457	250 00
æ	Richards, Robert P. Total						250 00
œ	Roegge, Alvin Lawrence	1904 Santa Ines		Las Cruces	ΣZ	88011	1,000 00
Ž	Roegge, Alvill Lawrence Total						00 000,1
œ	Ryan, Jack	3071 NE 39th Street		Ft. lauderdale	귙	33308	100 00
æ	Ryan, Jack	3071 NE 39th Street		Ft. lauderdale	귙	33308	400 00
8	Ryan, Jack Total			;	;		200 00
ည်	Schlauch, Andrew S	1443 NW 61st St, Apt 5		Seattle	Α×	98107-2961	100 00

40/04/0044 430	Schleich Andrew S	1443 NW 61st St. Apt 5		Seattle	WA	98107-2961	, 400 00
12/3/1/2011 132	Schlauch, Andrew S Total						200 00
00007	School Angles M	35504 Vista Del Lina		Rancho Mirage	Ą	92270	. 200 00
00//22/2011 1000	Sherk Douglas in.			1			200 00
7,000,000,000,000	Sherry Congres III. Lotel	546 Midway Circle	,	Brentwood	ĸ	37027	3,000 00
02/10/2012 2314	Shellou, James II.						3,000 00
04/16/2012	Sikes Thomas D	2915 Guadalupe Road		Palm Springs	8	92264	100 00
06/14/2012	Sikes Thomas D.	2915 Guadalupe Road		Palm Springs	ઇ	92264	200 00
1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Sikes Thomas D. Total	-					00 009
06/18/2012 5552	Simmermacher, Louis	1023 Potomac St NW		Washington	2	20007-3518	50 00
	Simmermacher, Louis Total						50 00
11/02/2011 3426	Sımpson, Wade	PO Box 162584		Austin	¥	78716	1,000 00
	Simpson, Wade Total						1,000 00
03/20/2012 2194	Simrell, Craig	PO Box 770780		Memphis	Z F	38177	5,000 00
	Simrell, Craig Total						5,000 00
12/31/2011 2106	Siolek, Joseph A	520 Brickell Key Dr, Apt PH00		Miamı	딦	33131	200 00
	Siolek, Joseph A. Total						200 00
12/27/2011	Snyder, James	807 Palace Blvd	•	Clifton Forge	∀	24422	200.00
03/31/2012 889267	Snyder, James	807 Palace Blvd		Clifton Forge	\$	24422	200 00
	Snyder, James Total						400 00
01/27/2012 12857	SPC Financial, Inc	3202 Tower Oaks Blvd, Ste 400	,	Rockville	MD	20852	200 00
	SPC Financial, Inc. Total		,	,			200 00
12/31/2011 114	Stevens, Glenn	3012 NE 5th Terrace	·	Ft. Lauderdale	교	33334	200 00
06/30/2012 117	Stevens, Glenn	3012 NE 5th Terrace		Ft Lauderdale	ቪ`	33334	1,000 00
	Stevens, Glenn Total						1,500 00
12/29/2011 7679	Stubbins, David S	817 NW 28th Street		Wilton Manors	귙	33311-2418	100 00
	Stubbins, David S. Total						100 00
02/03/2012 1219	Taylor, Joseph	1550 Palm Colony		Palm Spring	Š	92264	100 00
	Taylor, Joseph Total						100 00
12/09/2011 1157	Thompson, George	1900 Marina Way		Buford	В	30518-2244	200 00
	Thompson, George Total						200 00
04/16/2012	Thompson, Kenneth Lee	92 Hernck Rd		Boxford	MΑ	01921	100 00
06/20/2012	Thompson, Kenneth Lee	92 Hernck Rd		Boxford	MA	01921	5,000 00
	Thompson, Kenneth Lee Total						5,100 00
08/10/2011 1020	Tonamora Foundation	c/o Glendmede Trust	590 Madison Ave, 31st Floor	New York	×	10158	5,000 00
02/27/2012 1024	Tonamora Foundation	c/o Glendmede Trust	590 Madison Ave, 31st Floor	New York	ž	10158	10,000 00
	Tonamora Foundation Total			•			15,000 00

Cash Basis

50 00	. 50 00	50 00	20 00	20 00	20 00	20 00	20 00	20 00	200 00	100 00	100 00	1,000 00	1,000 00	2,000 00	200 00	200 00	189 00	189 00	200 00	200 00	100 00	100 00	86,617 45	86,617 45	225,849 45
22046-3918 22046-3918	22046-3918	22046-3918	22046-3918	22046-3918	22046-3918	22046-3918	22046-3918	22046-3918		30308-1655		30309	30309		90815		92264		33308		30327		19103	•	
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Falls Church Falls Church	Falls Church	Falls Church	Falls Church	Falls Church	Falls Church	Falls Church	Falls Church	Falls Church		Atlanta		Atlanta	Atlanta		Long Beach		Palm Springs		Ft Lauderdale		Atlanta		Philiadelphia		
																		-		,			Surte 1535		
1002 Seaton Lane 1002 Seaton Lane	1002 Seaton Lane	1002 Seaton Lane	1002 Seaton Lane	1002 Seaton Lane	1002 Seaton Lane	1002 Seaton Lane	1002 Seaton Lane	1002 Seaton Lane		808 Argonne Ave NE		145 15th Street NE #845	145 15th Street NE #845		1521 Ramillo Avenue		58 Cherokee Street		6510 NE 21st Terr		722 Mill Walk, NW		c/o Allan Schnoll, LLC		
Varga, John Varga, John	Varga, John	Varga, John	Varga, John	Varga, John	Varga, John	Varga, John	Varga, John	Varga, John	Varga, John Total	Vise, J. M	Vise. J. M. Total	Waaqner, Lance	Waaqner, Lance	Waagner, Lance Total	Warner Samuel W.	Warner, Samuel W. Total	Warren, Dale	Warren, Dale Total	Webb, Ronald E.	Webb, Ronald E. Total	Womack, Ron	Womack, Ron Total	Wright, Richard	Wright Richard Total	Grand Total
08/29/2011 897996 10/17/2011 898024	11/02/2011 898047	11/29/2011 898061	02/10/2012 898100	02/27/2012 898125	03/31/2012 898152	04/24/2012 898169	06/18/2012 898188	06/30/2012 898210		12/15/2011 6220		09/30/2011 1581	12/09/2011 1588		04/24/2012 3460		01/24/2012		11/30/2011		04/16/2012		07/22/2011 173		