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Department of the Treasury Internal Revenue Service

Return of Orga

rom Income Tax

Open to Public Inspection

A	For the 201	1 calendar year, or tax year beginning 07/01/11, and ending 06/30/12			
В	Check if applicabl	C Name of organization HAMILTON SOUTHEASTERN SCHOOLS	C) Employ	er identification number
	Address change	FOUNDATION, INC.			
	Name change	Doing Business As HSE SCHOOLS FOUNDATION, INC.		35-	2146295
_	_	Number and street (or P O box if mail is not delivered to street address) Room/suite	E	Telepho	one number
=	Initial return	13485 CUMBERLAND ROAD	İ	317	-594-4100
	Terminated	City or town, state or country, and ZIP + 4			
	Amended return	FISHERS IN 46038	ا	Gross rece	ipts\$ 343,599
\exists		F Name and address of principal officer			
ш	Application pendi	THOMAS R. LONG	his a grou	ip return for a	nffiliates? Yes X No
			all affilia	ates include	yes No
		FISHERS IN 46038	If "No,"	attach a list	(see instructions)
_	Tax-exempt stat				
÷	Website >	THE WAR WAS THE WAY TO THE TOTAL THE	OUD EYEM	nption numb	ar b
-	Form of organiza				M State of legal domicile IN
_		Summary			
		describe the organization's mission or most significant activities			
	l	SECURE TAX-DEDUCTIBLE GIFTS, GRANTS, AND BEQUESTS TO PROVID	E RE	SOURC	ES
ž	то	IMPROVE, ENHANCE, AND SUPPORT EDUCATIONAL OPPORTUNITIES FOR			
Пa	80	UTHEASTERN SCHOOLS COMMUNITY.			
Governance	2 Chool	this box > if the organization discontinued its operations or disposed of more than 25% of its net	accate		
ŏ	3 Numb	er of voting members of the governing body (Part VI, line 1a)	03301	3	20
Activities &	4 Numb			4	0
itie	5 Total	er of independent voting members of the governing body (Part VI, line 1b) RECEIVED		5	2 .
⋛	5 Total	number of individuals employed in calendar year 2011 (Part V, line 2a)		 	40
¥		number of volunteers (estimate if necessary) DEC 3 0 2013		6	0
		unrelated business revenue from Part VIII, column (C), line 12		7a	0
	b Net u	nrelated business taxable income from Form 990-T, line 34	or Year	_ 7b	Current Year
	8 Contr	butions and grants (Part VIII, line 1h)		,709	236,931
Ę	9 Progr	am service revenue (Part VIII, line 2g)		0	0
Revenue	10 Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)	110	,713	27,860
æ	11 Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,367	48,352
9	1	revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,789	313,143
3		s and similar amounts paid (Part IX, column (A), lines 1–3)		,393	130,926
>	I	its paid to or for members (Part IX, column (A), line 4)		0	0
P g	15 Saları	es, other compensation, employee benefits (Part IX, column (A), lines 5–10)	37	,400	54,363
36MSec	16a Profe	ssional fundraising fees (Part IX, column (A), line 11e)		0	0
≓ä	h Total	fundraising expenses (Part IX, column (D), line 25) ▶ 26,365			
Ľ		expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	42	,039	62,963
		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		,832	248,252
		nue less expenses Subtract line 18 from line 12		,957	64,891
5	Se Control	Beginning	_		End of Year
ets	20 Total	assets (Part X, line 16)	819	,243	793,134
Ass	21 Total	liabilities (Part X, line 26)	97	,578	6,578
Net Assets or	22 Net a	ssets or fund balances Subtract line 21 from line 20	721	, 665	786,556
	Part II	Signature Block			
	Jnder penalties	of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	he best	of my kno	wledge and belief, it is
tr	rue, correct, ar	d complete. Declaration of preparer (other than officer) is based on all information of which preparer has any know	vledge		
		Microsof & Lave			
Si	gn 🖊	Signature of officer		Date	
He	ere 📗	Treaspel Thoras & Long			
_		Type or print name and title			
		Type preparer's name Preparer's signature Da	ate	Check	If PTIN
Pa	1		1/05/	13 self-em	
		s name	Fin	m's EIN 🕨	35-2009629
Us	e Only	8388 E. 116TH ST, SUITE A			
_	Fırm	s address FISHERS, IN 46038-9370	Ph	one no	<u>317-577-5975</u>
Ма	y the IRS dis	cuss this return with the preparer shown above? (see instructions)			Yes No
		Reduction Act Notice, see the separate instructions.			Form 990 (2011)
DAA	4				

Form 990 (2011) HAMILTON SOUTHEASTERN SCHOOLS Part IV **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,"	l	}	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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		<u> </u>
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	_		7.7
	"Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		17
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			37
	complete Schedule D, Part III	8		<u> </u>
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,"			37
	complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		₩.
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, 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,"	44-		x
	complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	446	x	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11c		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d		x
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part X	11e		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		
f	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	11f		x
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- 111		
128	Schedule D, Parts XI, XII, and XIII	12a		x
L.	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	120		
D	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
U	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
10	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
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		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	Ė		
.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	T -	† <u></u>	
13	If "Yes," complete Schedule G, Part III	19		x
20a	in the second	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	T
_~				

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			4.5
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
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	X	
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			v
	employees? If "Yes," complete Schedule J	23		X
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24-		х
	through 24d and complete Schedule K. If "No," go to line 25	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	to defease any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 504(c)(2) and 504(c)(4) organizations. Did the organization organization organization.	240		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25a		x
h	with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	254		
b	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		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	130		 -
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	ļ		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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)			'
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		ŀ	
	complete Schedule N, Part II	32		X
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		X
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	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			7.7
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			x
	Part VI	37	 	_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	38	x	
	19? Note. All Form 990 filers are required to complete Schedule O			l 0 (2011)
		Fo	m フブ	U (2011)

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V

				_		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0				i.
С	Did the organization comply with backup withholding rules for reportable payments to vendors and						į.
	reportable gaming (gambling) winnings to prize winners?			L	1c		_X_
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1			l
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	2				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s?		Ĺ	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						į
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	ithority					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ncıal					
	account)?			L	4a		X
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial A	ccount	ts				;
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			L	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?		_	5b		X
С	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						l
	organization solicit any contributions that were not tax deductible?			1	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	s or					
	gifts were not tax deductible?			-	6b		
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	ods		}	_		
L	and services provided to the payor?			-	7a		_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			-	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7.		
٨	·	7d		-	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor				7e		i '
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			-	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Forr		as require	d2	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization				7 <u>y</u> 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	011 1110	4 1 0 1111 100				,
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			Ì			
	organization, have excess business holdings at any time during the year?			ľ	8		
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?				9a	-	
b	Did the organization make a distribution to a donor, donor advisor, or related person?				9b		
10	Section 501(c)(7) organizations. Enter						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		:			ĺ
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]			
а	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources			į			
	against amounts due or received from them)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		1	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?			ļ-	13a		-
	Note. See the instructions for additional information the organization must report on Schedule O						
b	Enter the amount of reserves the organization is required to maintain by the states in which	ایما					1
_	the organization is licensed to issue qualified health plans	13b					1
C 140	Enter the amount of reserves on hand	13c	<u> </u>		140		x
14a h	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule (<u> </u>		}	14a 14b		
b DAA	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule of	<u></u>				m 990) (2011)
					, 01		- 1

Form	1 990 (2011) HAMILTON SOUTHEASTERN SCHOOLS 35-2146295	_	Р	age 6
Pa	Int VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	v, and f	for a	
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in	Schedu	ıle	
	O See instructions Check if Schedule O contains a response to any question in this Part VI			<u>X</u> _
Sec	tion 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 20	_		
	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			
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			i
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		77
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			د ۔
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	х	
40	describe in Schedule O how this was done	12c	^	v
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	X	
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a		x
b	Other officers or key employees of the organization	15b		├ <u>^</u>
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			,
16a	with a taxable entity during the year?	160	-	X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		1
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		16b	-	
500	organization's exempt status with respect to such arrangements?	1 100		
	List the states with which a copy of this Form 990 is required to be filed IN			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
18	available for public inspection. Indicate how you made these available. Check all that apply			
19				
13	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
20	organization JOHN WEINGARDT 9449 PRIORITY WAY WEST DRIVE			
	· · · · · · · · · · · · · · · · · · ·			

INDIANAPOLIS

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

Check if Schedule O contains a response to any question in this Part VII

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

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

(A) Name and Title	(B) Average hours per week (describe	(do	not c	(C Posi heck i ss per	tion more rson i	than or s both : r/truste	ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)DAVID AYARS										
BOARD MEMBER	1.00							0	0	0
(2) JEFF CARROLL										
BOARD MEMBER	1.00	_						0	0	0
(3) KEVIN CLASEN										
BOARD MEMBER	1.00							0	0	0
(4) GAVIN FISHER										•
BOARD MEMBER	1.00					\vdash		0	0	0
(5) CHERI GROVE	4 00									0
BOARD MEMBER	1.00	├						0	0	0
(6) FREEDOM KOLB	4 00]								•
BOARD MEMBER	1.00_	-				\vdash		0	0	0
(7) ANN OHARA	1 00							_	_	О
BOARD MEMBER	1.00	-	_			\vdash		0	0	<u> </u>
(8) KRISTI LOWELL	1 00							o	0	o
BOARD MEMBER	1.00									<u> </u>
(9) TIM MCCOY	1.00					1 1		0	o	o
BOARD MEMBER (10) DANIELLE ROBINSO		+-		├─		Н		<u> </u>		
` '	1.00							0	0	О
BOARD MEMBER (11) PEGGY ROEDERER	1.00	+	 - -	\vdash		 				
(11) PEGGI ROEDERER	0.00					ļ		0	o	0
(12) TERRY BOONE		1								
BOARD MEMBER	1.00				ŀ			l o	0	0
(13) APRIL SHELBORNE	 					П	_			
BOARD MEMBER	1.00							0	0	0
(14) DOUG STEIN										
BOARD MEMBER	1.00			1	1	'	1	· 0	l o	0

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
(A) Name and utle	(B) Average hours per week (describe hours for	off	x, unle	Pos check ess pe	rson i	than o	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	c	(F) Estimated amount of other compensate from the	f	
	related organizations in Schedule O)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organizatio and relate organizatio	d	
(15) RYAN THOMAS	1 00							0	0				0
BOARD MEMBER (16) MATT TROYER	1.00		\vdash						0	<u> </u>			
BOARD MEMBER	1.00		_	_				0	0				0
(17) JOHN DELUCIA BOARD MEMBER-EX OFF.	1.00							0	o				0
(18) DR. BRIAN SMITH													
BOARD MEMBER-EX. OFF (19) JIM THOMPSON									0				
PRESIDENT	1.00							0	0				0
(20) TIM CALVERT	1 00												
PRESIDENT-ELECT (21) KEVIN EPHLIN	1.00	\vdash	-					0	0				0
SECRETARY	1.00		_					0	0				0
(22) JOHN WEINGARDT TREASURER	1.00							0	o				0
(23)	1.00												
(24)												•	
(25)													
1b Sub-total	-1-1- D 1100						>						
c Total from continuation she d Total (add lines 1b and 1c)	ets to Part VII, S	sect	ion /	٠,			>						
Total number of individuals (in reportable compensation from	_			those	e list	ed at	ove	e) who received more than S	\$100,000 in	_		-	
3 Did the organization list any fo	rmor officer dur	octor		ruct		01/ 01	mole	ovee or highest company at	od.	ſ	· `	/es	No
employee on line 1a? If "Yes," 4 For any individual listed on line	complete Sched	ule .	J for	such	ınd	vidua	al				3	-	X
organization and related organ individual	nizations greater	than	\$15	0,00	02 1	"Yes	s," C	omplete Schedule J for suc	h		4		x
5 Did any person listed on line 1 for services rendered to the or									individual		5		x.
Section B. Independent Contract	tors	-											
Complete this table for your five compensation from the organization.										ır			
Name and	(A) business address							Descrip	(B) otion of services		Com	(C) pensatio	on
							ŀ						
										-			
	· 						<u> </u>						
			-										
	<u> </u>						-		·····				—
					_								
2 Total number of independent of received more than \$100,000		_						se listed above) who	0				
DAA received more than \$100,000	or compensation	1101	ıı ıne	org	aillZ	สแบท	_				Form	990	(2011)

Pa	rt V	III Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts s	1a	Federated campaigns	1a			Tevendo		312, 310, 61 314
Ež	h	Membership dues	1b		1			
ΩÉ		Fundraising events	1c		1	•		
ifts ar A	4	Related organizations	1d		1			
0,E	e	Government grants (contributions)	1e		1			
Sir	f	All other contributions, gifts, grants,	16		1			
her	•	and similar amounts not included above	1f	236,931				
Ęŏ	g	Noncash contributions included in lines 1a-		230,732	1			
Son	9 h	Total. Add lines 1a-1f	., T	•	236,931			
Program Service Revenue Contributions, Gifts, Grants Program Similar Amounts		Total: / Idd IIIICS Ta 11		Busn. Code				
ent	2a			20311. 0000	1			•
Re	b				-			
ice	c							
èετ	d			-				
Ē	e							
gra	f	All other program service rever	nue					
P	g	Total. Add lines 2a-2f						
	3	Investment income (including of	lividends	, interest,				
		and other similar amounts)		>	27,860	27,860		
	4	Income from investment of tax-	exempt t	oond proceeds		<u> </u>		
	5	Royalties	-	•				
		(ı) Real		(II) Personal				
	6a	Gross rents						}
	b	Less rental exps						
	С	Rental inc or (loss)			_		:	
	d	Net rental income or (loss)		<u> </u>				
	/a	Gross amount from (i) Securities sales of assets		(II) Other				
		other than inventory						
	þ	Less cost or other						
		basis & sales exps			_		·	
	С	Gain or (loss)						
	d	Net gain or (loss)		<u> </u>				
ne	8a	Gross income from fundraising even	ts					
		(not including \$						
Rev		of contributions reported on line 1c)		=0.000				
ē		See Part IV, line 18	a	78,808				
Other Reven		Less direct expenses	b	30,456	=1			40.050
_		Net income or (loss) from fund		vents >	48,352			48,352
	9a	Gross income from gaming activities						
		See Part IV, line 19	a					
		Less direct expenses	b		-			
		Net income or (loss) from game	ng activi	ties -				
	TUA	Gross sales of inventory, less						
		returns and allowances	a b		_			
	1	Less cost of goods sold		ntory >	_			
	C	Net income or (loss) from sales Miscellaneous Revenue	or mver	Busn Code				
	11a	THIS CHARLES THE FEIRE		Busil Code	1			
	b			 				· · · · · · · · · · · · · · · · · · ·
	C							
	d	All other revenue						
		Total. Add lines 11a–11d		<u> </u>	<u> </u>			
	12	Total revenue. See instruction	ıs	•	313,143	27,860	0	48,352
					·	•		•

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	o any dijection in this Bod I	(•	
_		(A)	(B)	(C)	(D)
	o not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in	120 000	120 006	}	
_	the U.S See Part IV, line 22	130,926	130,926		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	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	Other salaries and wages	54,363	18,121	18,121	18,121
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	- <u>-</u>		-		
12	Advertising and promotion	6,280			6,280
13	Office expenses	1,964			1,964
14	Information technology	· '			
15	Royalties				
16	Occupancy				
17	Travel				· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			•	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	-			
23	Insurance				
24	Other expenses Itemize expenses not covered				
44	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)	17 717	17 717		
a	DURBIN DREAM EXPENSES	17,717	17,717		
b	ACADEMY OF FINANCE	14,500	14,500		
C	DOLLARS FOR SCHOLARS	4,699	4,699		
d	E TAPESTRY SOFTWARE	3,450	3,450		
е	· · · · · · · · · · · · · · · · · · ·	14,353	9,070	5,283	···
25		248,252	198,483	23,404	26,365
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

			(A)		(B)
			Beginning of year		End of year
1	Cash—non-interest bearing		118,850	1	99,110
2	Savings and temporary cash investments		8,674	2	8,68
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		6,650	4	13,30
5	Receivables from current and former officers, directors,	trustees, key			
	employees, and highest compensated employees. Com	plete Part II of			
1	Schedule L			5	
6	Receivables from other disqualified persons (as defined	d under section	İ		
	4958(f)(1)), persons described in section 4958(c)(3)(B),	and contributing			
	employers and sponsoring organizations of section 501	(c)(9) voluntary			-
:	employees' beneficiary organizations (see instructions)			6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges	1 1		9	
108	Land, buildings, and equipment cost or		1	ŀ	
	other basis Complete Part VI of Schedule D	10a			
b	Less accumulated depreciation	10b		10c	
11	Investments—publicly traded securities			11	
12	Investments—other securities See Part IV, line 11		685,069	12	672,03
13	Investments—program-related See Part IV, line 11			13	
14	Intangible assets			14	
15	ntangible assets Other assets See Part IV, line 11 Total assets , Add lines 1 through 15 (must equal line 34			15	
16	Total assets. Add lines 1 through 15 (must equal line 3	34)	819,243	16	793,13
17	Accounts payable and accrued expenses		38,000	17	
18	Grants payable		23,124	18	6,57
19	Deferred revenue			19	1.1 - 20
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability Complete Part IV of	of Schedule D		21	
22	Payables to current and former officers, directors, truste	ees, key			
	employees, highest compensated employees, and disq	ualified persons			MA
22	Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelated thir	d parties		23	
24	Unsecured notes and loans payable to unrelated third p	parties		24	
25	Other liabilities (including federal income tax, payables	to related third			
	parties, and other liabilities not included on lines 17-24)	Complete Part X			
	of Schedule D		36,454	25	
26	Total liabilities. Add lines 17 through 25		97,578	26	6,57
	Organizations that follow SFAS 117, check here ▶	and complete			
	lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets			27	
28	Temporarily restricted net assets			28	
29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117, check	here ▶X and			
	complete lines 30 through 34.				
30				30	
31		nt fund		31	
27 28 29 30 31 32			721,665	32	786,55
33	Total net assets or fund balances		721,665		786,55
34	Total liabilities and net assets/fund balances		819,243		793,13

793,134 Form 990 (2011)

Form	n 990 (2011) HAMILTON SOUTHEASTERN SCHOOLS 35-2146295			Pa	ge 12				
Pa	art XI Reconciliation of Net Assets								
	Check if Schedule O contains a response to any question in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>143</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	48,	<u> 252</u>				
3	Revenue less expenses Subtract line 2 from line 1	3			<u>891</u>				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> </u>	21,	<u>665</u>				
5	Other changes in net assets or fund balances (explain in Schedule O)								
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	7	86,	<u>556</u>				
Pa	art XII Financial Statements and Reporting								
	Check if Schedule O contains a response to any question in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990 🔲 Cash 🔀 Accrual 📗 Other		_		ļ				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in								
	Schedule O				[
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_ 2a		X				
b	Were the organization's financial statements audited by an independent accountant?		2b		X				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight								
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c						
	If the organization changed either its oversight process or selection process during the tax year, explain in								
	Schedule O								
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were								
	issued on a separate basis, consolidated basis, or both								
	Separate basis Consolidated basis Both consolidated and separate basis				ļ				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in								
	the Single Audit Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the								
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b						

Form **990** (2011)

· SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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

Internal Revenue Service

Name of the organization

HAMILTON SOUTHEASTERN SCHOOLS

Employer identification number 35–2146295

			FOUNDATION,	INC.					35	Z 14.	0293			
P	art i	Reas	on for Public Charity	Status (All organizations	must co	mplete	this pa	irt) Se	e inst	ruction	าร			
he	orgar	nization is not	a private foundation because	e it is (For lines 1 through 11, ch	eck only	one box)								
1		A church, cor	nvention of churches, or asso	ociation of churches described in	section	170(b)(1)	(A)(i).							
2		A school des	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E)										
3	,			e organization described in sect	tion 170(l	b)(1)(A)(ii	ii).							
4	1			in conjunction with a hospital de				1)(A)(iii). Enter	the hos	spital's nam	ie.		
		city, and state		солдания полити и поорнал от					,		-	,		
5	, ~;			f a college or university owned o	r onerate	d by a do	vernmer	ital unit i	describi	ed in				
Ŭ	L		b)(1)(A)(iv). (Complete Part		n operate	a by a go	· Ci i i i i Ci	itai aiiit	3030110					
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
	X		•							ما امان				
7	1													
^		described in section 170(b)(1)(A)(vi). (Complete Part II)												
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross												
9	Ш	-	•							-	6			
		·	· ·	pt functions—subject to certain e	•									
			=	d unrelated business taxable inc	-		•	from bu	sinesse	s				
			·), 1975 See section 509(a)(2).		-								
10	Щ	•	·	exclusively to test for public safet	•									
11	نــا	•	•	exclusively for the benefit of, to p				•						
				ed organizations described in se-						ection				
		509(a)(3). Ch	eck the box that describes th	ne type of supporting organizatio	n and cor	nplete line	es 11e tl	nrough 1	1h					
		a Type	I b Type II	c Type III–Functiona	ally integra	ited	d	Тур	e III–Otl	her				
е		By checking t	his box, I certify that the orga	inization is not controlled directly	y or indire	ctly by on	e or mor	e disqua	alified p	ersons				
		other than for	undation managers and othe	r than one or more publicly supp	orted org	anızatıons	s describ	ed in se	ction 5	09(a)(1)				
		or section 50	9(a)(2)											
f		If the organiz	ation received a written detei	rmination from the IRS that it is a	a Type I, T	ype II, or	Type III	support	ıng					_
		organization,	check this box											
g		Since August	t 17, 2006, has the organizat	ion accepted any gift or contribu	tion from	any of the	•							
		following per	rsons?									_		
		(ı) A persor	n who directly or indirectly co	ntrols, either alone or together w	rith persor	ns describ	ed in (ii)	and and			_	Y	es	No
		(III) belov	w, the governing body of the	supported organization?							119	J(i)		
		(ii) A family	member of a person describ	ed ın (ı) above?							119	J(II)		
		(iii) A 35% c	ontrolled entity of a person d	escribed in (i) or (ii) above?							110	j(iii)		
h		Provide the f	following information about th	ne supported organization(s)										
(i) Name	e of supported	(ii) EIN	(ili) Type of organization	(IV) Is the o	rganization	(v) Did y	ou notify	(vi)	s the	(vii)	Amount	of	
	org	janization		(described on lines 1–9	1	sted in your	the orgar col (i)	nzation in	organizat	on in col zed in the	\$	upport		
				above or IRC section (see instructions))	governing	document?		ort?		S ?				
				(See mondonomy)	Yes	No	Yes	No	Yes	No				
A)				-										
B)														
•							ĺ							
C)														
٠,					ļ									•
D)					<u> </u>									
-,					1									
E)					t									
-,						}								
_		<u> </u>			1	<u> </u>	İ	<u> </u>			·			
			i .	i	i	I	ı	ı	1	1	1			

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning ın) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	1	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	231,906			170,709	236	,931	639,546
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	231,906			170,709	236	,931	639,546
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							639,546
	tion B. Total Support				·		·	
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	1	(f) Total
7	Amounts from line 4	231,906		ļ	170,709	236	,931	639,546
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,299			110,713	27	,860	139,872
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)					78	,808	78,808
11	Total support. Add lines 7 through 10							858,226
12	Gross receipts from related activities, etc.	(see instructions)					12	27,860
13	First five years. If the Form 990 is for the	organization's first,	second, third, for	urth, or fifth tax yea	r as a section 501(c	:)(3)		
	organization, check this box and stop here	•						•
Sec	tion C. Computation of Public Su	apport Percent	tage					
14	Public support percentage for 2011 (line 6	column (f) divided	by line 11, colum	nn (f))			14	74.52%
15	Public support percentage from 2010 Sche	edule A, Part II, line	14				15	78.25%
16a	33 1/3% support test—2011. If the organ	ization did not ched	k the box on line	13, and line 14 is 3	33 1/3% or more, ch	eck this		
	box and stop here. The organization quali	fies as a publicly s	upported organiza	ation				► X
b	33 1/3% support test—2010. If the organ	ization did not ched	k a box on line 1	3 or 16a, and line 1	5 is 33 1/3% or mor	e,		
	check this box and stop here. The organiz	ation qualifies as a	publicly supporte	ed organization				▶ [
17a	10%-facts-and-circumstances test—201	If the organization	on did not check	a box on line 13, 16	Sa, or 16b, and line	14 is		
	10% or more, and if the organization meet	s the "facts-and-cire	cumstances" test,	, check this box and	d stop here. Explair	n in		
	Part IV how the organization meets the "fa- organization	cts-and-circumstan	ces" test. The org	ganization qualifies	as a publicly suppo	rted		▶ [
b	10%-facts-and-circumstances test—201	IO. If the organization	on did not check	a box on line 13, 16	6a, 16b, or 17a, and	line		
	15 is 10% or more, and if the organization	meets the "facts-ar	nd-circumstances	" test, check this bo	ox and stop here.			
	Explain in Part IV how the organization me	ets the "facts-and-	circumstances" te	st The organizatio	n qualifies as a pub	licly		
	supported organization							▶ [
18	Private foundation. If the organization did	d not check a box o	n line 13, 16a, 16	6b, 17a, or 17b, che	eck this box and see			
	instructions							▶ [

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

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

Sec	tion A. Public Support	quality arract to	ic tests listed t	sciott, picase c	ompiete i ait ii	-/ -	-	
_	idar 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")	(-,	(1)					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	· · · · · · · · · · · · · · · · · · ·						
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	l 						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6)							
	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011		(f) Total
9	Amounts from line 6					ļ	-+	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b						_	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add lines 9, 10c, 11, and 12)		j					
14	First five years. If the Form 990 is for the organization, check this box and stop here	_	, second, third, for	urth, or fifth tax yea	r as a section 501((c)(3)		▶
Sec	tion C. Computation of Public St	upport Percen	tage					
15	Public support percentage for 2011 (line 8	, column (f) divided	d by line 13, colum	n (f))			15	%
<u>16</u>	Public support percentage from 2010 Scho						16	%_
	tion D. Computation of Investme			 -		т	. <u>.</u> [
17	Investment income percentage for 2011 (li			, column (f))		-	17	<u>%</u>
18	Investment income percentage from 2010			. 44			18	%
19a	33 1/3% support tests—2011. If the orga							▶ □
b	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2010. If the orga						Ч	
IJ	line 18 is not more than 33 1/3%, check th						-	▶ .
20	Private foundation. If the organization did		_			-		<u></u>

Schedule A (Form 990 or 990-EZ) 2011 HAMILTON SOUTHEASTERN SCHOOLS

35-2146295

Page 4

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)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

OMB No 1545-0047

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Department of the Treasury Open to Public ► Attach to Form 990. ► See separate instructions. Internal Revenue Service Inspection Name of the organization Employer identification number HAMILTON SOUTHEASTERN SCHOOLS FOUNDATION, INC. 35-2146295 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6

		(a) Donor advised funds	(E) Funds and	other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised			
	funds are the organization's property, subject to the organization's exclu	sive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in v	vriting that grant funds can be used			
	only for charitable purposes and not for the benefit of the donor or donor	r advisor, or for any other purpose			
	conferring impermissible private benefit?				Yes No
Pa	irt II Conservation Easements. Complete if the organ	nization answered "Yes" to Form	990, Pai	t IV, line	e 7
1	Purpose(s) of conservation easements held by the organization (check a	all that apply)			
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically im	portant lan	d area	
	Protection of natural habitat	Preservation of a certified historic	c structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation	vation contribution in the form of a conser	vation		
	easement on the last day of the tax year				
				Held at the	End of the Tax Year
а	Total number of conservation easements		2a		
þ	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic structure inclu	ded ın (a)	2c		
d	Number of conservation easements included in (c) acquired after 8/17/0	6, and not on a			
	historic structure listed in the National Register		2d		
3	Number of conservation easements modified, transferred, released, exti	nguished, or terminated by the organizati	on during t	he	
	tax year ▶				
4	Number of states where property subject to conservation easement is lo	cated ►			
5	Does the organization have a written policy regarding the periodic monit	oring, inspection, handling of			
	violations, and enforcement of the conservation easements it holds?				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforci	ng conservation easements during the ye	ar		
	•				
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co	onservation easements during the year			
	▶ \$				
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(B)			
	(i) and section 170(h)(4)(B)(ii)?				∐ Yes ∐ No
9	In Part XIV, describe how the organization reports conservation easeme				
	balance sheet, and include, if applicable, the text of the footnote to the o	rganization's financial statements that de	scribes the	•	
	organization's accounting for conservation easements	18:42:41	0:	A	
	rt III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to F		Similar i	Assets.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no	t to report in its revenue statement and ba	alance she	et	
	works of art, historical treasures, or other similar assets held for public e	xhibition, education, or research in furthe	rance of		
	public service, provide, in Part XIV, the text of the footnote to its financia	I statements that describes these items			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	report in its revenue statement and balan	ce sheet		
	works of art, historical treasures, or other similar assets held for public e	xhibition, education, or research in furthe	rance of		
	public service, provide the following amounts relating to these items				
	(i) Revenues included in Form 990, Part VIII, line 1		>	\$	
	(ii) Assets included in Form 990, Part X		•	\$	
2	If the organization received or held works of art, historical treasures, or c	other similar assets for financial gain, prov	/ide the		
	following amounts required to be reported under SFAS 116 (ASC 958) re	elating to these items			
а	Revenues included in Form 990, Part VIII, line 1		•	\$	
b	Assets included in Form 990, Part X			\$	
For F	Paperwork Reduction Act Notice, see the Instructions for Form 990.			Schedule	D (Form 990) 2011

	irt III Organizations Maintaining	Collections of	Art, Hi	storical Tr	easures,	or Othe	r Simila	ar Ass	sets (continue	ed)
3	Using the organization's acquisition, accession collection items (check all that apply)										1
а	Public exhibition	d	Loan or e	exchange prog	grams						
b	Scholarly research	:	Other								
С	Preservation for future generations	* =									
4	Provide a description of the organization's co	llections and explain	how they	further the or	rganization's	exempt pu	urpose in	Part			
	XIV		-								
5	During the year, did the organization solicit or	receive donations o	f art, histo	orical treasure	s, or other s	ımılar					
	assets to be sold to raise funds rather than to	be maintained as pa	art of the	organization's	collection?					Yes	No
Pa	rt IV Escrow and Custodial Arr	angements. Co	mplete	if the organ	ization an	swered '	"Yes" to	Forn	n 990.	, Part IV	, ———— ',
	line 9, or reported an amour										
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for co	ntributions or	other assets	not					_
	included on Form 990, Part X?									Yes	l No
b	If "Yes," explain the arrangement in Part XIV	and complete the following	lowing tal	ole			_				
							L			Amount	
С	Beginning balance						Ļ	1c			
d	Additions during the year							1d			
е	Distributions during the year						L	1e			
f	Ending balance						Ĺ	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?							Yes	i ∐ No
	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Comp	lete if the organi	1								_
	<u> </u>	(a) Current year	(b) Prior year	(c) Two ye	ars back	(d) Thre	ee years t	back	(e) Four y	ears back
1a	Beginning of year balance										
þ	Contributions		ļ								
С	Net investment earnings, gains, and										
	losses		-								
	Grants or scholarships										
е	Other expenditures for facilities and										
	programs		 		 -						
	Administrative expenses										
g	End of year balance		. (1::: - 4:::								
2	Provide the estimated percentage of the curr		e (line 1g,	column (a)) n	ieio as						
a	Board designated or quasi-endowment	%									
D	Permanent endowment > %	%									
·	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a s										
22	Are there endowment funds not in the posses	•	tion that :	are held and a	dministered	for the					
Ju	organization by	Joion of the Organiza	con mat	a.s rivid dild 6	mistoreu	.51 1110				F	Yes No
	(i) unrelated organizations									3a(i)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(ii) related organizations									3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required or	n Schedu	ıle R?						3b	
4	Describe in Part XIV the intended uses of the										
	ert VI Land, Buildings, and Equ				e 10			•	-		
	Description of property	(a) Cost or other I		(b) Cost or o		(c) A	Accumulated	1		(d) Book va	alue
		(investment)	,	(othe	er)	de	epreciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
e	Other										
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colum	n (B), line 10((c))			<u> </u>	<u></u>		

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

(9) (10)(11)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

Sche	dule D (Form 990) 2011 HAMILTON SO	UTHEASTERN	SCHOOLS		35-214629	5	Page 4
Pa	rt XI Reconciliation of Change in N	let Assets from	Form 990 to A	Audite	d Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), lin	ne 12)				1	
2	Total expenses (Form 990, Part IX, column (A), Iir	ne 25)				2	
3	Excess or (deficit) for the year Subtract line 2 from	n line 1			ļ	3	
4	Net unrealized gains (losses) on investments				ļ	4	
5	Donated services and use of facilities					5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	<u> </u>
9	Total adjustments (net) Add lines 4 through 8					9	
	Excess or (deficit) for the year per audited financia					10	
Pa	rt XII Reconciliation of Revenue pe	r Audited Finan	cial Statemen	ts Wi	th Revenue per Re	turn	
1	Total revenue, gains, and other support per audite	ed financial statement	s			1	<u></u>
2	Amounts included on line 1 but not on Form 990,	Part VIII, line 12					
а	Net unrealized gains on investments			2a			
b	Donated services and use of facilities			2b			
С	Recoveries of prior year grants			2c			
d	Other (Describe in Part XIV)		Į	2d	- ··		
е	Add lines 2a through 2d					2e	
3	Subtract line 2e from line 1		,			3	
4	Amounts included on Form 990, Part VIII, line 12,	but not on line 1:					
а	Investment expenses not included on Form 990, F	Part VIII, line 7b		4a			
b	Other (Describe in Part XIV)			4b			
С	Add lines 4a and 4b					4c	
5	Total revenue Add lines 3 and 4c. (This must equ					5	<u></u>
Pa	rt XIII Reconciliation of Expenses p	er Audited Fina	ncial Stateme	nts W	ith Expenses per F	Retur	n
1	Total expenses and losses per audited financial s	tatements				1	
2	Amounts included on line 1 but not on Form 990,	Part IX, line 25	,				
а	Donated services and use of facilities			2a			
b	Prior year adjustments			2b			
С	Other losses			2c			
d	Other (Describe in Part XIV)		Į	2d			
е	Add lines 2a through 2d					2e	
3	Subtract line 2e from line 1					3	
4	Amounts included on Form 990, Part IX, line 25, b	out not on line 1:					
а	Investment expenses not included on Form 990, F	Part VIII, line 7b	ļ	4a			
b	Other (Describe in Part XIV)		Į	4b			
С	Add lines 4a and 4b					4c	
5	Total expenses Add lines 3 and 4c. (This must ex	qual Form 990, Part I,	line 18)			5	
Pa	rt 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 XI, 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 any additional information

Schedule D (Form 990) 2011 HAMILTON SOUTHEASTERN SCHOOLS

35-2146295

Page 5

Part XIV Supplemental Information (continued)

SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ.

See separate instructions.

2011

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Total

HAMILTON SOUTHEASTERN SCHOOLS

Employer identification number 35-2146295

FOUNDATION, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants __ Mail solicitations Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (III) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity organization fundraiser listed in control of contributions col (i) Yes No 2 3 8 9 10

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000

		events with gro	ss receipts greater than \$5	,000		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			DINNER EVENT	GOLF EVENT	NONE	(add col (a) through
ē		}	(event type)	(event type)	(total number)	col (c))
Revenue		Gross receipts Less Charitable	41,250	37,558		78,808
		contributions				
	3	Gross income (line 1 minus line 2)	41,250	37,558		78,808
	4	Cash prizes	1,351	1,400		2,751
	5	Noncash prizes				
sesue	6	Rent/facility costs	1,327	10,718		12,045
Direct Expenses	7	Food and beverages	10,917	3,881		14,798
	8	Entertainment				
	9	Other direct expenses	539	323		862
	10	Direct eynense summany	Add lines 4 through 9 in column (o	4)	•	30.456
			mbine line 3, column (d), and line	· ·	•	30,456 48,352
Р				wered "Yes" to Form 990, Pa	art IV, line 19, or report	
		than \$15,000 o	n Form 990-EZ, line 6a			· · · · · · · · · · · · · · · · · · ·
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
ď	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	_	B. and an ana	Add on	n.		
			Add lines 2 through 5 in column (d			()
	8	iver gaining income summ	nary Combine line 1, column d, an	u iiie /	<u> </u>	
	ls t		organization operates gaming act operate gaming activities in each			9a 🗌 Yes 🦳 No

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

10a Yes No

b If "Yes," explain

 Sche	dule G (Form 990 or 990-EZ) 2011 HAMILTON SOUTHEASTERN SCHOOLS	35-214629	95 Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	1	Yes No
13	Indicate the percentage of gaming activity operated in	1.0	
a	The organization's facility	13a	
b 14	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and	[136	76
14	records		
	Name ►		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		☐ Yes ☐ No
b	revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the	1es 140
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party		
	Name ►		
	Address ▶		
16	Gaming manager information		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year >\$		
Par	t IV Supplemental Information. Complete this part to provide the explanations requ	ired by Part I, line 2	?b,
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as app		
	part to provide any additional information (see instructions)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Open to Public

Inspection

OMB No 1545-0047

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

X Yes Employer Identification number 35-2146295 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and HAMILTON SOUTHEASTERN SCHOOLS General Information on Grants and Assistance the selection criteria used to award the grants or assistance? FOUNDATION, INC Name of the organization Part

2

to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

	Fart II can be duplicated it additional space is needed	bace is illeeded	7					
-	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(9)								
(
(9)								
(9)								
(2)								
(8)			-					
(6)								

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Schedule I (Form 990) (2011) HAMILTON SOUTHEASTERN SCHOOLS	THEASTERN SCHO		35-2146295		Page 2.
Part III	Grants and Other Assistance to Individuals in the I Part III can be duplicated if additional space is needed	Individuals in the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In the United In t	Inited States. Comp	lete if the organizatio	Jnited States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, FMV, appraisal, other)
1 HSE	HSE STAFF MEMBERS		56,774			
2 HSE	2 HSE STUDENTS		74,152			
က						
4						
l w						
မှ						
7						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	plete this part to prov	ide the information re	equired in Part I, line	2, and any other additional	ınformatıon

990052 12/26/2013 9 28 AM

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

OMB No 1545-0047

Name of the organization

HAMILTON SOUTHEASTERN SCHOOLS FOUNDATION, INC.

Employer identification number 35-2146295

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE RETURN IS REVIEWED BY THE TREASURER AND THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

AT THE BEGINNING OF EACH YEAR, EACH BOARD MEMBER IS REQUIRED TO SIGN A

CONFLICT OF INTEREST STATEMENT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

ANNUAL REVIEW BY EXECUTIVE COMMITTEE OF EXECUTIVE DIRECTOR, INCLUDING

COMPARABLE INFORMATION FOR COMPENSATION AND JOB DUTIES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
ALL DOCUMENTS, RECORDS AND TAX RETURNS ARE AVAILABLE UPON REQUEST AT THE
HSE FOUNDATION OFFICE.