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4 Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

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

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

OMB No 1545-1150

2011

Open to Public Inspection

	A F	or the	2011 calendar year, or tax	year beginning JU	4	, 2011, and er	nding fux	LE	,2012				
	B c	heck if ap	C Name of orga	anization			D Em	ployer id	entification number				
		Address c	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telep						362094847				
	- A	Name cha							Telephone number				
	=	nıtıal retu Ferminate	rted						15-591-3711				
	$\overline{}$	Amended	City or town, sta	roup Exemption									
		Applicatio	Application pending HANOUER IL. 61041 Num						<u> </u>				
	G A	Accounting Method: ☐ Cash ☐ Accrual Other (specify) ► H Check ► ☐ if the organization											
		Vebsit					— I		ach Schedule B				
		J Tax-exempt status (check only one) — ☐ 501(c)(3) 🕱 501(c) (1 🖣) 🔻 (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form 990, 990-EZ, or 990-PF).											
		heck >			supporting organization or a								
					not required though Form	990-N (e-posto	ard) may be r	equired ((see instructions). But if				
		_	nization chooses to file a ret		•		al acceta (Dort						
			olumn (B) below) are \$500,000		gross receipts are \$200,000 c	or more, or ii tot	ai assets (Part	π II,					
						2-1		\$	for Dort I				
		art I			Net Assets or Fund E								
		4	Contributions sifts are	nto and similar amou	O to respond to any quents received	estion in this	Parti		<u>M</u>				
		1 2	Program convice revenue	nis, and similar amou	nts received			2					
		3						3	395				
		4	Investment income .	15565511161115				4	7				
		5a	Gross amount from sale	of assets other than	nventory	5a	 ა	1	<u> </u>				
		ь			•		<u>0</u>	┥`、 ┆					
		C		ost or other basis and sales expenses									
~1		6	Gaming and fundraising										
01,		a	•		dule G if greater than								
2 9 2012	9		\$15,000)		-	6a /	``						
⊘ 3	Revenue	ь	Gross income from fund	draising events (not in	cluding \$ 450	of contr	butions	7					
(1)	Æ				attach Schedule G if the	!		ŀ					
AUG			sum of such gross incor	ne and contributions	exceeds \$15,000)	6b 77	41						
		C	Less: direct expenses fr				69						
\Box		d	Net income or (loss) from	om gaming and fundi	aising events (add lines	6a and 6b a	ind subtract		6952				
Ë			line 6c)			· · · · · · · · ·	- /	6d	6732				
SCANNED		7a	Gross sales of inventory		wances	7a 38		4 1					
$\ddot{\circ}$		b	Less: cost of goods sold				246		1-1-1-				
S		_C			Subtract line 7b from line	•		7c	17517				
		8						8	0				
		9			e, and 8		<u> </u>	9	25506				
		10 11			dule O)			10	0				
	rA.	12	Benefits paid to or for m		benefits			11	14818				
	Se	13			pendent contractors .			12	74878				
	Expenses	14			· · · · · · · · ·			14	7245				
	X	15						15	7393				
		16						16	4807				
		17			<u> </u>			17	26870				
	<u></u>	18	Excess or (deficit) for the	e vear (Subtract line 1	7 from line 9)	<u> </u>		18	(1364)				
	iets	19	Net assets or fund hala	ances at beginning of	year (from line 27, colu	mn (A)) (mus	t agree with						
	ASS	िल	end of year figure repor	ted on prior year's ref	um)			19	12384				
	Net Assets	20ີ່	Other changes in net as	sets or fund balances	(explain in Schedule O)			20	6				
			Net assets of fund balar	nces at end of year. C	ombine lines 18 through			21	12020				
	For	Paper	ork Reduction Act Notice	, see the separate inst	ructions.	Cat. No. 106	3421		Form 990-EZ (2011)				

Form	990-EZ	(2011)	

Page 2

Check if the organization used Schedule O to respond to any question in this Part II	Part	•				5 4 11		
22 Cash, savings, and investments 23 Land and buildings. 23 Land and buildings. 24 Other assets (describe in Schedule O) 25 Total assets. 26 Total liabilities (describe in Schedule O) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Total liabilities (describe in Schedule O) 29 Net assets or fund balances (line 27 of column (B) must agree with line 21) 20		Check if the organization	used Schedule	O to respond to a				(R) End of year
23 Land and buildings. 24 Other assets (describe in Schedule O) 25 Total assets 26 Total labilities (describe in Schedule O) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Total labilities (describe in Schedule O) 29 Net assets or fund balances (line 27 of column (B) must agree with line 21) 20 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 I J © 20 Describe the organization used Schedule O to respond to any question in this Part III. 28 Check if the organization's program service accomplishments (see the instructions for Part III.) 29 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 NAA 29 NAA (Grants \$) if this amount includes foreign grants, check here	22	Cach cavings and investments			-	pro beginning or year		
24 1.5 oc 25 Total assets (describe in Schedule O) 25 Total assets 25 1/2 o 2 O 26 O O 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 26 O O O O O O O O O	_							
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Check if the organization used Schedule O to respond to any question in this Part III								• •
What is the organization's promary exempt purpose? \[\begin{align*} \begin{align*} \leftil{\text{LERALS}} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		-		•		•	/Dags	•
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(Grants \$) If this amount includes foreign grants, check here . ▶ □ 30a (Grants \$) If this amount includes foreign grants, check here . ▶ □ 30a 31 Other program services (describe in Schedule O, Grants \$) If this amount includes foreign grants, check here . ▶ □ 31a 32 Total program service expenses (add lines 28a through 31a) . ▶ 32 Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV Check if the organization used Schedule O to respond to any question in this Part IV . □ (G) Reportable compensation. (Forms W-2/109-MISC) (in of paid, enter -0-) benefit plans, and deferred compensation. (Forms W-2/109-MISC) (in of paid, enter -0-) deferred compensation. (Forms W-2/109-MISC) (in of paid, enter -0-) (in of paid, enter -0-		Grants \$		includes foreign gra	ants, check here .	<u> ▶ ⊔</u>	28a	
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31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	ï	Grante \$) If this amount	includes foreign are	ente check here		20-2	
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(a) Name and address (b) Title and average hours per week devoted to position (Forms W-2/1099-MISC) (If not paid, enter -0-) (IMBAII WILUS \$550 S. MASSBACH Commanded (Internal average hours per week devoted to position (Internal average hours) (Internal average hours per week devoted to position (Internal average hours) (Internal ave								
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Part	,			_		
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Pan	Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	1.00	X		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		×		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	 -	 		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		80		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a ○	180 E		12.0		
ъ 200	Did the organization file Form 1120-POL for this year?	37b	\ A	X		
38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		A TOTAL	が、世		
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/3	38a	1,11	K		
39	Section 501(c)(7) organizations. Enter:	1.30	1	30		
а	Initiation fees and capital contributions included on line 9		- 4	417		
b	Gross receipts, included on line 9, for public use of club facilities	573	7			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► NA ; section 4912 ► NA ; section 4955 ► NA	د با المرابع المرابع	がは			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I					
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	1, 20		3. 24 13		
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			ایران ری در		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization					
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Y X		
41	List the states with which a copy of this return is filed. ▶					
42a	The organization's books are in care of ► 30 Hd CRAWFORD Telephone no. ►815	-59(-35	582		
	Located at ► 10886 S. CRAZY HUIOW MANUVER +1 ZIP+4 ► GIO					
D	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 account)?		Yes			
	If "Yes," enter the name of the foreign country: ▶	42b	·	X		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	3.	87			
	and Financial Accounts.		TANK!	3.0		
C	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		X		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. 1	▶ 🔲		
	and enter the amount of tax-exempt interest received or accrued during the tax year	<u>NA</u>				
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	56'6	Yes	No		
	completed instead of Form 990-EZ	44a	:£13)	X		
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	ال ^و	X		
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	- 12 co	* 눈城		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<u>×</u>		
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	[5] [7]				
	Form 990-EZ (see instructions)	45b	~~~	Y		

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46	Did th	ne organization engage, directly or inc	directly, in political ca	ampaign activities	on behalf of	or in oppositi	on 🎦	Yes	No	
	to ca	indidates for public office? If "Yes," c	omplete Schedule C	, Part I		<u>.</u>	46	1	X	
Part		Section 501(c)(3) organizations 501(c)(3) organizations and section and 52, and complete the tables	on 4947(a)(1) nonex for lines 50 and 51	empt charitable	trusts must	answer que			b _	
		Check if the organization used Sch	edule O to respond	to any question ii	n this Part V	<u> </u>	· · · ·	Yes	No	
47	year?	ne organization engage in lobbying a If "Yes," complete Schedule C, Part	11				tax 47	103		
48 49a	Did th	organization a school as described in ne organization make any transfers to	an exempt non-cha	ritable related orga	nization? .			-		
50	Comp	s," was the related organization a seconder this table for the organization's byses) who each received more than	five highest compen-	sated employees (other than of	fficers, directo	ors, truste	es an	l d key	
(a) Name and address of each employee paid more than \$100,000			(b) Titte and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Hea contribution benefit plan	ith benefits,	(e) Estimat	stimated amount of the compensation		

f 51	Comp \$100	number of other employees paid over olete this table for the organization's 000 of compensation from the organ	s five highest compenization. If there is no	ensated independe one, enter "None."			· ·		than	
(a)	Name a	nd address of each independent contractor pair		(b) Type of s	service	(c)	Compensat	on		
							· · · · · · · · · · · · · · · · · · ·			
							 , .			
						1				
d 52	Did th	number of other independent contra ne organization complete Schedule A xempt charitable trusts must attach a	? Note: All section 5	01(c)(3) organizatio	. ▶ ons and 4947	/(a)(1)	➤ 🔲 Ye:	s 🔲	No	
Under p	enalties rect, an	of perjury, I declare that I have examined this red complete. Declaration of preparer (other than	eturn, including accompany officer) is based on all info	ying schedules and state mation of which prepar	ements, and to t rer has any knov	the best of my knowledge.	owledge ar	nd belief	, it is	
Sign Here		Signature of officer Signature of officer LOHIL D. CRAWKOR Type or print name and title	o Quanta	ermaster_	0	^{0ate} 31 9	uez	201	2_	
Paid Pren	orer	Print/Type preparer's name	Preparer's signature		Date	Check Self-employ				
Prep Use (Firm's name ▶			F	mm's EIN ▶				
		Firm's address ▶			F	hone no		F-7		
May th	ie iKS	discuss this return with the preparer	snown above? See I	nstructions	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	► ∐ Ye	3 ∐	No	

SCHEDULE 0 · (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Open to Public Inspection

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.

Name of the	BERRY	man-	DORAL	-BAINB	RIDGE	UFW5300	Employer Identification number 362094847
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