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Form **990-EZ**

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)

Sponsonng 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

Department of the Treasury Internal Revenue Service

A For the 2011 calenda		2011 calenda	er year, or tax year beginning	July 1	, 2011,	and ending	<u> </u>	une 30	, 20	12		
B Check if applicable		plicable	C Name of organization					oyer id	entification numbe	3 T		
Address change			Edenwald Residents' Association					52-1514950				
Name change			Number and street (or P.O. box, if mail is not de	Il is not delivered to street address) Room/suite E Te			E Teler	elephone number				
			800 Southerly Rd			1901		410-339-6000				
H	Terminated Amended		City or town, state or country, and ZIP + 4				F Gro	Group Exemption				
Ħ	Application		Baltimore, Maryland 21286-8403				Nun	nber 🕨	•			
G		ing Method:	✓ Cash Accrual Other (specify	/) ▶	•	. [H Check	▶ [7] i	f the organization	is not		
	Websit	•							ach Schedule B			
			eck anly one) - 501(c)(3) 501(c) (4) ◀ (insert no.) ☐ 4947	(a)(1) or	□ 527	-		0-EZ, or 990-PF).			
_	Check ▶		organization is not a section 509(a)(3) supp				ation and it	s ams	s receints are non	mally		
			0. A Form 990-EZ or Form 990 return is not									
			oses to file a return, be sure to file a comple	· -		,	,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	_		b, to line 9 to determine gross receipts. If gros		or more.	or if total as	sets (Part II,					
			w) are \$500,000 or more, file Form 990 instea	•				▶ €	1	96434		
_	art I		e, Expenses, and Changes in Ne					rtions		00101		
	C		the organization used Schedule O to							. 🗹		
_	1		ons, gifts, grants, and similar amounts		03(10)1	ir ans ra		1		06921		
	2		ervice revenue including government f					2		0		
	3	_	ip dues and assessments					3				
	4	Investment	•					4		265		
	5a		ount from sale of assets other than inve	nton	 5a		29823	7		203		
		Loss and	or other hadis and sales expenses	sittory	5b		2361					
	b	Coin or flor	or other basis and sales expenses pss) from sale of assets other manning	nton't Cubtmet line 5h	Second 1	ino Eo)	2301	₌		27462		
	6 6	Gaming an	nd fundraising events	IIIO G ISUDURACI III e SI	, ilolli i	iiie saj .		5c		27402		
	1 -			e of greater than								
Ф	а	\$15,000) .	ome from gaining (artach schedule	in greater triain	1	1	^					
Revenue			ome from fundraising events (not include	<u>. lœl</u>	6a	f contribut	iono	1 1				
Š	b	from funds	aising events reported of the 1) (atta	uch Schodulo G if the		Contribut	ions	{				
Œ		sum of suc	ch gross income and contributions exc	SOME SIS OF ON	6b	ı	^					
	1 _			•	6c			1 1				
	4	c Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract				cultract						
	0	line 6c)	or (1055) from garning and fundraising events (add lines of and ob and su			Subtract	6d		0			
	-	•	a of inventory loss estums and allows		 - -		56330	- OU	····			
	7a		s of inventory, less returns and allowa	11085	7a 7b		44098					
	b		of goods sold			L		7c		12232		
	C							8		3095		
	8		•					9	•	49975		
	10		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, ard similar amounts paid (list in Schedule					10	•	0		
Expenses	111							11				
		•	efits paid to or for members						4	01205		
	12 13							12		01205		
	13		onal fees and other payments to independent contractors									
	. 14		ccupancy, rent, utilities, and maintenance					14		4706		
	.0							15	<u> </u>	4706		
	16							16		33024		
	17	Total expe	tal expenses. Add lines 10 through 16				17		38935			
Net Assets	18							18	,	11040		
	19		s or fund balances at beginning of year figure reported on prior year's return						_	7000		
₹		•		=				19	1	76634		
ě	20		nges in net assets or fund balances (ex					20	<u>-</u>	0		
	21	Net assets	or fund balances at end of year. Com	bine lines 18 through	20 .		<u> ▶</u>	21	1	87674		

Pai	Balance Sheets. (see the instructions	- ,				
	Check if the organization used Schedule	O to respond to a	ny question in this			<u> </u>
22	Cash savings and investments		}-	(A) Beginning of year	 	(B) End of year
22 23	Cash, savings, and investments			176634	23	187674 0
24	Land and buildings				24	0
25	Total assets	• • • • • •		176634		187674
26					26	0
27	Net assets or fund balances (line 27 of column		h fine 21)	176634	 	187674
Par					=-1-	
	Check if the organization used Schedule				(Page	Expenses urred for section
Wha	is the organization's primary exempt purpose?	see attached schedi	ule O			c)(3) and 501(c)(4)
as m	ribe the organization's program service accompline in a clear and concise in the control of the	nanner, describe the			4947	nizations and section (a)(1) trusts; optional thers.)
28	To recognize and reward staff for exemplary perform	nance				
		*				
	/Country &	inalida fasian au				404005
29	(Grants \$) If this amount Sponsor religious, study, and enrichment programs	includes foreign gra			28a	101205
29	Sporisor rengious, study, and enfictment programs	ioi ai residents				
	(Grants \$) If this amount	includes foreign gra	ents check here	▶ □	29a	21060
30	To provide new computer equipment for residents u	ISA				1
•••						
		*				
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ □	30a	5276
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ □	31a	11394
32	Total program service expenses (add lines 28a				32	138935
Par	List of Officers, Directors, Trustees, and Ke				instru	ctions for Part IV.)
	Check if the organization used Schedule	O to respond to a			<u>.,.</u>	· · · · □
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0	Estimated amount of their compensation
Geo	ge Hohl, Apt 1220	President - 16				, , , , , , , , , , , , , , , , , , ,
8004	Southerly Rd, Baltimore,. MD 21286	<u> </u>	0		0	0
	am Phillips, Apt #905	Vice-President - 16				
	Southerly Rd, Baltimore. MD 21286		0		0	0
	ald Stegner, Apt #1229	Treasurer - 16				
800	Southerly Rd, Baltimore, MD 21286	<u> </u>	0		0	0
	ld Kay, Apt #910	Secretary - 16			- [
800	Southerly Rd, Baltimore. MD 21286	ļ	0		0	0
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	10	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	٧	
	Pid the second of the second o		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
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35 _a	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		1
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		1
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved	4		
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
ь	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
þ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	1		
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
0	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		1
41	List the states with which a copy of this return is filed. ▶			
42a		410-37		
ь	Located at ▶ 800A Southerly Rd, Apt 1229, Baltimore, MD ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over	21286	Yes	
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	-	√
	If "Yes," enter the name of the foreign country:		1	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			_
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	.	> []
44	Did the amenication resistain and described finds during the used 16 Wes 7 Farm 000 months		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b	l	

Sorm 00	, IO-EZ (2011)						6	ege 4
UIII 33	0-62 (2011)		 			···		<u> </u>
46	Did the organization engage, directly or in to candidates for public office? If "Yes,"						Yes	No
Dort						46 All soc	tion	✓
Part	501(c)(3) organizations and section and 52, and complete the tables Check if the organization used Sci	on 4947(a)(1) none: for lines 50 and 51	cempt charitable	trusts must an				b
							Yes	No
47	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							1
48	Is the organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complet	e Schedule E		48		7
49a	Did the organization make any transfers to an exempt non-charitable related organization?							1
b	If "Yes," was the related organization a se					49b	<u> </u>	✓
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, tremployees) who each received more than \$100,000 of compensation from the organization. If there is none, enter							
	employees) who each received more than	\$100,000 of comper	nsation from the org			enter "N	lone."	,
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Health b contributions to benefit plans, ar compens	employee (ond deferred	e) Estimate other con		
none	e					······································		
				ļ				
			Ì					
					-			
f	Total number of other employees paid ov	er \$100.000	_ ▶ no	ne				
51	Complete this table for the organization \$100,000 of compensation from the organization	s five highest comp	ensated independe	nt contractors	who each i	eceived	more	than
(a)	Name and address of each independent contractor pa	ud more than \$100,000	(b) Type of s	service	(c) C	compensat	ion	
non	e		•					
					_ 			
								
								
			1					
d	Total number of other independent contri	actors each receiving	over \$100,000 .	.▶	nor	ie		
52	Did the organization complete Schedule anonexempt charitable trusts must attach			ons and 4947(a)	(1) ⊳	· □ Yes	· 🗸	No
Under p	penalties of perjury, I declare that I have examined this prect, and complete Deglaration of preparer to the that	return including accompany officers is based on all info	nying schedules and state ormation of which prepar	ements, and to the b rer has any knowled	est of my kno ge.	wiedge an	d belief	f, it is
-	1 Man /	m			10-1	2-1		
Sign	Gignature of officer	/		Date	/-			
Here	3.10.7		····		10			
	Type or print name and title			Data				
Paid	Print/Type preparer's name	Preparer's signature		Date	Check self-employe			

Preparer Use Only

Firm's name

Firm's address

May the IRS discuss this return with the preparer shown above? See instructions

Firm's EIN ▶

Phone no.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

52-1514950 **Edenwald Residents' Association** 3095 **Contributions to Wood Shop** Part I, Line 8 - Other Revenue Part I, Line 16 - Other Expenses - speaker fees, clergy stipend, , computer purchase for residents use, supplies for roof-top garden, . purchase books for library, maintenance of aviary for shut-ins, Part III - The purpose of the organization is to foster and promote programs which will increase the overall quality of care, broaden the knowledge, and provide needed services to the residents of the Edenwald Retirement Community Part III, Line 31 - See Part I, Line 16 above