

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



CISGH3K9W7

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OM8 No 1545-0047

201

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Nome	of the organization		2444 1012 1					Employer IC		
	Je G.R.	E.H. H	DUNDATION							3366
Par			rity Status (All organition because it is: (Fo						nstructio	ons.
1 ne (▼		hes, or association of		•	-	-	-		
2			170(b)(1)(A)(ii). (Attac			CO III 300		(P)(+)(~)(+) -	
3			spital service organiza			section '	170(b)(1)	(A)(iii).		
4		-	on operated in conjun	ction witl	h a hospit	tal descri	bed in se	ection 170	D(b)(1)(A)	(lil). Enter the
_		ne, city, and state	******************							
5		on operated for a)(1)(A)(iv). (Com	the benefit of a colle plete Part II.)	ge or un	lversity o	wned or	operated	by a go	vemmen	tal unit described in
6 7	An organization	on that normally	nment or government receives a substantia (A)(vi) . (Complete Pai	d part of					nit or from	n the general public
8	☐ A community	trust described in	n section 170(b)(1)(A)(vi). (Co	mplete Pa	art II)				
9	receipts from support from	activitios related gross investme	receives: (1) more the d to its exempt funct int income and unre fter June 30, 1975 Se	ions—su lated bu	bject to siness ta	certain e xable ind	come (les	s, and (2) as sectio	no more	e than 331/3% of its
10	An organization	on organized and	operated exclusively	to test fo	or public :	safety. Se	e sectio	n 509(a)(4).	
11	purposes of c	one or more pub	nd operated exclusive fillely supported organ describes the type of	nizations	describe	d in sect	ion 509(a	a)(1) or se	ection 50	9(a)(2). See section
	a 🗌 Typel	b 🗌 Type	II c 🗌 Type II	I–Functio	nally inte	grated	d 🗖:	Type III-N	ion-func	tionally integrated
0			that the organization							
	other than for or section 509	•	ers and other than one	e or mor	e publicly	support	ed organ	izations c	lescribed	I in section 509(a)(1)
f			written determination	on from	the IBS	that it is	a Type	I Type I	l or Two	a III supporting
•		check this box .					a Typo	i, type i		
g	Since August following pers		ne organization accep	oted any	gift or co	ontributio	n from a	ny of the	•	_
			ndirectly controls, eithody of the supported							nd Yee No
	(ii) A family m	ember of a perso	on described in (i) abo	ve?						11g(ll)
		-	a person described in							11g(0)
<u>h</u>	··	,	on about the support		<u></u> -			τ		 -
(n)	Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1–9 above or IFIC section (see instructions))	in col (i) il	organization slod in your document?	the organ	ou notify sization in of your port?	organizat (I) organiz	s the Ion in col, zed in the S 7	(vii) Amount of monetary support
			hice madeddiay	Yes	No	Yes	No	Yes	No	
(A)Si	LSAN G. KOHEN	33-0487943	<i>5</i> 01(c)3		X	X		X		44,375
(B) A	MERICALICALISM	13-1788491 Society	501(c) 3		X	X		X		1,500
(C)	PhRMA	53-0241211	501(1)6		X	X		X		2,000
		94-2347624	501(c)3		X	X		Х		2,000
(E) H	POUNDATING	95-45222	5016)4		X	X		X		1,500
Total										45,875

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

Cat. No 11285F

Schedule A (Form 990 or 990-EZ) 2012

Pago 2

Part	(Complete only If you checked the	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	ri) ialify under	_
Cast	Part III. If the organization fails to	o quality unde	er the tests is	sted below, p	lease comple	ete Part III.)		
	on A. Public Support dar year (or fiscal year beginning in)	(=) 2008	(h) 2000	(c) 2010	(d) 2011	(e) 2012	(f) Total	
Calen 1		(a) 2008	(b) 2009	(6) 2010	(u) 2011	16) 2012	201 99	77
'	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	20,010	62,359	73,000	88,000	58,525	301,89	7
2	Tax revenues levied for the organization's benefit and either pald to or expended on its behalf	0	0	-0-	-0-	0	0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	-0-	0	0	0	0	 -
4	Total, Add lines 1 through 3	20,010	62359	73,000	88,000	58,525	301,89	
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)						<i>\rightarrow</i>	
. 6	Public support. Subtract line 5 from line 4						301,899	Ŧ
	on B. Total Support	tempoliting a city to continuity		in dwelt and a market	is the same of the	a to a second about the second second	<u> </u>	<u>-</u>
	dar year (or fiscal year beginning in)	(a) 200B	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	_
7	Amounts from line 4	20,010	62,359	73,000	88,000	58 525	301,899	_
. 8	Gross Income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-0-	0	-0-	-0-	20.12	20.	72
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	-0-	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	-0-	0	0	0	
11	Total support. Add lines 7 through 10	THEMPS		约PT 公司经验			301,914	.72
. 12	Gross receipts from related activities, etc					12	.0-	_
13	First five years. If the Form 990 is for ti	_				ear as a section	on 501(c)(3)	
	organization, check this box and stop he			<u> </u>	<u> </u>	<u> </u>	<u> </u>	X
	on C. Computation of Public Support					T :		
14	Public support percentage for 2012 (line					14		<u>%</u>
15 16a	Public support percentage from 2011 Sc. 331/2% support test—2012. If the organi					15		<u>%</u>
iva	box and stop here. The organization qua					73 70 01 111010, 0		
b	331/3% support test—2011. If the organ	nization did no	t check a box	c on line 13 oi	r 16a, and line	15 is 33¹/3%	or more,	
17a	10%-facts-and-circumstances test—2010% or more, and if the organization meets the "10 how the organization meets the "10"	ets the "facts- acts-and-circu	and-circumsta ımstances" tes	inces" test, chi st. The organiz	eck this box ar ation qualifies	nd stop here. as a publicly s	Explain in	
	organization						. •	
b	10%-facts-and-circumstances test—2: 15 is 10% or more, and if the organization in Part IV how the organization in supported organization	tion moets the	e "facts-and-ci s-and-circums	ircumstances" tances" test. T	test, check the organization	nis box and si	top here. a publicly	_
18	Private foundation. If the organization di							
	instructions							
						hedule A (Form 99		712

NIA

Part							
	(Complete only If you checked t						der Part II.
Santi	If the organization falls to qualify	under the te	ests listed be	ow, please co	omplete Part	н.)	
	on A. Public Support Idar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2008	(b) 2009	(6) 2010	(0) 2011	(6) 2012	1) Total
•	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	ĺ	İ	Ì	}	ŀ	Į.
	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			ſ		-	
	organization's benefit and either paid	1	1				
	to or expended on its behalf						
5	The value of services or facilities	J	1	j	J]	ļ
	furnished by a governmental unit to the		İ	Ĭ	1	{	
•	organization without charge .		-	ļ		ļ	
6	Total. Add lines 1 through 5	<u> </u>	<u> </u>	 	ļ		
/4	Amounts included on lines 1, 2, and 3 received from disqualified persons .		Ì	ļ	}		
_	•		-	 			
Ь	Amounts included on lines 2 and 3 received from other than disqualified	}			ì		
	persons that exceed the greater of \$5,000	ļ					
	or 1% of the amount on line 13 for the year					1	
C	Add lines 7s and 7b		† 	1			
В	Public support (Subtract line 7c from	NUMBER OF THE RES	A THE COLUMN TO SERVE		The Laboratory of the		
	line 6.)						1
	on B. Total Support					,	
	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line θ	 _	<u> </u>	<u> </u>	<u> </u>		
10a	110 110111 1111111111	·					1
	payments received on securities loans, rents, royalties and income from similar sources				ŀ		
L	Unrelated business taxable income (less	ļ 		 			
u	section 511 taxes) from businesses				1	1	
	acquired after June 30, 1975			Į			1
С	Add lines 10a and 10b			 	 		
11	Net income from unrelated business		1		 		1
	activities not included in line 10b, whether						
	or not the business is regularly carried on		1		ľ		
12	Other Income. Do not include gain or						
	loss from the sale of capital assets	†				ĺ	
	(Explain in Part IV)	L					
13	Total support. (Add lines 9, 10c, 11,	1	1	-	}	l]
	and 12.)	L	<u> </u>	1	L	L	<u> </u>
14	First five years. If the Form 990 is for the						
Secti	organization, check this box and stop he on C. Computation of Public Suppo			• • • • •	· · · ·	<u> </u>	· · · <u>- </u>
15	Public support percentage for 2012 (line			(2) column (0)		15	
18	Public support percentage from 2011 Sci			is, coloinii (i)		16	<u>%</u> %
	on D. Computation of Investment in	come Perce	entage	· · ·		110	
17	Investment Income percentage for 2012			y line 13. colu	mn (f))	17	 %
18	Investment income percentage from 201					18	%
19a	331/5% support tests-2012. If the organ	ization did not	t check the bo	x on line 14, a	nd line 15 is m	ore than 331/2	%, and line
	17 is not more than 331,5%, check this box	and stop here	. The organizati	ion qualifies as	a publicly supp	orted organizat	ion 🕨 🔲
b	331/a% support tests - 2011. If the organiz	zation did not d	check a box on	line 14 or line	19a, and line 16	is more than	331/2%, and
	line 18 is not more than 331/2%, check this						
20	Private foundation. If the organization di	d not check a	box on line 14	. 19a, or 19b. o	check this box	and see instru	ictions 🕨 🔲
					Sch	edule A (Form 99	0 or 990-EZ) 2012

LBIANK IN	tent1	DNAL 1				-471-444	•••		••••••	••••		
CONTINUED			# /;	CUL	StiNUEZ	ر/ د	5+ c	of,	NAI	45	of	
suppoeted ok	A AN 12	ATION.	••••••	4.000								
F) CAI OPT	iMA a	27-306801	501(c)3 5 N	oton	300CRNIN	doc	Yes N	other	عد. ز.ا	5.0K	3 U.S. \$1	000
VINES MEDI	CAL	2	501(c)3 1		<i>'</i> ,		15	* 1				1,00
H) Luekenia &	VM aho	-420310> ua Soriele	501(a)3, It	1	* *		11	"	(<i>)</i>	• •	\$	50
-) Vines MEDI H) Luekemin &) Luekemin &	Lyrpho	1203106 ma XXIII-y	501(E)3 (A	1.	* a		11	/ j	<u>)</u>	, , 	5	5
~~~~~~						•••••	···			<b>**</b>		
••••••••••••••••••••••••••••••••••••••	·						· · · · · · · · · · · · · · · · · · ·	•••••			\$48.	<u> </u>
TAL											- 40	ar
TAL						·				•••••	40,	. <u></u> ′
TAL							· · · · · · · · · · · · · · · · · · ·				70,	. <u></u>
TAL											70,	
TAL						***************************************					70,	
TAL											70,	
TAL											70,	
TAL											70,	
TAL											70,	
TAL											70,	
TAL											70,	
											70,	
TAL											7.0,	
											70,	
											70,	
											70,	