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# 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

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| Name change                   | E          | 3 Ch         | eck if a   | oplicable: C Name of organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Employer id                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | entification number              |
| Name change   International   Telephone number                   | Ε          | ] Ac         | ddress o   | trange ST MATTHEWS CONFERENCE STVINCENT DEFAUL SOCIETY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 30-K                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1588600                          |
| Terminated   Application pending   City or town, satile or country, get 29 + 21   Part   Forous Extemption   Part   City or town, satile or country, get 29 + 21   Part   Forous Extemption   Part                  |            | ] Na         | ame cha    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Telephone n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | umber                            |
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| Applement pending   EUDSAN   Nature   D691  - 314   Number   D691                 |            | =            |            | City or town, state or country, and ZIP + 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Group Exe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | mption                           |
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| K Check                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| not more than \$50,000. A Form \$90-EZ or Form \$90 return is not required though Form \$90-N (e-postcard) may be required (see instructions). Bit the organization chooses to file a return, be sure to file a complete return.  L Add lines \$6, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (i) below) are \$500,000 or more, he form \$90-EZ.  Part II  Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)  Check if the organization used Schedule O to respond to any question in this Part I.  Contributions, gifts, grants, and similar amounts received.  1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| the organization chooses to file a return, be sure to file a complete return.  L Add imes 5b, 6c, and 7b, to line 9t oddermore gross receipte. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ  Part II  Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II)  Check if the organization used Schedule O to respond to any question in this Part I  1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5a Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory. (Subtract line 5b from line 5a) 5b Less: cost or other basis and sales expenses c Gain or floss) from gaming (atach Schedule G if greater than \$15,000)  b Gross income from fundraising events (Activincluding \$13 \times 0 of contributions from fundraising events reported on light 1,611ch Schedule G if the sum of such gross income and contributions from fundraising events (activincluding \$10 \times 0 of contributions from fundraising events reported on light 1,611ch Schedule G if the sum of such gross income and contributions for form fundraising events (activincluding \$10 \times 0 of contributions from fundraising events (activincluding \$10 \times 0 of contributions from fundraising events (activincluding \$10 \times 0 of contributions from fundraising events (activincluding \$10 \times 0 of contributions from fundraising events (activincluding \$10 \times 0 of contributions from fundraising events (activincluding \$10 \times 0 of contributions from fundraising events 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| L Add lines 55, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ  Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)  Check if the organization used Schedule O to respond to any question in this Part I.  Check if the organization used Schedule O to respond to any question in this Part I.  Check if the organization used Schedule O to respond to any question in this Part I.  Check if the organization used Schedule O to respond to any question in this Part I.  Check if the organization used Schedule O to respond to any question in this Part I.  Check if the organization used Schedule O to respond to any question in this Part I.  Check if the organization used Schedule O to respond to any question in this Part I.  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Check if the organization used Schedule O to respond to any question in Schedule O to respond to the payments to independent contractors  Check if the organization used Sch            |            |              |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | oe required (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | see instructions). But if        |
| Part II   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)  Check if the organization used Schedule O to respond to any question in this Part I  Chritichtions, gifts, grants, and similar amounts received.  Program service revenue including government fees and contracts  Membership dues and assessments.  I himsetment income  Cain or (loss) from sale of assets other than inventory  b Less: cost or other basis and sales expenses.  Cain or (loss) from sale of assets other than inventory  B Cain or (loss) from sale of assets other than inventory. (Subtract line 5h from line 5a)  Cain or (loss) from sale of assets other than inventory. (Subtract line 5h from line 5a)  Cain or (loss) from sale of assets other than inventory. (Subtract line 5h from line 5a)  Cain or (loss) from sale of assets other than inventory. (Subtract line 5h from line 5a)  Cain or (loss) from sale of assets other than inventory. (Subtract line 6c)  Cain or (loss) from gaming (latact Schedule G if the sum of such gross income and contributions from fundraising events reported on line-1) (lattach Schedule G if the sum of such gross income and contributions) (Subtract Schedule G if the sum of such gross income and contributions) (Subtract Schedule G if the sum of such gross income and contributions) (Subtract Schedule G if the sum of such gross income and contributions) (Subtract Schedule G if the sum of such gross income and contributions) (Subtract Schedule G if the sum of such gross income and contributions) (Subtract Schedule G if the sum of such gross income and contributions) (Subtract Schedule G if the sum of such gross schedule G if the sum of such gross income and contributions (Subtract Schedule G if the sum of such gross income and contributions (Subtract Schedule G if the sum of such gross income and contributions (Subtract Schedule G if the sum of such gross income from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  Carross profit or (loss) from sales of inventory               | •          |              |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Check if the organization used Schedule O to respond to any question in this Part I  Contributions, gifts, grants, and similar amounts received.  2 Program service revenue including government fees and contracts  3 Membership dues and assessments  Investment income  5a Gross amount from sale of assets other than inventory  5b Less: cost or other basis and sales expenses  c Gain or (loss) from sale of assets other than inventory. (Subtract Line 5b from line 5a)  6 Gaming and fundraising events  a Gross income from gaming (attact Schedule G if greater than \$15,000)  b Gross income from gaming (attact Schedule G if the sum of such gross income and contributions from fundraising events reported on lips-1)-(attach Schedule G if the sum of such gross income and contributions from fundraising events reported on lips-1)-(attach Schedule G if the sum of such gross income and contributions)  c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  7c Other revenue (describe in Schedule O)  7d Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  9 Hyg F Company, rent, vilities, and maintenance  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, vilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Cyces or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  19 Other changes in net assets or fund balances (explain in Schedule O)  20 Cyber changes in net assets or fund b             | 1          |              |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | otructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | for Port I \                     |
| 1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments. 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses. 5b Caning and fundraising events a Gross income from gaming (affact)—Schedule G if greater than \$15,000). b Gross income from fundraising events (Achtholuding \$13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Second Processional Fees and assessments   3   4   Investment Income   4   2   5   5   5   5   5   5   5   5   5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| A   Investment income   4   22   35   35   35   35   35   35   35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| b Less: cost or other basis and sales expenses .  Gain or (loss) from sale of assets other than inventory. (Subtract.line 5b from line 5a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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                                                                                       | 28                               |
| C Gain or (loss) from sale of assets other than inventory (Subtract-line 5b from line 5a)  6 Garning and fundraising events  a Gross income from gaming (attach "Schedule G if greater than \$15,000).  b Gross income from fundraising events (not including \$13 \( \triangle \) of contributions from fundraising events reported on line-1)-(attach Schedule G if the sum of such gross income and contributions \$60 to the sum of such gross income and contributions \$15,000).  c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances  7a Gross sales of inventory, less returns and allowances  7b Less: cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  7c Other revenue (describe in Schedule O)  8 Other revenue (describe in Schedule O)  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  13 Occupancy, rent, utilities, and maintenance  14 354  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  22 Net assets or fund balances at end of year. Combine lines 18 through 20  23 1 St. 74                                                                                                                                                                                                                                                                            |            |              | 5a         | Gross amount from sale of assets other than inventory   5a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                  |
| Gaming and fundraising events a Gross income from gaming (afact Schedule G if greater than \$15,000).  b Gross income from fundraising events (afact Schedule G if the sum of such gross income and contributionS from fundraising events reported on line-1)-(attach Schedule G if the sum of such gross income and contributionSecteds \$15,000).  c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).  7a Gross sales of inventory, less returns and allowances.  b Less: cost of goods sold.  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).  7c Hold Total revenue (describe in Schedule O).  8 Other revenue (describe in Schedule O).  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.  9 10 Grants and similar amounts paid (list in Schedule O).  11 Benefits paid to or for members.  12 Salaries, other compensation, and employee benefits.  13 Professional fees and other payments to independent contractors.  14 Occupancy, rent, utilities, and maintenance.  15 Printing, publications, postage, and shipping.  16 Other expenses (describe in Schedule O).  17 Total expenses. Add lines 10 through 16.  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).  20 Other changes in net assets or fund balances (explain in Schedule O).  21 Net assets or fund balances at end of year. Combine lines 18 through 20.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |              | b          | Less: cost or other basis and sales expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |
| a Gross income from gaming (attach Schedule G if greater than \$15,000)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |              | С          | Gain or (loss) from sale of assets other than inventory (Subtract-line 5b from line 5a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| a Gross income from gaming (attach Schedule G if greater than \$15,000).  b Gross income from fundraising events reported sum of such gross income and contributions from fundraising events reported sum of such gross income and contributions and fundraising events (add lines 6a and 6b and subtract line 6c)  c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  7b  8 Other revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  19 Other changes in net assets or fund balances (explain in Schedule O)  20 Test assets or fund balances at end of year. Combine lines 18 through 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |              | 6          | Gaming and fundraising events RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |
| Sum of such gross income and contributions exceeds \$15,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |              | а          | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | - 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| Sum of such gross income and contributions exceeds \$15,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Sum of such gross income and contributions exceeds \$15,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | ] <u>`</u>   | b          | Gross income from fundraising events (Abt including \$13 \times \t |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |
| 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 line 6c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  7b  8 Other revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  19 Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 18 through 20  10 Net assets or fund balances at end of year. Combine lines 18 through 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | -            | _          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |
| line 6c)  7a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  7b  8 Other revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  19 34 297  20 Other changes in net assets or fund balances (explain in Schedule O)  20 Total expenses and balances at end of year. Combine lines 18 through 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | ł           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| Ta Gross sales of inventory, less returns and allowances 7a   b Less: cost of goods sold 77b   c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c   8 Other revenue (describe in Schedule O) 8   9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   10 Grants and similar amounts paid (list in Schedule O) 2.1NE. 32   11 Benefits paid to or for members 11   12 Salaries, other compensation, and employee benefits 12   13 Professional fees and other payments to independent contractors 13   14 Occupancy, rent, utilities, and maintenance 14   15 Printing, publications, postage, and shipping 15   16 Other expenses (describe in Schedule O) 15   17 Total expenses. 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| b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. 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| C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 8 Other revenue (describe in Schedule O)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| 10   Grants and similar amounts paid (list in Schedule O)   LINE 32   10   48 24     11   Benefits paid to or for members   11     12   Salaries, other compensation, and employee benefits   12     13   Professional fees and other payments to independent contractors   13     14   Occupancy, rent, utilities, and maintenance   14   344     15   Printing, publications, postage, and shipping   15     16   Other expenses (describe in Schedule O)   16     17   Total expenses. Add lines 10 through 16   17   18     Excess or (deficit) for the year (Subtract line 17 from line 9)   18   1349     19   Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   19   3439     20   Other changes in net assets or fund balances (explain in Schedule O)   20   3574     21   Net assets or fund balances at end of year. Combine lines 18 through 20   21   3574     22   23   24   25   25     23   24   25   25     24   25   25     25   26   27     26   27     27   28   29     28   29   29     29   20   21   3574     20   21   3574     21   3574     22   23   3574     23   3574     34   35     35   35     36   36     37   37     37   37     38   37     39   30     30   30     30   30     31   30     48   27     48   27     48   27     48   27     48   27     48   27     49   27     40   27     41   27     42   27     43   27     44   34     45   34     55   34     56   37     67   37     76   37     77   38     78   38     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39     78   39                 | 7          |              | 9          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Salaries, other compensation, and employee benefits   12   13   Professional fees and other payments to independent contractors   13   14   Occupancy, rent, utilities, and maintenance   14   374   15   Printing, publications, postage, and shipping   15   16   Other expenses (describe in Schedule O)   16   17   Total expenses. Add lines 10 through 16   17   485 95   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   1 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| 14 Occupancy, rent, utilities, and maintenance   14 344   344   15 Printing, publications, postage, and shipping   15   16 Other expenses (describe in Schedule O)   16   17 Total expenses. Add lines 10 through 16   17 Excess or (deficit) for the year (Subtract line 17 from line 9)   18 Excess or (deficit) for the year (Subtract line 17 from line 9)   18   1349   19   19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   19   3439   19   19   19   19   19   19   19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | -            | 11         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | . 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |
| 14 Occupancy, rent, utilities, and maintenance   14 344   344   15 Printing, publications, postage, and shipping   15   16 Other expenses (describe in Schedule O)   16   17 Total expenses. Add lines 10 through 16   17 Excess or (deficit) for the year (Subtract line 17 from line 9)   18 Excess or (deficit) for the year (Subtract line 17 from line 9)   18   1349   19   19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   19   3439   19   19   19   19   19   19   19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| 16 Other expenses (describe in Schedule O)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| 16 Other expenses (describe in Schedule O)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| 20 Other changes in net assets or fund balances (explain in Schedule O)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | - I '        |            | - · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |
| 20 Other changes in net assets or fund balances (explain in Schedule O)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Z          | - 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| 20 Other changes in net assets or fund balances (explain in Schedule O)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Z</b> - |              |            | Total expenses. Add lines 10 through 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>▶ 17</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 48575                            |
| 20 Other changes in net assets or fund balances (explain in Schedule O)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| 20 Other changes in net assets or fund balances (explain in Schedule O)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6          | 2            | . •        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Actorities and an article of the least of th | 24202                            |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20   21   33 7.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | * *        | ; 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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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                                                                                                                                                                                                    | 35747                            |
| 1 of 1 apolition for flowing, see the separate instructions. Oat. (10, 10042)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | F          |              |            | vork Reduction Act Notice, see the separate instructions.  Cat. No. 106421                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>-   <del></del> -  </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Form <b>990-EZ</b> (2011)        |

| Pa                                   | rt II Balance Sheets. (see the instructions                                            | -                                     |                                    |                                         |                                                          |
|--------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------|------------------------------------|-----------------------------------------|----------------------------------------------------------|
|                                      | Check if the organization used Schedule                                                | O to respond to ar                    | ny question in this f              | Part II                                 | <u> </u>                                                 |
|                                      |                                                                                        |                                       |                                    | (A) Beginning of year                   | (B) End of year                                          |
| 22                                   | Cash, savings, and investments                                                         |                                       |                                    | 34293                                   | 22 75747                                                 |
| 23                                   | Land and buildings                                                                     |                                       |                                    | 71715                                   | 23                                                       |
| 24                                   | Other assets (describe in Schedule O)                                                  |                                       | · · · · · -                        |                                         | 24                                                       |
| 25                                   | Total assets                                                                           |                                       | · · · · · ·                        |                                         | 25 35747                                                 |
| · .                                  |                                                                                        | • • • • • • •                         | · · · · · · -                      |                                         | 26                                                       |
| 26                                   |                                                                                        | اللاب و مربو المورود                  | in a 01)                           |                                         |                                                          |
| 27                                   | Net assets or fund balances (line 27 of column                                         | <u> </u>                              |                                    |                                         | 27 35742                                                 |
| Par                                  | t III Statement of Program Service Accom                                               | •                                     |                                    | , ,                                     | Expenses                                                 |
|                                      | Check if the organization used Schedule                                                |                                       |                                    |                                         | (Required for section                                    |
| Wha                                  | it is the organization's primary exempt purpose?                                       | FMERGENT ASS                          | ISTANCE TO I                       | HE FOOR                                 | 501(c)(3) and 501(c)(4)                                  |
| Desc                                 | cribe the organization's program service accompli                                      | shments for each of                   | its three largest or               |                                         | organizations and section<br>4947(a)(1) trusts; optional |
|                                      | neasured by expenses. In a clear and concise m                                         |                                       |                                    |                                         | for others.)                                             |
|                                      | ons benefited, and other relevant information for ea                                   |                                       |                                    |                                         | 15. 55.675.7                                             |
| 28                                   | COST OF GIFT CARDS FOR CLIENTS TO                                                      | PURCHASE FOOD                         | 838 Phesons ) \$ 104               | 176 -                                   |                                                          |
|                                      | PAYMENT OF RENT, MORTGAGE PIMITS, UT                                                   | THITY RIVE                            | 177 PAR 1 36.1                     | 60                                      |                                                          |
|                                      | PAYMENT FOR OTHER SERVICES, CLOTH                                                      | 16 CC                                 | 172 PEBOW )# 364<br>68 PUSWS )# 13 | 27                                      |                                                          |
|                                      | (Create C) If this amount                                                              | includes foreign are                  | no reesas ja 17                    |                                         | 28a 48246                                                |
|                                      | (Grants \$ ) If this amount                                                            | includes foreign gra                  | nts, check here .                  | · · · P 🗀                               | 28a 48246.                                               |
| 29                                   |                                                                                        |                                       |                                    |                                         |                                                          |
|                                      |                                                                                        |                                       |                                    |                                         |                                                          |
|                                      |                                                                                        |                                       |                                    |                                         |                                                          |
|                                      | (Grants \$ ) If this amount                                                            | includes foreign gra                  | nts, check here .                  | <u>▶ □</u>  :                           | 29a                                                      |
| 30                                   |                                                                                        |                                       |                                    |                                         |                                                          |
|                                      |                                                                                        |                                       |                                    |                                         |                                                          |
|                                      | ***************************************                                                |                                       |                                    | *************************************** |                                                          |
|                                      | (Grants \$ ) If this amount                                                            | includes foreign gra                  | nts. check here                    | ▶ □                                     | 30a                                                      |
| 31                                   | Other program services (describe in Schedule O)                                        |                                       |                                    |                                         |                                                          |
| ٠.                                   |                                                                                        |                                       |                                    |                                         | 31a                                                      |
| 22                                   | Total program service expenses (add lines 28a                                          | includes foreign gra                  | nts, check here                    | ···-                                    |                                                          |
|                                      |                                                                                        |                                       |                                    |                                         | 32 48246                                                 |
| Par                                  |                                                                                        |                                       |                                    | •                                       | _ <u>_i</u> _                                            |
|                                      | Check if the organization used Schedule                                                | O to respond to ar                    |                                    |                                         | <u> </u>                                                 |
|                                      |                                                                                        | (b) Title and average                 | (c) Reportable compensation        | (d) Health benefits,                    | e (e) Estimated amount of                                |
|                                      | (a) Name and address                                                                   | hours per week<br>devoted to position | (Forms W-2/1099-MISC)              | benefit plans, and                      | other compensation                                       |
|                                      |                                                                                        | GOVORED TO POSITION                   | (if not paid, enter -0-)           | deferred compensation                   |                                                          |
| MA                                   | TURGEN LANCIA                                                                          | PRESIDENT                             | <b>^</b> -                         |                                         |                                                          |
| 44                                   | OVINGTON EDISON NJ 08817                                                               | 1 KUPIVINI                            | -0                                 | -6                                      |                                                          |
| M                                    | ARV CARROLL                                                                            | . 1                                   |                                    | <del></del>                             | 1                                                        |
| 111                                  |                                                                                        |                                       |                                    | ľ                                       | <b></b>                                                  |
| 70                                   | ACOMIA NO EDISONI NI ASSIT                                                             | VICE PRESIDENT                        | -0-                                | -0-                                     | 0-                                                       |
| 11/1                                 | AGATHA DR ENSON NJ 08817                                                               |                                       | -0-                                | -0-                                     | 0-                                                       |
| 14                                   | ILLIAM A DONAHOE                                                                       |                                       | -0-                                | <u>-0-</u>                              | -0-                                                      |
| W/<br>27                             | AGATHA DR ENSON NJ 08817<br>ILLIAM A DONAHOE<br>PRICE DRIVE EDISON NJ 08817            | TREASURER.                            | -0-                                | -0-<br>-0-                              | -0 <del>-</del>                                          |
| VI<br>ZZ<br>PA                       | LLIAM A DONAHOE PRICE DRIVE EDISON NT 0817 TRICK COAKLEY                               |                                       | -0-                                | -0-<br>-0-                              | -0-<br>-0-                                               |
| WI<br>27<br>PA<br>1408               | LLIAM A DONAHOE PRICE DRIVE EDISON NJ 08817 TRICK COPKLEY 8 BLOSSOM OR DAYTON NJ 08810 |                                       | -0 -<br>-0 -<br>-0 -               | -0-<br>-0-                              | -0-<br>-0-                                               |
| W1<br>27<br>PA<br>1408<br>CD         | LLIAM A DONAHOE PRICE DRIVE EDISON NT 0817 TRICK COAKLEY                               |                                       | -0 -<br>-0 -<br>-0 -               | -0-<br>-0-                              | -0-<br>-0-                                               |
| 77<br>PA<br>1408<br>CA<br>1408       | LLIAM A DONAHOE PRICE DRIVE EDISON NJ 08817 TRICK COPKLEY 8 BLOSSOM OR DAYTON NJ 08810 |                                       | -0 -<br>-0 -<br>-0 -               | -0-<br>-0-<br>-0-                       | -0-<br>-0-<br>-0-                                        |
| 77<br>PA<br>1408<br>CD<br>1408       | LLIAM A DONAHOE PRICE DRIVE EDISON NJ 08817 TRICK COPKLEY 8 BLOSSOM OR DAYTON NJ 08810 |                                       | -0 -<br>-0 -<br>-0 -               | -0-<br>-0-<br>-0-                       | -0-<br>-0-<br>-0-                                        |
| XI<br>PA<br>1408<br>CA<br>1408       | LLIAM A DONAHOE PRICE DRIVE EDISON NJ 08817 TRICK COPKLEY 8 BLOSSOM OR DAYTON NJ 08810 |                                       | -0 -<br>-0 -<br>-0 -               | -0-<br>-0-<br>-0-                       | -0-<br>-0-<br>-0-                                        |
| VI<br>PA<br>1408<br>CD<br>1408       | LLIAM A DONAHOE PRICE DRIVE EDISON NJ 08817 TRICK COPKLEY 8 BLOSSOM OR DAYTON NJ 08810 |                                       | -0 -<br>-0 -<br>-0 -               | -0-<br>-0-<br>-0-                       | -0-<br>-0-<br>-0-                                        |
| W/<br>27<br>PA<br>1408<br>CD<br>1408 | LLIAM A DONAHOE PRICE DRIVE EDISON NJ 08817 TRICK COPKLEY 8 BLOSSOM OR DAYTON NJ 08810 |                                       | -0 -<br>-0 -<br>-0 -               | -0-<br>-0-<br>-0-                       | -0-<br>-0-<br>-0-                                        |
| W.I<br>PA<br>1408<br>CD<br>1408      | LLIAM A DONAHOE PRICE DRIVE EDISON NJ 08817 TRICK COPKLEY 8 BLOSSOM OR DAYTON NJ 08810 |                                       | -0 -<br>-0 -<br>-0 -               | -0-<br>-0-<br>-0-                       | -0-<br>-0-<br>-0-                                        |
| XII<br>PA<br>1408<br>CD<br>1408      | LLIAM A DONAHOE PRICE DRIVE EDISON NJ 08817 TRICK COPKLEY 8 BLOSSOM OR DAYTON NJ 08810 |                                       | -0 -<br>-0 -<br>-0 -               | -0-<br>-0-<br>-0-                       | -0-<br>-0-<br>-0-                                        |
| XII<br>27<br>PA<br>1408<br>CA        | LLIAM A DONAHOE PRICE DRIVE EDISON NJ 08817 TRICK COPKLEY 8 BLOSSOM OR DAYTON NJ 08810 |                                       | -0 -<br>-0 -<br>-0 -               | -0-<br>-0-<br>-0-                       | -0-<br>-0-<br>-0-                                        |
| XII<br>27<br>PA<br>1408<br>CA        | LLIAM A DONAHOE PRICE DRIVE EDISON NJ 08817 TRICK COPKLEY 8 BLOSSOM OR DAYTON NJ 08810 |                                       | -0 -<br>-0 -<br>-0 -               | -0-<br>-0-<br>-0-                       | -0-<br>-0-<br>-0-                                        |
| W.J.<br>27<br>PA<br>1408<br>C.D.     | LLIAM A DONAHOE PRICE DRIVE EDISON NJ 08817 TRICK COPKLEY 8 BLOSSOM OR DAYTON NJ 08810 |                                       | -0 -<br>-0 -<br>-0 -               | -0-<br>-0-<br>-0-                       | -0-<br>-0-<br>-0-                                        |
| W/1<br>27<br>PA<br>1408<br>CD/1408   | LLIAM A DONAHOE PRICE DRIVE EDISON NJ 08817 TRICK COPKLEY 8 BLOSSOM OR DAYTON NJ 08810 |                                       | -0 -<br>-0 -<br>-0 -               | -0-<br>-0-<br>-0-                       | -0-<br>-0-<br>-0-                                        |
| 1408<br>1408<br>1408                 | LLIAM A DONAHOE PRICE DRIVE EDISON NJ 08817 TRICK COPKLEY 8 BLOSSOM OR DAYTON NJ 08810 |                                       | -0 -<br>-0 -<br>-0 -               | -0-<br>-0-<br>-0-                       | -0-<br>-0-<br>-0-                                        |
| XII<br>27<br>PA<br>1408<br>CD        | LLIAM A DONAHOE PRICE DRIVE EDISON NJ 08817 TRICK COPKLEY 8 BLOSSOM OR DAYTON NJ 08810 |                                       | -0 -<br>-0 -<br>-0 -               | -0-<br>-0-<br>-0-                       | -0-<br>-0-<br>-0-                                        |
| XII<br>27<br>PA<br>1408<br>CD        | LLIAM A DONAHOE PRICE DRIVE EDISON NJ 08817 TRICK COPKLEY 8 BLOSSOM OR DAYTON NJ 08810 |                                       | -0 -<br>-0 -<br>-0 -               | -0-<br>-0-<br>-0-                       | -0-<br>-0-<br>-0-                                        |
| XVI<br>27<br>PA<br>1408<br>CD        | LLIAM A DONAHOE PRICE DRIVE EDISON NJ 08817 TRICK COPKLEY 8 BLOSSOM OR DAYTON NJ 08810 |                                       | -0 -<br>-0 -<br>-0 -               | -0-<br>-0-<br>-0-                       | -0-<br>-0-<br>-0-                                        |
| XVI<br>27<br>PA<br>1408<br>CIV       | LLIAM A DONAHOE PRICE DRIVE EDISON NJ 08817 TRICK COPKLEY 8 BLOSSOM OR DAYTON NJ 08810 |                                       | -0 -<br>-0 -<br>-0 -               | -0-<br>-0-<br>-0-                       | -0-<br>-0-<br>-0-                                        |

| Form'9            | 90-EZ (2011) 30 - 0.5                                                                                                                                                                                                                                                                                                                       | 886                                    | 00 p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | age 3                                 |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Part              |                                                                                                                                                                                                                                                                                                                                             |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
|                   | instructions for Part V.) Check if the organization used Schedule O to respond to any question in this                                                                                                                                                                                                                                      | Part                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| 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                                     | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | No<br>V                               |
| 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                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>·</u>                              |
| b<br>c            | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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 | 35b<br>35c                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| 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                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                              |
| 37a<br>b<br>38a   | Enter amount of political expenditures, direct or indirect, as described in the instructions.   Did the organization file Form 1120-POL for this year?                                                                                                                                                                                      | 37b<br>38a                             | # - 1<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 353                                   |
| b<br>39<br>a<br>b | If "Yes," complete Schedule L, Part II and enter the total amount involved                                                                                                                                                                                                                                                                  | Same Same                              | A Section of the Sect | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 40a               | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 ▶                                                                                                                                                                                                                     |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| 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                      | 40b                                    | 141                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | V                                     |
| c                 | 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                                                                                                                                                             | 5/ 2/ 1/2 /<br>// 2/ 1/2 /<br>// 1/2 / | A Company of the Comp | 2                                     |
| d                 | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization                                                                                                                                                                                                                               |                                        | Control of the Party of the Par |                                       |
| e                 | 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                                    | ار بر از                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |
| 41                | List the states with which a copy of this return is filed. ▶                                                                                                                                                                                                                                                                                |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| 42a               | The organization's books are in care of $\blacktriangleright$ WILLIAM A DONAILOE Telephone no. $\blacktriangleright$ 782 Located at $\blacktriangleright$ 81 SEYMOUR AVE EDISON NJ ZIP + 4 $\blacktriangleright$ 0.88                                                                                                                       |                                        | 32                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -7                                    |
| Đ                 | 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)?                                                                                                    | 42b                                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | No                                    |
|                   | If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                                                                                                                                       |                                        | S. S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       |
| C                 | 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 <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year                                                                                                                                               |                                        | . I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>▶</b> □                            |
| 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                                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | No                                    |
| 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                                                                                                                                                                                                   | 44a<br>44b                             | ~~~~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |
| c<br>d            | Did the organization receive any payments for indoor tanning services during the year?                                                                                                                                                                                                                                                      | 44c<br>44d                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| 45a               | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                     | 45a                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | V                                     |
| 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                                    | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |

| Form 99              | 90-EZ (2011)                                                                                                                                                                                                                          |                                                                      |                                                         |                                                               | 30-0                                    | 1588600                                | Page 4    |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------|----------------------------------------|-----------|
| 46 `                 | Did the organization engage, directly or in to candidates for public office? If "Yes,"                                                                                                                                                | ndirectly, in political o                                            | ampaign activities or                                   | behalf of or                                                  | in opposit                              | tion                                   | Yes No    |
| Part                 |                                                                                                                                                                                                                                       | s and section 4947<br>ion 4947(a)(1) none:<br>for lines 50 and 51    | (a)(1) nonexempt<br>kempt charitable tro                | charitable tusts must a                                       | trusts on                               | ly. All sectestions 47                 | –49b<br>□ |
| 47                   | Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par                                                                                                                                                      |                                                                      | section 501(h) election                                 |                                                               | luring the                              |                                        | Yes No    |
| 48<br>49a<br>b<br>50 | Is the organization a school as described in<br>Did the organization make any transfers to<br>If "Yes," was the related organization a second<br>Complete this table for the organization's<br>employees) who each received more than | o an exempt non-cha<br>ection 527 organizations five highest compens | ritable related organi<br>nn?<br>sated employees (otl   | zation?<br><br>her than offic                                 | <br>ers, direct                         | . 48<br>. 49a<br>. 49b<br>ors, trustee |           |
|                      | (a) Name and address of each employee paid more than \$100,000                                                                                                                                                                        | (b) Title and average<br>hours per week<br>devoted to position       | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC) | (d) Health I<br>contributions t<br>benefit plans, a<br>compen | penefits,<br>o employee<br>and deferred | (e) Estimated other comp               | amount of |
|                      | NONE                                                                                                                                                                                                                                  |                                                                      |                                                         |                                                               |                                         |                                        |           |
|                      |                                                                                                                                                                                                                                       |                                                                      |                                                         |                                                               |                                         |                                        |           |
|                      |                                                                                                                                                                                                                                       |                                                                      |                                                         |                                                               |                                         |                                        |           |
| <b>51</b>            | Total number of other employees paid over Complete this table for the organization \$100,000 of compensation from the organization and address of each independent contractor pa                                                      | s five highest compenization. If there is no                         | ensated independent                                     | T                                                             |                                         | received r                             |           |
|                      |                                                                                                                                                                                                                                       |                                                                      |                                                         |                                                               |                                         | <u> </u>                               |           |
|                      | NONE                                                                                                                                                                                                                                  |                                                                      |                                                         |                                                               |                                         |                                        |           |
|                      |                                                                                                                                                                                                                                       |                                                                      |                                                         |                                                               |                                         | ····                                   |           |
|                      |                                                                                                                                                                                                                                       |                                                                      |                                                         |                                                               |                                         |                                        |           |
| 52                   | Total number of other independent contra<br>Did the organization complete Schedule A<br>nonexempt charitable trusts must attach a                                                                                                     | A? Note: All section 5                                               | 01(c)(3) organizations                                  | and 4947(a)                                                   |                                         | ➤ 🕅 Yes                                | □No       |
| Under pe             | enalties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other than                                                                                                                      | eturn, including accompan                                            | ring schedules and stateme                              | ents, and to the I                                            | est of my kn                            |                                        |           |
| Sign<br>Here         | Signature of officer  WILLAM A D  Type or pnnt name and title                                                                                                                                                                         | cher The                                                             | REASURER<br>TREASU                                      | Date                                                          | Janu                                    | ay 8.                                  | 2013      |
| Paid<br>Prepa        | Print/Type preparer's name                                                                                                                                                                                                            | Preparer's signature                                                 | Da                                                      | ate                                                           | Check Self-employ                       |                                        |           |
| Use C                | 1 <b></b> .                                                                                                                                                                                                                           | chour shous? Coo.                                                    | not nuclions                                            | Firm'                                                         | s EIN ▶<br>e no.                        | ► ∏ Yes                                | □No       |

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Employer identification number

|        | MATTHEWS                                                                                                                                                                  |                               |                                                                               |                |                                           |                                           |                                     | · · · · · · · · · · · · · · · · · · ·                 | 30                                  |                   | 860                | 20      |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------|----------------|-------------------------------------------|-------------------------------------------|-------------------------------------|-------------------------------------------------------|-------------------------------------|-------------------|--------------------|---------|
|        |                                                                                                                                                                           |                               | arity Status (All orga                                                        |                |                                           | <u>.                                 </u> |                                     |                                                       | nstruction                          | ons.              |                    |         |
|        | •                                                                                                                                                                         | *                             | ation because it is: (Fo                                                      |                | _                                         |                                           | •                                   | •                                                     | •                                   |                   |                    |         |
| 1<br>2 |                                                                                                                                                                           |                               | ches, or association of<br>n <b>170(b)(1)(A)(ii).</b> (Attac                  |                |                                           | ed in sec                                 | uon 170                             | יוע און יון עאן וי                                    | <b>)</b> -                          |                   |                    |         |
| 3      |                                                                                                                                                                           |                               | spital service organiza                                                       |                | •                                         | section 1                                 | 170/b\/1\/                          | Δ\fiii\.                                              |                                     |                   |                    |         |
| 4      | •                                                                                                                                                                         | •                             | on operated in conjun                                                         |                |                                           |                                           |                                     |                                                       | D(b)(1)(A)                          | (iii). Ente       | r the              |         |
|        | hospital's nar                                                                                                                                                            | ne, city, and sta             | te:                                                                           |                |                                           |                                           |                                     |                                                       |                                     |                   |                    |         |
| 5      | 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) |                               |                                                                               |                |                                           |                                           |                                     |                                                       |                                     |                   |                    |         |
| 6      |                                                                                                                                                                           |                               | mment or government                                                           |                |                                           |                                           |                                     |                                                       |                                     |                   |                    |         |
| 7      | described in s                                                                                                                                                            | section 170(b)(1              | receives a substantia<br>)(A)(vi). (Complete Par                              | rt İl.)        | • •                                       |                                           | a governr                           | nental ur                                             | nit or fron                         | n the ger         | neral p            | oublic  |
| 8      |                                                                                                                                                                           |                               | in section 170(b)(1)(A                                                        |                |                                           | -                                         |                                     |                                                       |                                     |                   |                    |         |
| 9      |                                                                                                                                                                           |                               | receives: (1) more that                                                       |                |                                           |                                           |                                     |                                                       |                                     |                   |                    |         |
|        | support from                                                                                                                                                              | gross investme                | d to its exempt funct<br>ent income and unre<br>after June 30, 1975. Se       | lated bus      | siness ta                                 | xable inc                                 | ome (les                            | s sectio                                              |                                     |                   |                    |         |
| 10     | ☐ An organization                                                                                                                                                         | on organized and              | d operated exclusively                                                        | to test fo     | or public s                               | safety. Se                                | e sectio                            | n 509(a)(                                             | 4).                                 |                   |                    |         |
| 11     |                                                                                                                                                                           |                               | nd operated exclusive                                                         |                |                                           |                                           |                                     |                                                       |                                     |                   |                    |         |
|        |                                                                                                                                                                           |                               | blicly supported organd describes the type of                                 |                |                                           |                                           |                                     |                                                       |                                     |                   | ee <b>se</b>       | ction   |
|        | _a 🗌 Type!                                                                                                                                                                |                               |                                                                               |                | •                                         | -                                         |                                     | Type III-N                                            |                                     |                   |                    |         |
| е      |                                                                                                                                                                           | ındation manag                | that the organization ers and other than one                                  |                |                                           |                                           |                                     |                                                       |                                     |                   |                    |         |
| f      | If the organiz                                                                                                                                                            |                               | a written determinatio                                                        | on from 1      | the IRS 1                                 | that it is                                | а Туре                              | I, Type I                                             | il, or Typ                          | oe III sup        | portir             | ng _    |
| g      | ,                                                                                                                                                                         | 17, 2006, has t               | the organization acce                                                         | pted any       | gift or co                                | ontributio                                | n from a                            | ny of the                                             |                                     |                   | • •                |         |
|        | <b>.</b> .                                                                                                                                                                |                               | indirectly controls, eiti                                                     | har alana      | or toget                                  | hor with                                  | Domono                              | daaariba                                              | d in (ii) a                         | ad                | Yes                | No      |
|        |                                                                                                                                                                           |                               | ody of the supported                                                          |                |                                           |                                           |                                     |                                                       |                                     | 11g(i)            | <del> </del>       | -110    |
|        |                                                                                                                                                                           |                               | on described in (i) abo                                                       | _              |                                           |                                           |                                     |                                                       |                                     | 11g(ii)           |                    |         |
|        |                                                                                                                                                                           |                               | a person described in                                                         |                |                                           |                                           |                                     |                                                       |                                     | 11g(iii)          |                    |         |
| h      | Provide the fo                                                                                                                                                            | llowing informat              | ion about the support                                                         | ed organi      | zation(s).                                |                                           |                                     |                                                       |                                     |                   |                    |         |
| (1)    | Name of supported<br>organization                                                                                                                                         | (ii) EIN                      | (iii) Type of organization<br>(described on lines 1-9<br>above or IRC section | in col (i) lis | organization<br>sted in your<br>document? | the organ<br>col. (i)                     | ou notify<br>nization in<br>of your | organizat<br>(i) organi                               | s the<br>tion in col.<br>zed in the | (vii) Amour<br>su | nt of mo<br>ipport | onetary |
|        |                                                                                                                                                                           |                               | (see instructions))                                                           | Yes            | No                                        | Yes                                       | No No                               | Yes                                                   | S.?                                 | -                 |                    |         |
| (A)    |                                                                                                                                                                           |                               |                                                                               |                |                                           |                                           |                                     |                                                       |                                     |                   |                    |         |
|        |                                                                                                                                                                           |                               |                                                                               |                |                                           |                                           |                                     |                                                       |                                     |                   |                    |         |
| (B)    |                                                                                                                                                                           |                               |                                                                               |                |                                           |                                           |                                     |                                                       |                                     |                   | <u>-</u>           |         |
| (C)    |                                                                                                                                                                           |                               |                                                                               |                |                                           |                                           |                                     |                                                       |                                     |                   |                    |         |
| (D)    |                                                                                                                                                                           |                               |                                                                               |                |                                           |                                           |                                     |                                                       |                                     |                   |                    |         |
| (E)    |                                                                                                                                                                           | -                             |                                                                               |                |                                           |                                           |                                     |                                                       |                                     |                   |                    |         |
| Total  |                                                                                                                                                                           | a property of the property of | 42-3-94. 8557.18 (Majorian 2018)                                              | er wris        | おうできる事業                                   | 16.35. <b>79.44.36</b>                    | 5/5 <del>10</del> 5/6 10            | \$6-世代《拉· <b>··········</b> ························· | ्र हेट स <del>्ट्रणाहिता</del>      |                   |                    |         |

| Sched     | lule A (Form 990 or 990-EZ) 2012                                                                                                                                       |                                                      |                                                       |                                                   |                                                    | 30~0                                               | 588be22                                |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------|----------------------------------------------------|----------------------------------------------------|----------------------------------------|
| Par       | Support Schedule for Organiza<br>(Complete only if you checked the<br>Part III. If the organization fails to                                                           | he box on line                                       | e 5, 7, or 8 of                                       | Part I or if th                                   | e organizatio                                      | 1 <b>70(b)(1)(A)(</b> \<br>n failed to qu          | <u>/i)</u>                             |
| Sect      | tion A. Public Support                                                                                                                                                 |                                                      |                                                       |                                                   |                                                    | ,                                                  | ······································ |
|           | ndar year (or fiscal year beginning in)                                                                                                                                | (a) 2008                                             | <b>(b)</b> 2009                                       | (c) 2010                                          | (d) 2011                                           | (e) 2012                                           | (f) Total                              |
| 1         | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                     |                                                      | 47640                                                 | 54/00                                             | 49916                                              |                                                    | 151656                                 |
| 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                                                                |                                                      |                                                       |                                                   |                                                    | ·                                                  | 44 - 64 - 64                           |
| 4         | Total. Add lines 1 through 3                                                                                                                                           |                                                      | 47640                                                 | 54100                                             | 499/6                                              |                                                    | 15/636                                 |
| 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)                                                                                                                                           | 15.7                                                 |                                                       | -1-                                               |                                                    | , ~~                                               |                                        |
| 6         | Public support. Subtract line 5 from line 4.                                                                                                                           | <u> </u>                                             |                                                       | · `                                               | <u> </u>                                           | <u> </u>                                           |                                        |
|           | ion B. Total Support                                                                                                                                                   | (-) 0000                                             | # N 0000                                              | ( ) 0040                                          | ( 0 0044                                           | ( ) 0040                                           | T 40 = 1.1                             |
| Calei     | ndar year (or fiscal year beginning in) Amounts from line 4                                                                                                            | (a) 2008                                             | <b>(b)</b> 2009                                       | (c) 2010<br>54100                                 | (d) 2011<br>499/6                                  | <b>(e)</b> 2012                                    | (f) Total                              |
| 8         | Gross income from interest, dividends,                                                                                                                                 |                                                      | 41690                                                 | 74100                                             | 1/4/10                                             |                                                    | 454 454                                |
| Ū         | payments received on securities loans, rents, royalties and income from similar sources                                                                                |                                                      | _0^                                                   | 32                                                | 28                                                 |                                                    | 60                                     |
| 9         | Net income from unrelated business activities, whether or not the business is regularly carried on                                                                     |                                                      |                                                       |                                                   | <b>V</b>                                           |                                                    |                                        |
| 10        | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                        |                                                      |                                                       |                                                   |                                                    |                                                    |                                        |
| 11        | Total support. Add lines 7 through 10                                                                                                                                  | - T                                                  | 47640                                                 | 54172                                             | 49944                                              | -,*                                                | 151716                                 |
| 12        | Gross receipts from related activities, etc.                                                                                                                           |                                                      |                                                       |                                                   |                                                    |                                                    | _0-                                    |
| 13        | First five years. If the Form 990 is for the organization, check this box and stop her                                                                                 |                                                      |                                                       |                                                   | _                                                  |                                                    | , , , ,                                |
| Socti     | on C. Computation of Public Suppor                                                                                                                                     |                                                      |                                                       | <del></del>                                       | · · · · ·                                          | · · · ·                                            | · · · <b>&gt;</b> 🗵                    |
| 14        | Public support percentage for 2012 (line 6                                                                                                                             |                                                      |                                                       | 1 column (ft)                                     | ·· ·· · · · · · · · · · · · · · · · ·              | 14                                                 | %                                      |
| 15<br>16a | Public support percentage from 2011 Sch<br>331/3% support test—2012. If the organiz                                                                                    | nedule A, Part                                       | II, line 14 .                                         |                                                   |                                                    | 15                                                 | %                                      |
|           | box and stop here. The organization qual                                                                                                                               | •                                                    | •                                                     | _                                                 |                                                    |                                                    |                                        |
| b         | 331/3% support test—2011. If the organic check this box and stop here. The organic                                                                                     |                                                      |                                                       |                                                   |                                                    | 15 is 33¹⁄3%<br>                                   | or more,                               |
| 17a       | 10%-facts-and-circumstances test—20<br>10% or more, and if the organization mee<br>Part IV how the organization meets the "fa<br>organization                          | ets the "facts-<br>acts-and-circu                    | and-circumsta<br>ımstances" tes                       | nces" test, che<br>t. The organiz                 | eck this box ar<br>ation qualifies                 | nd <b>stop here.</b><br>as a publicly s            | Explain in supported                   |
| b         | 10%-facts-and-circumstances test—20<br>15 is 10% or more, and if the organizat<br>Explain in Part IV how the organization m<br>supported organization                  | 011. If the orga<br>ion meets the<br>eets the "facts | anization did no<br>e "facts-and-ci<br>s-and-circumst | ot check a box<br>rcumstances"<br>tances" test. T | on line 13, 16<br>test, check th<br>he organizatio | 6a, 16b, or 17a<br>nis box and s<br>n qualifies as | a, and line top here. a publicly       |
| 18        | Private foundation. If the organization distructions                                                                                                                   | d not check a                                        | box on line 13,                                       | , 16a, 16b, 17a                                   | , or 17b, chec                                     | k this box and                                     | l see                                  |

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.)

| Secti     | on A. Public Support                                                                          |                                                             |                                                  |                                                     |                                                        |                                                          |                       |
|-----------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------|-----------------------|
| Calen     | dar year (or fiscal year beginning in)                                                        | (a) 2008                                                    | <b>(b)</b> 2009                                  | (c) 2010                                            | (d) 2011                                               | (e) 2012                                                 | (f) Total             |
| 1         | Gifts, grants, contributions, and membership fees                                             |                                                             |                                                  |                                                     |                                                        |                                                          |                       |
|           | received. (Do not include any "unusual grants.")                                              |                                                             |                                                  |                                                     |                                                        |                                                          |                       |
| 2         | Gross receipts from admissions, merchandise                                                   |                                                             |                                                  |                                                     |                                                        |                                                          |                       |
|           | sold or services performed, or facilities<br>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                                                                   |                                                             |                                                  |                                                     |                                                        |                                                          |                       |
| 7         | organization's benefit and either paid                                                        |                                                             | 1                                                |                                                     |                                                        |                                                          |                       |
|           | to or expended on its behalf                                                                  |                                                             | 1                                                |                                                     |                                                        |                                                          |                       |
| 5         | The value of services or facilities                                                           |                                                             |                                                  |                                                     | -                                                      |                                                          |                       |
| 5         | furnished by a governmental unit to the                                                       |                                                             | ļ                                                |                                                     |                                                        |                                                          |                       |
|           | organization without charge                                                                   |                                                             | <b>,</b>                                         |                                                     |                                                        |                                                          |                       |
| •         | <del>-</del>                                                                                  |                                                             |                                                  |                                                     |                                                        |                                                          | <del></del>           |
| 6         | <b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3                     |                                                             |                                                  |                                                     |                                                        |                                                          |                       |
| 7a        | received from disqualified persons .                                                          |                                                             |                                                  |                                                     |                                                        |                                                          |                       |
|           | ·                                                                                             |                                                             |                                                  |                                                     | <del> </del> -                                         |                                                          |                       |
| Þ         | 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        | ļ                                                           |                                                  |                                                     |                                                        |                                                          |                       |
|           | -                                                                                             | -                                                           | <del>                                     </del> | ,                                                   |                                                        |                                                          |                       |
|           | Add lines 7a and 7b                                                                           | TO THE REAL TRANSPORT                                       | and a structure of the state of                  | ল - কেবি উন্ন                                       | 107X*10 1 1                                            | , \$ 40 ° 7.00                                           |                       |
| 8         | Public support (Subtract line 7c from                                                         | Corners to Edilyade in                                      | الله الله الله الله الله الله الله الله          |                                                     | والمعادر المالية المراج بويتفسم                        | الأتوك سيرا بيوهمميندر ومدره                             |                       |
| O 1:      | line 6.)                                                                                      |                                                             | 1                                                |                                                     | * 1 3                                                  | - ,'                                                     |                       |
|           | on B. Total Support                                                                           | (-) 0000                                                    | (F) 0000                                         | (a) 0010                                            | (4) 0011                                               | (0) 2012                                                 | (f) Total             |
|           | dar year (or fiscal year beginning in)                                                        | (a) 2008                                                    | <b>(b)</b> 2009                                  | (c) 2010                                            | (d) 2011                                               | (e) 2012                                                 | (i) iotai             |
| 9         | Amounts from line 6                                                                           |                                                             |                                                  |                                                     |                                                        |                                                          | <u> </u>              |
| 10a       | Gross income from interest, dividends,                                                        |                                                             |                                                  |                                                     |                                                        |                                                          |                       |
|           | payments received on securities loans, rents, royalties and income from similar sources.      |                                                             | ļ                                                |                                                     |                                                        |                                                          |                       |
|           | •                                                                                             |                                                             |                                                  |                                                     |                                                        |                                                          |                       |
| b         | Unrelated business taxable income (less                                                       |                                                             |                                                  |                                                     |                                                        |                                                          |                       |
|           | section 511 taxes) from businesses                                                            |                                                             |                                                  |                                                     |                                                        |                                                          |                       |
|           | acquired after June 30, 1975                                                                  |                                                             |                                                  |                                                     |                                                        |                                                          |                       |
|           | Add lines 10a and 10b                                                                         |                                                             | ļ                                                |                                                     |                                                        |                                                          |                       |
| 11        | Net income from unrelated business                                                            |                                                             |                                                  |                                                     | ļ                                                      |                                                          |                       |
|           | activities not included in line 10b, whether                                                  |                                                             |                                                  |                                                     |                                                        |                                                          |                       |
|           | or not the business is regularly carried on                                                   |                                                             | ļ                                                |                                                     |                                                        |                                                          |                       |
| 12        | Other income. Do not include gain or                                                          |                                                             |                                                  |                                                     |                                                        |                                                          |                       |
|           | loss from the sale of capital assets                                                          |                                                             |                                                  |                                                     | i                                                      |                                                          |                       |
|           | (Explain in Part IV.)                                                                         |                                                             |                                                  |                                                     | ļ                                                      |                                                          |                       |
| 13        | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)                                         |                                                             |                                                  |                                                     |                                                        |                                                          |                       |
| 14        | First five years. If the Form 990 is for the                                                  | ne organization                                             | n's first, secon                                 | d, third, fourth                                    | , or fifth tax y                                       | ear as a section                                         | n 501(c)(3)           |
|           | organization, check this box and stop he                                                      | _                                                           |                                                  |                                                     |                                                        |                                                          |                       |
| Secti     | on C. Computation of Public Support                                                           |                                                             |                                                  |                                                     |                                                        |                                                          |                       |
| 15        | Public support percentage for 2012 (line                                                      |                                                             |                                                  | 3, column (f))                                      |                                                        | 15                                                       | %                     |
| 16        | Public support percentage from 2011 Sci                                                       |                                                             | •                                                |                                                     |                                                        |                                                          | %                     |
|           | on D. Computation of Investment In                                                            |                                                             |                                                  |                                                     |                                                        |                                                          |                       |
| 17        | Investment income percentage for 2012 (                                                       |                                                             |                                                  | y line 13, colu                                     | mn (f))                                                | 17                                                       | %                     |
|           | •                                                                                             |                                                             |                                                  | •                                                   |                                                        |                                                          | %                     |
| 18        | Investment income percentage from 201                                                         | i odledule A.                                               |                                                  |                                                     |                                                        |                                                          |                       |
| 18<br>19a | Investment income percentage from 201: 331/3% support tests—2012. If the organ                |                                                             |                                                  |                                                     |                                                        |                                                          |                       |
|           |                                                                                               | ization did not                                             | check the box                                    | c on line 14, a                                     | nd line 15 is n                                        | nore than 331/39                                         | %, and line           |
|           | 331/3% support tests—2012. If the organ 17 is not more than 331/3%, check this box            | ization did not<br>and <b>stop here</b>                     | check the box. The organizati                    | c on line 14, a<br>on qualifies as                  | nd line 15 is n<br>a publicly supp                     | nore than 331/39<br>orted organizat                      | %, and line           |
| 19a       | 331/3% support tests-2012. If the organ                                                       | ization did not<br>and <b>stop here</b><br>zation did not d | t check the box. The organization check a box on | on line 14, a<br>on qualifies as<br>line 14 or line | nd line 15 is n<br>a publicly supp<br>19a, and line 10 | nore than 331/39<br>orted organizati<br>6 is more than 3 | %, and line ion . ► □ |

| Sabadula A // | (Form 990 or 990-EZ) 2012                                                                                                                                                                    | 30-0588600 Page |              |       |  |  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------|-------|--|--|
| Part IV       | Supplemental Information. Complete this part to provide the explanations required Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional instructions). | by Part         | II, line 10; | , ago |  |  |
|               |                                                                                                                                                                                              |                 |              |       |  |  |
|               |                                                                                                                                                                                              |                 |              |       |  |  |
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