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### Form

Department of the Treasury Internal Revenue Service

#### **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)

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

2011

Open to Public inspection

OMB No 1545-0047

				_	1410000014
Α	For the 2011	calendar year, or tax year beginning $10/01/11$ , and ending $09/30/1$			
В	Check if applicable	C Name of organization	0	Emplo	yer identification number
	Address change	FLASHPOINT CENTER			
	Name change	Doing Business As		_	-3503931
	Initial return	Number and street (or P O box if mail is not delivered to street address)	Room/surte E		none number
=	Terminated	1299 SAND BEACH ROAD  City or town, state or country, and ZIP + 4		51°	7-269-1916
=			1	_	407 676
$\exists$	Amended return	BAD AXE MI 48413  F Name and address of principal officer	G	Gross rec	eepts\$ 407,676
	Application pending	The same states of principal office.	H(a) Is this a grou	p return for	affiliates? Yes X No
			H(b) Are all affilia	tes include	ed? Yes No
					t (see instructions)
$\overline{}$	Tax-exempt status	X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527			
J		N/A	H(c) Group exem	ption numb	ber ▶
ĸ	Form of organization		ear of formation 19		M State of legal domicile MI
		ummary			
<u>~</u>	1 Briefly	lescribe the organization's mission or most significant activities			<del>-</del>
SCALACTIVITIES & Governance 13	SUP	PORT & COUNSELING			
ر <u>ة</u>					
Ē					
~Š	2 Check	his box ▶ ☐ if the organization discontinued its operations or disposed of more than 25	% of its net asset	s	
<b>(</b> 0)	3 Numbe	of voting members of the governing body (Part VI, line 1a)		3	6
S	4 Numbe	of independent voting members of the governing body (Part VI, line 1b)		4	6
Ħ	5 Total n	imber of individuals employed in calendar year 2011 (Part V, line 2a)		5	2
氢	6 Total n	imber of volunteers (estimate if necessary)		6	0
<b>*</b>	7a Total u	related business revenue from Part VIII, column (C), line 12		7a	0
	b Net unr	elated business taxable income from Form 990-T, line 34		7b	0
n	1		Prior Year	1.2	Current Year
		utions and grants (Part VIII, line 1h)	505	, 517	407,676
Revenue	9 Program	n service revenue (Part VIII, line 2g)	0	0	
eve	10 Investn	ent income (Part VIII, column (A), lines 3, 4, and 7d)	0	0	
œ	11 Other r	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	_	0	0
	12 Total re	venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	505	,517	407,676
	13 Grants	and similar amounts paid (Part IX, column (A), lines 1–3)		0	0
	14 Benefit	s paid to or for members (Part IX, column (A) line 4)D CCII /CD		0	0
Ś	15 Salarıe	s, other compensation, employee benefits (Part IX, column (A), lines 5=10)	107	,632	183,917
Expenses	16a Profess	ional fundraising fees (Part IX, column (A), line 11e)		0	0
8	b Total fu	ndraising expenses (Part IX, column (D), tine 25 > IAN 1 4 2013 101			, , , , , , , , , , , , , , , , , , , ,
ш	17 Other e	xpenses (Part IX, column (A), lines 11a–11d, 14f–24e)	381	,870	223,076
	18 Total e	e loss evenness. Subtract line 18 from line 18	489	,502	406,993
	I IS Revent	e less expenses Subtract line 18 from line 12 UGUETV, UT	16	,015	683
Net Assets or			Beginning of Curre		End of Year
Sets	20 Total a	ssets (Part X, line 16)	58	,962	61,746
a k	21 Total li	ibilities (Part X, line 26)		891	2,992
		ets or fund balances Subtract line 21 from line 20	58	,071	58,754
$\overline{}$		ignature Block	<del></del>		<del> </del>
		f perjury, I declare that I have examined this return, including accompanying schedules and stateme		of my kr	nowledge and belief, it is
	ue, correct, and	complete Declaration of preparer other than officer) is based on all information of which preparer h	as any knowledge	<del></del>	7 73
٠.				1/-	9-13
Sig		Signature of officer P. Holics Ding Line		Date	
He	re	Transfer Collins Dillectors	<u>-</u>		<del>-</del>
	<u> </u>	Type or print name and title	1_:	-	
D~ '		/pe preparer's name Preparer's signature	Date	Check	L.J
Pai	10212	L BURCH	11/27/1	.2 self-en	
	eparer Firm's		Firm	's EIN	38-2479875
US	e Only	5226 PARK LAKE ROAD			
		EAST LANSING, MI 48823-3868	Pho	ne no	<u>517-333-8040</u>
		uss this return with the preparer shown above? (see instructions)			Yes No
For	r Paperwork I	Reduction Act Notice, see the separate instructions.	-		7 0 500 990 (2014

	990 (2011) FLASHPOINT CENTER 38-3503931		P	age 3
Pä	rt IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		162	NO
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			٠
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			٠,,
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			ŀ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a	x	
	complete Schedule D, Part VI	Tia	Λ	
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11ь		x
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		-
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
а	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			<del></del>
<u> </u>	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	D. Life St. Community of Community of Community Communit	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
45	Did the organization report on Part IV column (A) line 3, more than \$5,000 of grants or assistance to any	l l	ı	1

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form **990** (2011)

X

15

16

17

20a

20b

Pŧ	art IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			-
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction		1	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	1		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	$\vdash$	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			<b>.</b>
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			х
	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		х
	Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		х
33	complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		-
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
<b>J</b>	IV, and V, line 1	34	1	x
35a		35a		х
b				
_	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	
	Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u></u>

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Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			┸
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  1a 19			İ
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	. 1	37	l
_	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a				
		25	x	ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		x
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30_		<del>                                     </del>
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		x
b	If "Yes," enter the name of the foreign country	74		
D	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		x
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		j
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		L
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7f</u>		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			1
	organization, have excess business holdings at any time during the year?	8		<del> </del>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		├
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<del>                                     </del>	$\vdash$
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
a				
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter			
11	Gross income from members or shareholders			
a	Gross income from other sources (Do not net amounts due or paid to other sources			
b	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Ì	ĺ
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	<b>†</b>	
-	Note. See the instructions for additional information the organization must report on Schedule O	<del>-</del>		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
142	Did the organization receive any payments for indoor tanning services during the tax year?	14a		$\mathbf{x}$

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

38-3503931 Form 990 (2011) 'FLASHPOINT CENTER Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 6 1b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 X 8a The governing body? X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes." did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a If "Yes." did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization > RANDY L BURCH 5226 PARK LAKE RD

MI 48823-3868 517-333-8040

EAST LANSING

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

(A) Name and Title	(B) Average hours per week (describe hours for related	box	k, unle	ss pe	ition more rson i irecto	than or s both r/truste	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization
	organizations in Schedule O)	Individual trustee or director	Institutional trustee	ær	Key employee	Highest compensated employee	her			and related organizations
(1) ROBERT WITHEY										
PRESIDENT	2.00	X	<u> </u>	X				0	0	0
(2) HENRY BUCHOLTZ										
VICE PRESIDENT	2.00	X		X				0	0	0
(3) JONA JAMES		}	İ							
SECRETARY	2.00	X		X				0	0	0
(4) ERNEST SYMERAK										
TREASURER	2.00	X		X				0	0	0
(5) JOAN FAGAN		1				1				
DIRECTOR	2.00	X				Ш		0	0	0
(6) JERRY KODASKI										
DIRECTOR	2.00	X			Ļ	<b> </b>		0	0	0
(7)								i		
(8)										
(9)								-		
(10)						<b> </b>				
(11)			<u> </u>							
(12)										
(13)			$\vdash$							
(14)				-						

(A) Name and title		me and title  Average Position (do not check more than or box, unless person is bott officer and a director/trust pours for					s both r/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	coi	(F) Estimated amount of other opensation of the control of the con	on
		related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		а	ganization nd related ganization	i
(15)			<b> </b>										
(16)				_	-						·· -		
(17)													
(18)													<del>_</del>
(19)	, <del>, , , , , , , , , , , , , , , , , , </del>												
(20)	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1												<u></u>
(21)		-	<del>                                     </del>										
(22)													<u> </u>
(23)												_	
(24)		<u>                                     </u>	-										
(25)													
	Sub-total	1	1					<b></b>				<del></del>	
c d	Total from continuation she Total (add lines 1b and 1c)	ets to Part VII,	Secti	ion /	4			<b>&gt;</b>				_	
2	Total number of individuals (in reportable compensation from			_	thos	e lis	ted a	bov	e) who received more than	\$100,000 in			
3	Did the organization list any fo								oyee, or highest compensa	ited	Г	Y	
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organ	e 1a, is the sum	of re	port	able	com	pens	satio			-	3	X
5	individual  Did any person listed on line 1 for services rendered to the or									individual		5	x
	tion B. Independent Contract	tors											
1 —	Complete this table for your fit compensation from the organi	ization Report o							dar year ending with or with	iin the organization's tax ye	ar		~
	Name and	(A) I business address						<del>                                     </del>	Descrip	(B) tion of services		Compe	c) ensation
		······································								· · · · · · · · · · · · · · · · · · ·			
					<del></del>			$\vdash$	-			<u> </u>	<del></del>
								-					
								-		<u></u>			
	Total number of independent	contractors (mail	udia	, h	not	lum-4		the	ca listed above) who			<del></del>	<del>n n m -</del>
2	Total number of independent received more than \$100,000								se listen above) WNO	0			

Pa	rt VI	Statement of Reve	nue				<del></del>	, <del></del> -	<del></del>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
တ္က တ	ه	Foderated access:	4. 1			<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	19401109		312, 313, 01314
Program Service Revenue Contributions, Giffs, Grants and Other Similar Amounts		Federated campaigns	1a						
호립		Membership dues	1b						
Ęġ.		Fundraising events	1c						
<u> </u>		Related organizations	1d		407 676				
SiE		Government grants (contributions)	1e		407,676				
흥합	f	All other contributions, gifts, grants, and similar amounts not included above							
들			_1f	-					
털	_	Noncash contributions included in lines 1a	-1f :	<b></b>	. •	405 656			
<u>0</u> 8	<u>h</u>	Total. Add lines 1a-1f			<b>•</b>	407,676		-111111	
=					Busn. Code				
S	2a				<del></del>		<del></del>		
رو کو	b						<del> </del>		
울	C				-				<del></del>
နှ	d							-	
Ta	е				-				=
g		All other program service reve	nue						<del></del>
-		Total. Add lines 2a-2f							
	3	Investment income (including	divider	ids, intere	st,				
		and other similar amounts)			. 💆 🖯				
	4	Income from investment of tax	(-exem	pt bond pi	oceeds -				
	5	Royalties	1						
	_	(ı) Real		(II) P	ersonal				
		Gross rents							
	b	Less rental exps							
	_	Rental inc or (loss)							
	d 7a	Net rental income or (loss) Gross amount from		1	Others				
		sales of assets (i) Securities		(11)	Other				
		other than inventory							
	b	Less cost or other							
		basis & sales exps							
	i	Gain or (loss)		<u> </u>		İ			
		• , ,	1		<b>•</b>				<u> </u>
ne	Вa	Gross income from fundraising eve	ents		ŀ				
/en		(not including \$							
Re		of contributions reported on line 10			i				
Other Revenue	_	See Part IV, line 18	a						
ᅙ		Less: direct expenses	b						
		Net income or (loss) from fund		events	<u> </u>				
	ya	Gross income from gaming activitients See Part IV, line 19							
			a b		-				
		Less: direct expenses	-	tuutuss					
		Net income or (loss) from gard Gross sales of inventory, less		UVILLES					
	Tua	returns and allowances							
		Less: cost of goods sold	a b						
		Net income or (loss) from sale		venton	<b>—</b>				İ
		Miscellaneous Revenue	55 OI III	ventory	Busn. Code				
	11a							1	ļ
	b						-		
					<del>                                     </del>				
	d	All other revenue			<del>                                     </del>		-		
	e	Total. Add lines 11a-11d			<b>—</b>				
		Total revenue. See instruction	ns_		▶	407,676	0	0	0

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B). (C), and (D)

	Check if Schedule O contains a response	to any question in this Par	t IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and		5.45.1000		
,	organizations in the U.S. See Part IV, line 21				
•	Grants and other assistance to individuals in		······································		
2					
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	U.S. See Part IV, lines 15 and 16		<del></del>		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees			<del></del>	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	162 717	134,248	29,469	<del> </del>
7	Other salaries and wages	163,717	137,470	49,703	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	4,061	3,330	731	
9	Other employee benefits	16,139	13,234	2,905	
10	Payroll taxes	10,139	13,231	2,703	····
11	Fees for services (non-employees)				
а	Management		7		
b	Legal	20,701	18,626	2,075	<del></del>
C	Accounting	20,101	10,020	2,073	
d	Lobbying Lob				
e	Professional fundraising services See Part IV, line 17	<del></del>			
f	Investment management fees	······································			
g	Other			-	
12	Advertising and promotion	469		469	
13	Office expenses				
14	Information technology				
15	Royalties	23,300	20,970	2,330	
16	Occupancy	43,961	43,961		
17	Travel Payments of travel or entertainment expenses	13/301	13/301		
18	for any federal, state, or local public officials				
40	Conferences, conventions, and meetings	11,998	11,998		
19			11/330		
20 21	Interest Payments to affiliates				
	Depreciation, depletion, and amortization	7,447	7,447	·-··	
22 23	Insurance	5,440	4,896	544	<del></del>
24	Other expenses. Itemize expenses not covered				<del></del>
4	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	CONTRACT SERVICES	68,719	68,719		
a b	SUPPLIES	11,892	11,892	, . <del></del>	
C	CONSUMABLES	11,728	11,728		
d	TELEPHONE	6,917	6,225	692	
e	- n	10,504	9,180	1,324	
25	Total functional expenses. Add lines 1 through 24e	406,993	366,454	40,539	C
26					

	rt X	Balance Sheet	(A)		(B)
			Beginning of year		End of year
ŀ	1	Cash—non-interest bearing	18,191	1	13,199
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
l	4	Accounts receivable, net		4	
l	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
1		Schedule L		_5_	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ध		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
انخ	8	Inventories for sale or use		8	·
	9	Prepaid expenses and deferred charges		9	5,023
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 70,635			
	b	Less. accumulated depreciation 10b 28,611	39,271	10c	42,024
i	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,500	15	1,500
	16	Total assets. Add lines 1 through 15 (must equal line 34)	58,962	16	61,746
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
-	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
SS	22	Payables to current and former officers, directors, trustees, key			
≝		employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L	****	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D	891	25	2,992
	26	Total liabilities. Add lines 17 through 25	891	26	2,992
		Organizations that follow SFAS 117, check here ▶ and complete			
Se		lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets		27	
Ва	28	Temporarily restricted net assets		28	
ᄪ	29	•		29	
딘		Organizations that do not follow SFAS 117, check here ▶X and			
0 5		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	58,071	32	58,754
_	33	Total net assets or fund balances	58,071		58,754
	34	Total liabilities and net assets/fund balances	58,962	34	61,746

Form 990 (2011)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

# 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.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FLASHPOINT CENTER

Employer Identification number 38-3503931

P	art l	Reaso	on for Public Charity	Status (All organizations	must co	mplete	this pa	rt.) Se	e inst	ructior	is.		
The	orga	nization is not	a private foundation because	e it is (For lines 1 through 11, o	heck only	one box	.)						
1													
2	П	A school desc	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E )									
3				e organization described in sec	ction 170	b)(1)(A)(	iii).						
4	Ħ	•		in conjunction with a hospital of			-	)(1)(A)(ii	ii). Ente	r the ho	ospital's name	€.	
-		city, and state		,			•		•		•	•	
5		• •		f a college or university owned	or operate	ed by a g	overnme	ntal uni	descri	oed in			
•		· ·	b)(1)(A)(iv). (Complete Part			, 3							
6				overnmental unit described in s	ection 17	0(b)(1)(A	WV).						
7	X			substantial part of its support from				rom the	genera	aldua I			
•		=	section 170(b)(1)(A)(vi). (Co		J u gove		<b>u o</b>		30	puuu			
8	$\Box$			<b>70(b)(1)(A)(vi)</b> . (Complete Part	111)								
9	H	•			-	contributio	ons, mei	mbershii	o fees.	and gro	ss		
•	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its												
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses												
			•	), 1975 See section 509(a)(2)				,					
10			•	exclusively to test for public safe			•						
11	H	•	•	exclusively for the benefit of, to	•				out the	)			
•		-		ed organizations described in se							1		
				ne type of supporting organizati									
		a Type		c Type III-Function			d [	_	e III–Ot	her			
e				anization is not controlled direc			ne or m				s		
•	ш	-	•	r than one or more publicly sup									
		or section 509	=	•									
f		If the organiza	ation received a written dete	rmination from the IRS that it is	a Type I,	Type II,	ог Туре	III suppo	orting				
		organization,	check this box										
g		Since August	: 17, 2006, has the organizat	ion accepted any gift or contrib	ution from	any of th	ne						
_		following per	sons?										
		(i) A persor	who directly or indirectly co	ntrols, either alone or together	with perso	ons descr	ibed ın (	ıı) and				Yes	No
		(III) belov	v, the governing body of the	supported organization?							11g(i)	<u> </u>	<u> </u>
		(ii) A family	member of a person describ	ed in (i) above?							11g(ii)		
		(iii) A 35% c	ontrolled entity of a person of	lescribed in (i) or (ii) above?							11g(iii	)	
<u>h</u>		Provide the f	ollowing information about the	ne supported organization(s)									
(	ı) Nam	ne of supported	(ii) EIN	(III) Type of organization	1	organization		ou notify		s the	(vii) Am	ount of	
	or	ganization		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your	organızat (i) organı	ion in col zed in the	sup	port	
				(see instructions))	governing			oort?		S ?			
					Yes	No	Yes	No	Yes	No			
(A)					]								
<del></del>					<del> </del>				-				
(B)						1							
(C)					<del>                                     </del>								_
_							ļ						
(D)													
(E)				<del></del>	†								
					ļ	<u> </u>							
<b>T</b> - 4													
Tot	a i	_	t	L		<b></b>	4		4	±			

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

Schedule A (Form 990 or 990-EZ) 2011

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

tion A. Public Support						
dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	( <b>d</b> ) 2010	(e) 2011	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	160,055	252,441	368,903	505,517	407,67	1,694,592
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
Total. Add lines 1 through 3	160,055	252,441	368,903	505,517	407,67	1,694,592
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)						
Public support. Subtract line 5 from line 4						1,694,592
	· · · · · · · · · · · · · · · · · · ·					
ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Amounts from line 4	160,055	252,441	368,903	505,517	407,67	6 1,694,592
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Net income from unrelated business activities, whether or not the business is regularly carried on						
Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
Total support. Add lines 7 through 10			l		***************************************	1,694,592
Gross receipts from related activities, etc	(see instructions)				12	
First five years. If the Form 990 is for the	organization's first	t, second, third, fou	ırth, or fifth tax yea	r as a section 501	(c)(3)	
						<b>•</b>
tion C. Computation of Public Si	upport Percent	tage				
		<del>-</del>	n (f))			
					· -	100.00%
				3 1/3% or more, c	heck this	
	•					► X
-				5 is 33 1/3% or mo	ore,	
	=					
•		·		•		
*	acts-and-circumsta	nces" test. The org	janization qualifies	as a publicly supp	oorted	<b>.</b> [
•	40 1541		have an lone 40, 40	- 46b 47	al line o	▶ [_
	<del>-</del>					
•				•		
· ·	eets the Tacts-and	-circumstances" te	si i ne organizatio	n qualifies as a pu	iblicly	. □
,,	d not check a box o	on line 13, 16a, 16l	b, 17a, or 17b, che	ck this box and se	ee	<b>▶</b>
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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)  Public support. Subtract line 5 from line 4  tion B. Total Support  and year (or fiscal year beginning in) ▶  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc First five years. If the Form 990 is for the organization, check this box and stop here. The organization Qual 33 1/3% support test—2011. If the organization qual 33 1/3% support test—2010. If the organization qual 33 1/3% support test—2010. If the organization qual 33 1/3% support test—2010. If the organization qual 33 1/3% support test—2010. If the organization meets the "forganization meets the box and stop here. The organization meets the "forganization or more, and if the organization meets the "forganization or more, and if the organization meets the "forganization or more, and if the organization meets the "forganization or more, and if the organization meets the "forganization or more, and if the organization meets the "forganization or more, and if the organization meets the "forganization or more, and if the organization meets the "forganization or more, and if the organization meets the "forganization or more, and if the organization or more, and if the o	dar year (or fiscal year beginning in) ▶  Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  Tax revenues leved for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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)  Public support. Subtract line 5 from line 4  tion B. Total Support  dar year (or fiscal year beginning in) ▶  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets  (Explain in Part IV)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc (see instructions)  First five years. If the Form 990 is for the organization's first organization, check this box and stop here.  Public support percentage for 2011 (line 6, column (f) divided public support percentage from 2010 Schedule A, Part II, lin 33 1/3% support test—2011. If the organization did not chebox and stop here. The organization qualifies as 10%-facts-and-circumstances test—2011. If the organization under the box and stop here. The organization qualifies as 10%-facts-and-circumstances test—2010. If the organization under the "facts-and-circumstances test—2010. If the organization Private foundation. If the organization did	dar year (or fiscal year beginning in) ►  Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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)  Public support. Subtract line 5 from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unerlated business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc (see instructions)  First five years. If the Form 990 is for the organization's first, second, third, for organization, check this box and stop here.  The organization of Public Support Percentage  Public support percentage from 2011 (line 6, column (f) divided by line 11, colum poblic support percentage from 2010 Schedule A, Part II, line 14  33 1/3% support test—2011. If the organization did not check a box on line 13  31/3% support test—2010. If the organization qualifies as a publicly supported organiza 33 1/3% support test—2010. If the organization qualifies as a publicly supported organization of organization did not check a box on line 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13  10%-facts-and-circumstances test—2010. If the organization did not check a box on line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, part IV how the organization meets the "facts-and-circumstances" test, part IV how the organization meets the "facts-and-circumstances" test, part IV	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  Tax revenues leved for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  The portion of fotal 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)  Public support. Subtract line 5 from line 4  tion B. Total Support  Idar year (or fiscal year beginning in) ▶  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc (see instructions)  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year organization, check this box and stop here.  Total organization, check this box and stop here  Total organization, check this box and stop here  Total organization qualifies as a publicly supported organization of 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16 organization qualifies as a publicly supported organization organization.  10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16 organization qualifies as a publicly supported organization qualifies organization.  10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16 organization qualifies as a publicly supported organization qualifies organization.  10%-fa	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities (urinshed by a governmental unit to the organization's benefit and either paid to or expended on its behalf  The value of services or facilities (urinshed by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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))  Public support. Subtract line 5 from line 4  tion B. Total Support.  Amounts from line 4  Amounts from line 4  Amounts from line 4  Amounts from line 4  Cross income from unrelated business activities, whether or not the business is regularly carried on  Other income from unrelated business activities, whether or not the business is regularly carried on  Other income from childe gain or loss from the sale of capital assets ((Explain in Part IV)  Gross receipts first fire part or 2011 (line 6, column (f) divided by line 11, column (f))  Public support test—2011. If the organization did not check hos on line 13, and line 14 is 33 1/3% or more, colony, and stop here. The organization qualifies as a publicly supported organization  10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV) to or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and	Gifts, grants, contributions, and membership fees received. (Op not include any "unusual grants.")  Gifts, grants, contributions, and membership fees received. (Op not include any "unusual grants.")  160,055 252,441 368,903 505,517 407,67. Tax revenues level of the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge. The portion of total contributions by each person (other than a governmental unit or publicly supported organization yincluded on line 1 that exceeds 2% of the amount shown on line 11, column (i)  Public support, Subtract lies 5 from line 4. 160,055 252,441 368,903 505,517 407,67. 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 (i)  Public support, Subtract lies 5 from line 4. 160,055 252,441 368,903 505,517 407,67. The portion of the subtract lies 5 from line 4. 160,055 252,441 368,903 505,517 407,67. The portion of the subtract lies 5 from line 4. 160,055 252,441 368,903 505,517 407,67. The portion of the subtract lies 5 from line 4. 160,055 252,441 368,903 505,517 407,67. The portion of the subtract lies 5 from line 4. 160,055 252,441 368,903 505,517 407,67. The portion of the subtract lies 5 from line 4. 160,055 252,441 368,903 505,517 407,67. The portion of the subtract lies 5 from line 4. 160,055 252,441 368,903 505,517 407,67. The portion of the subtract lies 5 from line 4. 160,055 252,441 368,903 505,517 407,67. The portion of the subtract lies 5 from line 4. 160,055 252,441 368,903 505,517 407,67. The portion of the subtract lies 5 from line 4. 160,055 252,441 368,903 505,517 407,67. The portion of the subtract lies 5 from line 4. 160,055 252,441 368,903 505,517 407,67. The portion of the subtract lies 5 from line 4. 160,055 252,441 368,903 505,517 407,67. The portion of the subtract lies 5 from line 14,67 40,67 40,67 40,67 40,

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

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

Sec	tion A. Public Support	,					
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					!	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b				<u> </u>	ļ	
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support		<u> </u>	<b>1</b>	I	<b></b>	1
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	, ,					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b			<u> </u>			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)					1(-)(2)	
14	First five years. If the Form 990 is for the organization, check this box and stop her	•	st, secona, tnira, to	ourth, or titth tax ye	ear as a section 50	1(0)(3)	
Sec	tion C. Computation of Public Su		tage			<del></del>	
15	Public support percentage for 2011 (line 8			nn (f))		15	%
16	Public support percentage from 2010 Sch	. , .	<u>-</u>	(1//		16	
	tion D. Computation of Investme						<u> </u>
17	Investment income percentage for 2011 (I		•	3, column (f))		17	%
18	Investment income percentage from 2010					18	<del></del>
	33 1/3% support tests—2011. If the orga			e 14, and line 15 i	s more than 33 1/3	3%, and line	
	17 is not more than 33 1/3%, check this b						▶ [
b	33 1/3% support tests—2010. If the orga	·	-				
	line 18 is not more than 33 1/3%, check the	nis box and <b>stop h</b>	nere. The organiza	tion qualifies as a	publicly supported	organization	▶ [
<u>20</u>	Private foundation. If the organization di	d not check a box	on line 14, 19a, or	19b, check this b	ox and see instruc	tions	<b>&gt;</b>

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

# SCHEDULE D. (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 2011

Employer Identification number

Open to Public Inspection

FLASHPOINT CENTER

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990. Part IV line 6

ıφ	organization answered "Yes" to Form 990, Part IV	V, line 6.		o o mpioto ii tilo
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year		ļ	
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year		İ	. <u>-</u>
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised		
	funds are the organization's property, subject to the organization's exc	lusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or don	or advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the orga	nization answered "Yes" to Form	990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check			
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically in		d area
	Protection of natural habitat	Preservation of a certified histor	c structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a cons	ervation	
	easement on the last day of the tax year		<del>اا</del>	Jold at the End of the Tay Year
	<b>T</b> . 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			Held at the End of the Tax Year
a	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements	hidad ia (a)	2b	
C	Number of conservation easements on a certified historic structure inc		2c	
d	Number of conservation easements included in (c) acquired after 8/17.	ruo, and not on a	2d	
•	historic structure listed in the National Register  Number of conservation easements modified, transferred, released, ex	dinguished or terminated by the organize		the
3	tax year ►	anguished, or tellimated by the organize	auton during	ui v
4	Number of states where property subject to conservation easement is	located >		
5	Does the organization have a written policy regarding the periodic mor			
•	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfor	cing conservation easements during the	year	<u>.</u>
•	<b>&gt;</b>		-	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year		
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)		
	(i) and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports conservation easen	nents in its revenue and expense stateme	ent, and	
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that	describes th	ne
	organization's accounting for conservation easements			
Pa	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to I		Similar /	Assets.
10	If the organization elected, as permitted under SFAS 116 (ASC 958), i		l balance sh	eet
14	works of art, historical treasures, or other similar assets held for public			· <del></del>
	public service, provide, in Part XIV, the text of the footnote to its finance			
b	If the organization elected, as permitted under SFAS 116 (ASC 958),			
~	works of art, historical treasures, or other similar assets held for public			
	public service, provide the following amounts relating to these items			
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X		<b>•</b>	\$
2	If the organization received or held works of art, historical treasures, o	r other similar assets for financial gain, p	rovide the	
_	following amounts required to be reported under SFAS 116 (ASC 958)			
а	Description of the second of t	-	•	\$
h	Assets included in Form 990. Part X		•	\$

	t III Organizations Maintaining								(continu	ıed)
3	Using the organization's acquisition, accession collection items (check all that apply)	on, and other record	s, check	any of the foll	owing that ar	e a significant u	se of its			
а	Public exhibition	d 🗌	Loan or	exchange prog	grams					
b	Scholarly research	е 🗌	Other							
С	Preservation for future generations	<del></del>								
4	Provide a description of the organization's co	llections and explair	how the	ey further the o	organization's	exempt purpos	se in Par	t		
	XIV.									
5	During the year, did the organization solicit or	r receive donations (	of art, his	storical treasur	res, or other :	similar			_	
	assets to be sold to raise funds rather than to								Ye	
Pa	rt IV Escrow and Custodial Arra	angements. Co	mplete	if the organ	nization and	swered "Yes'	' to For	m 990	), Part <b>i</b> \	<b>V</b> ,
	line 9, or reported an amour	t on Form 990,	Part X,	line 21.						_
1a	Is the organization an agent, trustee, custodi	an or other intermed	lary for o	contributions o	r other asset	s not				
	included on Form 990, Part X?								∐ Ye	s 🗌 No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing t	able				0		
							$\vdash$		Amount	<u> </u>
С	Beginning balance						1c			
d	Additions during the year						<u>1d</u>			
е	Distributions during the year						1e			
	Ending balance						1f			
	Did the organization include an amount on Fe	orm 990, Part X, line	217						∐ Ye	s 📙 No
	If "Yes," explain the arrangement in Part XIV					000 Dord	1) / 1:= =	40		<u> </u>
Pa	rt V Endowment Funds. Comp		T				Three year		(2) 52.11	
	<u> </u>	(a) Current year	,,,	o) Prior year	(c) Two yea	irs back (d)	тиве увал	S Dack	(e) Four	years back
1a	Beginning of year balance		<del>                                     </del>			<del></del>				<del></del>
b	Contributions				<u> </u>				<del> </del>	
С	Net investment earnings, gains, and		1		ļ				1	
	losses					<del></del>			<del> </del>	
	Grants or scholarships		<del></del> -			<del>-</del>				
e	Other expenditures for facilities and									
	programs Administrative expenses					<del></del>			<b>†</b>	······································
,	End of year balance		<del>                                     </del>						1	
2	Provide the estimated percentage of the curr	ent year end halanc	e (line 1:	n column (a))	held as	<del></del>			<u> </u>	
	Board designated or quasi-endowment	%	C (IIIC 1)	g, column (a))	11010 00					
h	Permanent endowment ▶ %	,,								
c	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shot	uld equal 100%								
3a	Are there endowment funds not in the posse		ation tha	t are held and	administered	for the				
	organization by	•								Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Sched	dule R?					3b	
4	Describe in Part XIV the intended uses of the	e organization's end	owment	funds						
Pa	rt VI Land, Buildings, and Equi	pment. See For	<u>m 990</u>	, Part X, line	e 10.					
	Description of property	(a) Cost or other		(b) Cost or o		(c) Accumul			(d) Book	value
		(investment)	·	(oth	er)	depreciati	on			
1a	Land									
b	Buildings									
c	Leasehold improvements				6,622	<del></del>	51			6,106
d	Equipment				28,383		3,73			14,649
	Other	<u> </u>			35,630	1	4,36			21,269
Total	I. Add lines 1a through 1e (Column (d) must	equal Form 990, Pai	t X, colu	ımn (B), line 10	U(C) )		<u>J</u>	<b>&gt;</b>		12,024

Schedule D (F	Form 990) 2011 FLASHPOINT CENTER		38-3503931	Page 3
Part VII	Investments—Other Securities. See Form 990	), Part X, line 12.		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
(1) Financial	derivatives			
(2) Closely-h	eld equity interests			
(3) Other				
(A)				
(B)				
(C)			<del> </del>	
(D)		<u> </u>	<del></del>	
(E)				<del> </del>
(F)				
(G)				
(H)		_	<del></del>	<del></del>
(1)	(1)			<del></del>
	nn (b) must equal Form 990, Part X, col (B) line 12)	O Port V line 12		
Part VIII	Investments—Program Related. See Form 99		fal 88ath - d a5	
	(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-yea	
_(1)				<del></del>
(2)		-		
(3)			_	
(4)				<del></del>
(5)		<del>-  </del>		
(6)	· · · · · · · · · · · · · · · · · · ·			
(7)				
(8)	***			
(9)				
(10)	on (b) must equal Form 990, Part X, col. (B) line 13.)		, ,	η
Part IX	on (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. See Form 990, Part X, line 15.		<u> </u>	
FAILIX	(a) Description			(b) Book value
(1)	(a) book pain			(0) 50011 10.00
(2)	·	··		
(3)		<del></del>		
(4)	<del> </del>			
(5)				
(6)				
(7)				
(8)				
(9)	100			
(10)				<u>-</u>
	nn (b) must equal Form 990, Part X, col. (B) line 15.)		<b>•</b>	
Part X	Other Liabilities. See Form 990, Part X, line 25	5.	······	
1.	(a) Description of liability	(b) Book value		
	al income taxes	0.000		
	COLL TAXES PAYABLE	2,992		
	COLL TAX PAYABLE FICA			
	COLL TAX PAYABLE FIT			
	ROLL TAX PAYABLE SIT	_	ł	
(6)				
_(7)				
(8)			1	
(9)				
(10)			-	
(11)		0.000		
Total. (Colur	mn (b) must equal Form 990, Part X, col (B) line 25 )	2,992	<u> </u>	······································

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

#### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

FLASHPOINT CENTER

Employer Identification number 38-3503931

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 BOARD OF DIRECTORS AND OFFICERS REVIEW COMPLETED TAX RETURN

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS OF
THEMSELVES AND THEIR FAMILY MEMBERS

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION COPY OF FORM 1023 AND FORM 990 AVAILABLE TO PUBLIC UPON REQUEST

# Form **4562**

**Depreciation and Amortization** 

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions. (99)

► Attach to your tax return.

Name(s) shown on return FLASHPOINT CENTER Identifying number 38-3503931

	ss or activity to which this form relates NDIRECT DEPRECIAT	'ION								
	rt I Election To Expe		perty Under Se	ection	179					
	Note: If you have	any listed property	y, complete Pa	rt V bef	ore you c	omple	te Part	1		
1	Maximum amount (see instruction	ns)							1	500,000
2	Total cost of section 179 property	y placed in service (se	ee instructions)						2	
3	Threshold cost of section 179 pro	operty before reductio	n in limitation (see	instructi	ons)				3	2,000,000
4	Reduction in limitation Subtract	line 3 from line 2 If ze	ero or less, enter -(	0-					4	
5	Dollar limitation for tax year. Subtract	line 4 from line 1. If zero o	or less, enter -0- If m	arned filing	separately, s	ee instr	uctions		5	
6	(a) Descripti	on of property		(b) Cost (	business use on	ıly)	(c)	Elected cost		
	<u> </u>									
7	Listed property Enter the amoun					7				
8	Total elected cost of section 179	property Add amoun	ts in column (c), li	nes 6 and	<b>1</b> 7				_8	
9	Tentative deduction. Enter the si								9	
10	Carryover of disallowed deduction	n from line 13 of your	2010 Form 4562						10	
11	Business income limitation. Ente		•		•	5 (see	instruction	ıs)	11	
12	Section 179 expense deduction				ne 11				12	······································
13	Carryover of disallowed deduction					13				
	: Do not use Part II or Part III belo				/	. 4 1	.1 - 12 - 4 -	. 1		<u> </u>
	rt II Special Deprecia						uae iiste	ea prope	rty)(	See instructions)
14	Special depreciation allowance for		other than listed pr	operty) p	laced in ser	vice			ا ا	
	during the tax year (see instruction								14	
15	Property subject to section 168(f								15	
16 Da	Other depreciation (including AC Int III MACRS Deprecia		udo listad prop	orb. ) /S	Soo instru	otions	. \		16	
F¢	art III MACRS Deprecia	ILION (DO NOL INCI		ion A	bee msuu	Cuons	· <i>)</i>			
17	MACRS deductions for assets pl	aced in service in tay		-					17	2,222
17 18	If you are electing to group any assets place					bara 🕨		П	<del>-'-</del>	2,222
10		-Assets Placed in Se					ral Depre	ciation S	vstem	· <u>·····</u>
		(b) Month and year	(c) Basis for depre		(d) Recovery	T			,	
	(a) Classification of property	placed in service	(business/investmer only-see instruct		period	(e) C	onvention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property	30,1,0	3,17, 33, 11, 11, 11, 11, 11, 11, 11, 11, 11							
b	5-year property	7								
	7-year property	7								- <u> </u>
	10-year property									
	15-year property	7								
f	20-year property	7							_	
g	25-year property	1			25 yrs			S/L		
h	Residential rental		1		27 5 yrs	1	мм	S/L		
	property				27 5 yrs	1	мм	S/L		
ī	Nonresidential real				39 yrs	1	ММ	S/L		
	property						мм	S/L		
	Section C—A	ssets Placed in Serv	vice During 2011	Tax Year	Using the	Alterna	ative Dep	reciation	Syste	
20a	Class life			,206		<del> </del>	HY	S/L		621
<u>b</u>	12-year		3	,993	12 yrs	1	HY	S/L		166
c	40-year				40 yrs		ММ	S/L		
P	art IV Summary (See in									<u> </u>
21	Listed property. Enter amount fro	om line 28							21	4,438
22	Total. Add amounts from line 12	_					ter here			
	and on the appropriate lines of y				nstruction	s			22	7,447
23	For assets shown above and pla	-	the current year, e	nter the						
_	portion of the basis attributable t					23				
For	Paperwork Reduction Act Notice	e, see separate instr	uctions.							Form <b>4562</b> (2011)

38-3503931 FLASHPOINT CENTER Form 4562 (2011) Page 2 Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) X Yes X Yes 24b If "Yes," is the evidence written? 24a Do you have evidence to support the business/investment use claimed? No No (c) (d) (e) **(f)** (a) (b) Business/ Type of property (list vehicles first) Basis for depreciation Recovery Method/ Depreciation Elected section 179 Date placed Cost or other basis investment use (business/investment Convention cost in service percentage period deduction use only) Special depreciation allowance for qualified listed property placed in service during 25 the tax year and used more than 50% in a qualified business use (see instructions) Property used more than 50% in a qualified business use. 26 SEE STATEMENT 29,425 29,425 4,438 Property used 50% or less in a qualified business use S/L-S/L-4,438 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B-Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (f) (c) (b) (d) (e) (a) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? Was the vehicle used primarily by a more 35 than 5% owner or related person? Is another vehicle available for personal use? 36 Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by Yes No 37  $\overline{\mathbf{x}}$ your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your 38 employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you treat all use of vehicles by employees as personal use? 39 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions ) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (e) (c) (d) (f) (b) Amortization Date amortization Code section Amortization for this year Amortizable amount period or Description of costs begins percentage Amortization of costs that begins during your 2011 tax year (see instructions)

		•	Section 179				0
	d Business		Deduction	1,775 \$	300	2,363	4,438 \$
:	n a Qualifie		Method	S/L-HY \$	S/r-MQ	S/L-HY	∙ഗ"
	ו 50% וו		Period	5.0	5.0	5.0	
Federal Statements	Statement 1 - Form 4562, Line 26 - Property Used More Than 50% in a Qualified Business		Depr Basis	\$ 16,110	1,500	11,815	\$ 29,425
Federal S	26 - Property		Cost	16,110	1,500	11,815	29,425
	rm 4562, Line		Business %	100.00	100.00	100.00	w
	tement 1 - Fo	Property Type		1/09/09	8/16/10	3/21/11	
38-3503931	73S			2009 CHRYSLER VAN	2001 CHRISLER	2006 BUICK	TOTAL