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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.

OMB No 1545-0047 Open to Public Inspection

AF	or the	2012 calendar year, or tax year beginning and	ending		
B ci	heck if	C Name of organization		D Employer identifi	cation number
	Addres	100X DEVELOPMENT FOUNDATION			
	Name change			20-1	926718
=	Initial return		Room/suite	E Telephone numbe	r
	Termin	1	5		387-1178
	Amend			G Gross receipts \$	1,186,684.
	Applica			H(a) Is this a group re	eturn
	pendin	F Name and address of principal officer: JOHN BLANCHARD		for affiliates?	Yes X No
		7020 FAIR PARK DRIVE, SUITE 5, MONTGOM	ERY, A	H(b) Are all affiliates inc	cluded? Yes No
I T	ax-exe	empt status: X 501(c)(3) 501(c) ()	or527	If "No," attach a	list. (see instructions)
		e: ► WWW.100XDEVELOPMENT.COM		H(c) Group exemptio	
K F	orm of	organization X Corporation	L Year	of formation 2004	A State of legal domicile AL
	rt I	Summary			
6	1	Briefly describe the organization's mission or most significant activities: ${ m TO}$ PI	ROVIDE	HUMANITARI	AN AID IN
Activities & Governance	1	THE U.S. AND INTERNATIONALLY.			
ırı	2	Check this box If the organization discontinued its operations or dispose	sed of more	than 25% of its net as	ssets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	13
2	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	13
es (5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0
viťi	6	Total number of volunteers (estimate if necessary)		6	0
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	ь	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	916,721.	1,186,684.
Revenue	9	Program service revenue (Part VIII, line 2g)	ļ	0.	0.
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
E	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
(d)	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		916,721.	
SCANNED	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		674,078.	853,736.
	14	Benefits paid to of for members (Part X, column (A), line 4)		375.	0.
S s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		139,458.	189,437.
AON CENN Expenses	16a	Professional fundraising fees (Part IX, column (A), lige 11e)		0.	0.
×	b	Total fundraising expenses/(Part IX, column (A), line 25)	43.	06.065	150 204
8"	17	Other expenses (Partl X, column (A), lines 11a-11451 11-24e)		86,065.	152,394.
₹	18	Total expenses. Add lines 13:17-must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12	<u> </u>	899,976.	1,195,567.
N	19	Revenue less expenses Subtractline 18 from line 12		16,745.	-8,883.
S or			Be	ginning of Current Year	End of Year
Sset S	ı	Total assets (Part X, line 16)	-	159,019.	145,506. 8,449.
ದ್ದುಕ್ಷಿ	1	Total liabilities (Part X, line 26)		13,079. 145,940.	137,057.
캺		Net assets or fund balances Subtract line 21 from line 20		143,340.	137,037.
	art II		- and states	anto and to the heat of m	ny kaomindae and bolief it is
		alties of perjury, I declare that I have examined this return, including accompanying schedule			ly knowledge and belief, it is
true	, correc	ct, and complete Declaration of preparer (other than officer) is based on all information of w	men prepare	i nas any knowledge	
		Signature of officer		Date	<u> </u>
Sig		JOHN BLANCHARD, PRESIDENT			
Her	е	Type or print name and title			
	<u> </u>			Date Check	PTIN
Date		Print/Type preparer's name H.B. LEE, III		(0/31/13 self-empto	
Paid		TODEON THE DUDNERS ES AT DC		Firm's EIN	63-1034180
	Darer Only	2000 COLOMADE DATA CITED EOO		THIR S EN	
O26	Only	BIRMINGHAM, AL 35243		Phone no 2	205-967-9744
140	y tha II	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No
		10.12 I HA For Paperwork Reduction Act Notice, see the separate instruction	ions.		Form 990 (2012)

Form 990 (2012)

Form 990 (2012) 100X DEVELOPMENT FOUNDATION Part IV Checklist of Required Schedules

_	to the consequence of the state		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
_	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u>X</u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	_3_		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
=	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
^	Schedule D, Part III	•		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		Х
10	If "Yes," complete Schedule D, Part IV	-		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
•	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	112		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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 and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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	X	<u> </u>
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	15	Х	
16	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	16		X_
17	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	17	<u> </u>	X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18_		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l .
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		^
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	 (2012)
		rorm	フラリ	(2012)

Form 990 (2012) 100X DEVELOPMENT FOUNDATION Part IV Checklist of Required Schedules (continued)

	· · · · · · · · · · · · · · · · · · ·		res	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	Х	
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	ı l		
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	i	ł	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
_	Schedule K. If "No", go to line 25	24a		<u>X</u>
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24-		
A	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
254	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28ь		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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_		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
••	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		i	Х
20	If "Yes," complete Schedule N, Part I	31		Α.
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
50	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, Part II, III, or IV, and			
-	Part V, line 1	34		Х
35a		35a		Х
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
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	L	Х
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, Part VI	37	_	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2012)

Part V 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 0		163	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and re				
	(gambling) winnings to prize winners?	portacio gairiirig	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	•	Ì
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				//////////////////////////////////////
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	-	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a	_==	-	
	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a		х
ь	If "Yes," enter the name of the foreign country:	·· ,			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6 <u>a</u>		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
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 set	vices provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		_7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?	ı I	7c	ļ	X
d	If "Yes," Indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		_ 7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo		.7g	-	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D		_	Ì	
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		9a	Ì	1
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?		9b		 -
10	Section 501(c)(7) organizations. Enter:		- 00		
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter:		1		
а	Gross income from members or shareholders	11a			1
ь	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b	<u> </u>		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a	<u> </u>	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ	
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	ļ	ļ
	Note. See the instructions for additional information the organization must report on Schedule O.		}		
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1			
	organization is licensed to issue qualified health plans	13b	1		
С	Enter the amount of reserves on hand		1	ļ	- v
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	 	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e U	14b	000	(2040)
			rorr	ロサゼ	(2012)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "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			—		LA
<u>Sec</u>	tion A. Governing Body and Management				T.,	
		1.	10		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	_1a	13	4	:	
	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		1.			
ь	Enter the number of voting members included in line 1a, above, who are independent	16	13	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other	} _	.,	
_	officer, director, trustee, or key employee?		_	2	X	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision	_		.,
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form		s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5_		X
6	Did the organization have members or stockholders?			6_		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or	l		
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or]	ļ	
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	e following	İ		
а	The governing body?			8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			_8b_	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached.	at the	İ	ł	
 -	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code)			<u> </u>
					Yes	No_
10a	Did the organization have local chapters, branches, or affiliates?			10a	_	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapter	s, affiliates,	ĺ	[
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	re filing the form?	11a	X	ļ
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	, ,			12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	├ ──
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," a	escribe	_	3,	
	ın Schedule O how this was done			12c	Х	17
13	Did the organization have a written whistleblower policy?			13_		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and appro-		ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	7				
а	The organization's CEO, Executive Director, or top management official			15a		X
Ь	Other officers or key employees of the organization			15b	ļ	<u>^</u>
	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 arrange	ement v	vith a			v
	taxable entity during the year?			16a	ļ	X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the organization of the					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	anızatıc	on's	400		1
_	exempt status with respect to such arrangements?			16b		L
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE					
17	Elst the states with which a sop) of the control of	T (0				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	·I (Sec	(ion 501(c)(3)s only)	avallat	ЭІӨ	
	for public inspection. Indicate how you made these available. Check all that apply.	^	h 01			
	Own website Another's website X Upon request Other (explain		-	. J E -		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	conflict	ot interest policy, a	ia finai	ncial	
_	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books	and red	ords of the organization	ation: ■	_	
	DANA BLANCHARD - 334-387-1178 7020 FAIN PARK DRIVE, MONTGOMERY, AL 36117					
	INSO LUTIN LUKEN DETAR! MONTROMEKI' UT 2011/					

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	box	not c	Pos heck ss pe	more	than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHN BLANCHARD	10.00	ļ.,						0	0	•
CHAIR	10.00	X	_	-	-	\vdash		0.	0.	0.
(2) DR FAYE BAGGIANO	10.00	X						0.	0.	0.
VICE CHAIR (3) CINDY BURNSIDE	10.00	1		-		 				
DIRECTOR	10.00	x						0.	0.	0.
(4) WES GUNN	10.00	 	-		_					
DIRECTOR		X				İ		0.	0.	0.
(5) DR. JUDI JEHLE	10.00									
DIRECTOR	-	X	•	1		ļ		0.	0.	0.
(6) DR. OVERTOUN JENDA	10.00									
DIRECTOR		X						0.	0.	0.
(7) GLORIA STARR KINS	10.00					ì				_
DIRECTOR		X	<u> </u>	<u> </u>	<u> </u>	_	_	0.	0.	0.
(8) LINDY BLANCHARD	10.00	1		1						_
PRESIDENT	10.00	-	X	<u> </u>	 	╀	 	0.	0.	0 .
(9) TERRI HASDORFF	10.00	╣	X				1	0.	0.	0
VICE PRESIDENT	10.00	╁	^		}-	+	├	· ·		0
(10) BEN BLANCHARD	10.00	4	X					0.	0.	0.
EXECUTIVE DIRECTOR (11) DANA BLANCHARD	10.00	+	<u>^</u>	-		\dagger				
DIRECTOR OF OPERATIONS	10100	1	X	ŀ			İ	0.	116,144.	0.
(12) TY POWELL	10.00	\top			厂	T			j	
TREASURER		1	X					0.	0.	0.
(13) DR. TANYA MCLEMORE	10.00									
SECRETARY]	X					0.	0.	0.
		\prod			Γ					
		\perp	<u> </u>	<u> </u>	_	1				
		-							:	
		╫	├-	\vdash	╁	╁				
		1								
			1	1						
		1		1						

Fal	(A)	(B)	(C) Position					st C	(D)	(E)		(F	-
	Name and title	Average hours per week (list any hours for related organizations below line)	Individual instead or director from the pox, unless person is both an officer and a director/trustee) Wey employee employee employee employee employee from the pox of the pox			than is bot or/trus	th an stee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organization: (W-2/1099-MIS	tion amount of ed other ons compensation			
							_						
								_					
												<u> </u>	
			-	十								<u>_</u>	
			_		_	_							
			-		-	-	-				+		
			_	_			_						
			<u></u>		<u> </u>	į	Ļ.		0.	116,14	11		0.
	Sub-total Total from continuation sheets to Part V	/II, Section A					>		0.		0.		0.
<u>d</u>	Total (add lines 1b and 1c) Total number of individuals (including but	not limited to th		lista	ed a	boy	e) w	ho r	0.	116,14			0.
_	compensation from the organization											Ye	0 s No
3	Did the organization list any former office			e, ke	ey eı	mplo	oyee	, or	highest compensated e	mployee on			
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s			omp	ens	atioi	n an	d ot	her compensation from	the organization		3	X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									idual for services	-	4	X
	rendered to the organization? If "Yes," con											5	<u> </u>
1	ction B. Independent Contractors Complete this table for your five highest c	ompensated in	dep	ende	ent c	ont	ract	ors 1	that received more than	\$100,000 of con	npensa	ation from	
	the organization. Report compensation for	r the calendar y	/ear	end	ing v	vith	or w	vithir 	n the organization's tax (B)	year.		(C)	
_	Name and busines	s address	N	ON	E_				Description of s	services	Co	ompensa	tion
		· · · · · · · · · · · · · · · · · · ·											
2	Total number of independent contractors		not I	ımıte	ed to		se l	ste	d above) who received r	nore than			••••
	\$100,000 of compensation from the organ	iization -					- -					- 00	<u> </u>

Total revenue except during the company of the comp				Check if Schedule O conta	ains a response t	o any question		·	(0)	
Securities Sec							(A) Total revenue	exempt function	business	trom tax under
Business Code Business Code Business Code Business Code	इइ	1 :	<u> </u>	Federated campaigns	1a					
Business Code Business Code Business Code Business Code	필드	_								
Business Code Business Code Business Code Business Code	outions, Gifts, Gran her Similar Amoun		_	•						
Business Code Business Code Business Code Business Code				-	 - - - - - - - - - -					
Business Code Business Code Business Code Business Code	S,E			_	- i					
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Business Code Business Code Business Code Business Code	SE		_				1,186,684.			
Section Sect						Business Code				
Begge C	<u> </u>	2	а							
Total, Add lines 2a:2Y	ا ﴿ كَا		þ							
Total, Add lines 2a:2Y	SE	,	c							
Total, Add lines 2a:2Y	e a		d							
Total, Add lines 2a:2Y	<u>6</u> 4		е							
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i)) Real (iii) Personal rsonal (iii) Personal Personal (iii) Personal Personal (iii) Personal Personal (iii) Personal Personal (iii) Personal	۵		f	All other program service reve	enue					
other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) 5 a Gross income from fundraising events (not including \$			9	Total. Add lines 2a-2f						
1		3		Investment income (including	dividends, intere	st, and				
Second Process Seco				other similar amounts)		>				
(i) Real (ii) Personal (iii) Personal Personal (iii) Personal Personal (iii) Personal Per		4		Income from investment of ta	x-exempt bond p	roceeds >				
6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$		5		Royalties						
b Less: rental expenses c Rental Income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) e Gross income from fundraising events (not including \$ c contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Tall irrevenue 8e misfulctions 17 Tall irrevenue 8e misfulctions					(ı) Real	(II) Personal				
C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses C Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$		6	а	Gross rents						
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$			ь	Less: rental expenses						
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b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$		7	а	Gross amount from sales of	(ı) Securities	(II) Other				
and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from garning activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from garning activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b d All other revenue e Total, Add lines 11a-11d 12 Total revenue, See instructions Net good Policy Poli				assets other than inventory						
C Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: clirect expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b C d All other revenue e Total. Add lines 11a-11d 12 Total revenue See instructions 1 186,684. 0. 0. 0. 0.			b	Less: cost or other basis						
d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a 6 d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 11, 186, 684. 0.000.				and sales expenses						
B a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18			С	Gain or (loss)			1			
Including \$			d	Net gain or (loss)						ļ
contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue See instructions 1, 186, 684 • 0 • 0 • 0 • 0 • 0 •	⊕	8	а	Gross income from fundraising	ng events (not					
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 1, 186, 684. 0. 0. 0.	au n			including \$	of	1				
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c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 1, 186, 684. 0. 0. 0.	F			Part IV, line 18	a		4			
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 1, 186, 684. 0. 0. 0.	¥		b	Less: direct expenses	b	L				1
Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 1, 186, 684. 0. 0. 0.	_								ļ	-
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c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions				Part IV, line 19	а					
10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 1, 186, 684. 0. 0. 0.					_	L	_			
and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 1, 186, 684. 0. 0. 0.						<u>_</u>				
b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 1, 186, 684. 0. 0. 0.		10	а		s returns					
c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 1, 186, 684. 0. 0. 0.							4			
Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 1, 186, 684. 0. 0. 0.		İ			-					
11 a			С			<u> </u>				-
b		<u> </u>		Miscellaneous Reveni	ue	Business Code	2	-	İ	
d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 1, 186, 684. 0. 0. 0.		11	а				 		-	
d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 1, 186, 684. 0. 0. 0.			þ				-		 	
e Total. Add lines 11a-11d Total revenue. See instructions 1, 186, 684. 0. 0. 0.			C						 	
12 Total revenue. See instructions 1, 186, 684. 0. 0. 0.			-							
112 Intal revenue, See distributions							1.186 684	0.	n	0 -
	2320		_	Total revenue. See instructions			12/100/004			Form 990 (2012)

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
	Check if Schedule O contains a respons	se to any question in this (A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	150 006	150 006		
	organizations in the United States See Part IV, line 21	158,286.	158,286.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	695,450.	695,450.		
	United States. See Part IV, lines 15 and 16	093,430.	093,430.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
6	trustees, and key employees Compensation not included above, to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	179,204.	179,204.		··
8	Pension plan accruals and contributions (include		· <u>- · · - · · · · · · · · · · · · · </u>		
J	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	10,233.	10,233.		
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
ь	Legal	3,572.	3,572. 2,600.		
С	Accounting	2,600.	2,600.		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				· · · · · · · · · · · · · · · · · · ·
9	Other. (If line 11g amount exceeds 10% of line 25,	5 050	F 0.50		
	column (A) amount, list line 11g expenses on Sch O)	5,250.	5,250. 24,056.		
12	Advertising and promotion	24,056.	24,056.	9,704.	
13	Office expenses	9,704. 926.	926.	9,704.	
14	Information technology	920.	920.		
15	Royalties	15,600.		15,600.	
16	Occupancy	11,305.	11,305.	13,000.	
17	Travel	11,303.	11/303.	-	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,995.		4,995.	
23	Insurance				
24	Other expenses Itemize expenses not covered				
	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 0)		· · · · · · · · · · · · · · · · · · ·		20 242
а	WINTER GALA	28,043.	10 105		28,043.
b	PAYROLL EXPENSES	19,485.	19,485.		
С	TAXES	13,173.	13,173.	2 422	
d	BANK CHARGES	2,423.	4 262	2,423. 6,999.	
е	All other expenses	11,262.	4,263.	39,721.	28,043.
25	Total functional expenses. Add lines 1 through 24e	1,195,567.	1,127,803.	39,121.	20,043.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				Farm 000 (0010)

	(A)	Check if Schedule O contains a response to any	y quest	on in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			139,851.	2	128,707.
1	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			7,514.	4	7,863.
	5	Loans and other receivables from current and for	ormer o	ficers, directors,			
		trustees, key employees, and highest compensations	ated en	ployees. Complete			
- 1		Part II of Schedule L		5			
ł	6	Loans and other receivables from other disquali	fied pe	sons (as defined under			
		section 4958(f)(1)), persons described in section	1 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	(c)(9) voluntary			
,		employees' beneficiary organizations (see instr).	. Comp	ete Part II of Sch L		6	
Assers	7	Notes and loans receivable, net			<u> </u>	7	
₹	8	Inventories for sale or use				_8_	
	9	Prepaid expenses and deferred charges				9_	
	10a	Land, buildings, and equipment: cost or other	1	00.005			
1		basis. Complete Part VI of Schedule D	10a	20,887.			
	b	Less: accumulated depreciation	10b	11,951.	11,654.		8,936.
	11	Investments - publicly traded securities		ļ		11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11			13	_
ł	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		150 010	15	145 506	
_	<u> 16</u>	Total assets. Add lines 1 through 15 (must equ	4)	159,019.	16	145,506. 8,449.	
- 1	17	Accounts payable and accrued expenses	13,079.	17	8,449.		
i	18	Grants payable				18	
ļ	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
Liabilities	21	Escrow or custodial account liability. Complete			mana ama amanana amana	21	
	22	Loans and other payables to current and forme					
		key employees, highest compensated employee	es, and	disqualified persons.			
		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela		·		23	
	24	Unsecured notes and loans payable to unrelate				24	
Ì	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines Schedule D	5 17-24	. Complete Part A O		25	
	26				13,079.	26	8,449.
	_20	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958)	S) char	k here ▶ X and	13/0/3.	20	0/1176
s		complete lines 27 through 29, and lines 33 ar		KINCIC P COLO			
	27	Unrestricted net assets	IG 0-1.		138,426.	27	129.194.
ia.	28	Temporarily restricted net assets			7,514.	28	129,194. 7,863.
Ě	29	Permanently restricted net assets				29	
5		Organizations that do not follow SFAS 117 (A	SC 95	S), check here	· · · · · · · · · · · · · · · · · · ·		
ב <u>ו</u>		and complete lines 30 through 34.		.,,			
Net Assets of Fund Balances	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or ed		nt fund		31	
<u>۲</u>	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances	,		145,940.	33	137,057.
	34	Total liabilities and net assets/fund balances			159,019.	34	145,506.

orm	990 (2012) 100X DEVELOPMENT FOUNDATION	20-19	26718	Pa	ge 12
Pai	rt XI Reconciliation of Net Assets		-		
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,186		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,195	5,5	<u>67.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			83.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	145	9	40.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	137	7,0	<u>57.</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII				X
	. — — —			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Sched	ule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	wed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a sep-	arate basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	f the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Single Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r	equired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

100X DEVELOPMENT FOUNDATION

Employer identification number 20-1926718

Da	rt I	Doggen :	for Bublic Cho	midne Chadesa (All	•	-4 1 - 4		10					
				rity Status (All organiz					ructions.				
	organi			n because it is: (For lines 1									
1	닏	A church, cor	nvention of church	es, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)	١.				
2	\sqsubseteq	A school des	cribed in section 1	70(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3	닏	A hospital or	a cooperative hosp	ortal service organization o	described	ın section	170(b)(1)	(A)(iii).					
4	L	A medical res	search organization	operated in conjunction	with a hos	pital descr	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospita	l's nan	ne,
		city, and state	e:										
5		An organizati	on operated for the	e benefit of a college or ur	niversity or	wned or op	erated by	a governi	mental unr	describ	oed in		
		section 170	(b)(1)(A)(iv). (Comp	elete Part II.)									
6				ment or governmental uni	t describe	d In sectio	n 170(b)(1)(A)(v).					
7	X			ceives a substantial part					r from the	general	oublic desc	nbed	ın
		_	b)(1)(A)(vi). (Compl	·	0,		9010			gonora	pas 4000		•••
8				section 170(b)(1)(A)(vi).	(Complete	Part II)							
9	鬥			ceives: (1) more than 33 1			rom oontri	hutiana m	ambambu	- food -			fram
•		_		• •		• •					•	•	
				unctions - subject to certa			•				-		
				taxable income (less sect	tion 511 ta	x) irom bu:	sinesses a	acquirea b	y tne orga	nization	arter June 3	50, 19	75.
40	$\overline{}$		509(a)(2). (Complet					500/ W					
10	片			operated exclusively to te									
11	ш	•	•	perated exclusively for the		•		•	•				or
				zations described in secti		•		2). See se c	ction 509(a)(3). Ch	eck the box	that	
			·· · — ·	g organization and compl		_							
		a Type I		• •		nctionally i	-				n-functional	-	-
e		By checking t	this box, I certify th	at the organization is not	controlled	directly or	r indirectly	by one or	r more disc	qualified	persons ot	ner tha	an
		foundation m	anagers and other	than one or more publicly	y supporte	ed organiza	itions desi	cribed in s	ection 509	9(a)(1) or	section 509	9(a)(2).	
f		If the organization	ation received a wr	itten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting or	rganization, check	this box									
9		Since August	17, 2006, has the	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing pers	sons?			
				directly controls, either al							٧,	Yes	No
		the gove	erning body of the	supported organization?						•	11g(i)		
		-		on described in (i) above?	1						11g(ii)		
		•	•	a person described in (i)		e?					11g(iii)		
h				n about the supported or							<u></u>		
			onoming information	about the capported of	94/1124/1011	(-).							
			///·		(iv) Ic the	organization	(v) Did you	unotify the	(vi) Is	the			
(1)		of supported	(ii) EIN	(lii) Type of organization (described on lines 1-9		sted in your			organization	on in col	(vii) Amoun		netary
	orga	inization		1 (00000.000 0	1 ''	document?		support?	(i) organız U S	ea in the ?	Sut	port	
				(see instructions))	Yes	No	Yes	No	Yes	No	-		
							103	110	103	110	 		<u> </u>
					1		1	1	1	1	1		
						 				 			
										[
		_			 	ļ			 	ļ	-		
				 	 	 		<u> </u>		 -	 		
							ĺ	[1	ĺ			
					 	 	-		 -		 -		
							}	}					
											-	_	
Tota	1												

Part II 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.)

<u> </u>	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	447,098.	629,770.	1,128,186.	916,721.	1,186,684.	4,308,459.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to					İ		
	the organization without charge		500 550		016 701			
4	Total. Add lines 1 through 3	447,098.	629,770.	1,128,186.	916,721.	1,186,684.	4,308,459.	
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,						0 444 600	
	column (f)			1-i			2,411,629.	
	Public support. Subtract line 5 from line 4						1,896,830.	
	ction B. Total Support		#1.000	() 0040	4-0 0044	(=) 0010	(f) Total	
	ndar year (or fiscal year beginning in)	(a) 2008 447, 098.	(b) 2009 629,770.	(c) 2010 1,128,186.	(d) 2011 916,721.	(e) 2012 1,186,684.	4,308,459.	
	Amounts from line 4	447,090.	029,770.	1,128,188.	710,721.	1,100,004.	4,300,433.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
_	and income from similar sources							
9	Net income from unrelated business				!			
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part IV.)						4,308,459.	
	Total support. Add lines 7 through 10 Gross receipts from related activities	etc (see instructi	i	<u>k</u> .,,,	<u> </u>	12		
	First five years. If the Form 990 is fo			d. fourth, or fifth t	ax vear as a sectio	· · · · · · · · · · · · · · · · · · ·		
13	organization, check this box and sto		5 111 St, 555511G, till.	a , 100, 111, 01	,		▶ □	
Se	ction C. Computation of Pub	lic Support Pe	rcentage					
_	Public support percentage for 2012			column (f))		14	44.03 %	
	15 Public support percentage from 2011 Schedule A, Part II, line 14						46.14 %	
	a 33 1/3% support test - 2012. If the			n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and	
	stop here. The organization qualifies						ightharpoons X	
1	b 33 1/3% support test - 2011. If the	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	ns box	
	and stop here. The organization qua						▶ 🔲	
17:	17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% 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. The organization qualifies as a publicly supported organization							
1	b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
	more, and if the organization meets t	the 'facts-and-circi	umstances" test, c	heck this box and	stop here. Explaii	n in Part IV how the	·	
	organization meets the "facts-and-cil	rcumstances" test	. The organization	qualifies as a publ	licly supported org	anızatıon	▶∟	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction		
						edule A (Form 990		

Schedule A (Form 990 or 990-EZ) 2012 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.)

<u>Se</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and					1	
	membership fees received. (Do not						
	include any "unusual grants.")				1		
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in		1				
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
•	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-				 	 	
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				 	 	
5	furnished by a governmental unit to						
	the organization without charge				•	-	
	· ·		 		 	+	
	Total. Add lines 1 through 5		-				
7 6	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3 received				-	+	
١	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year				ļ	 	
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)		<u> </u>		L	<u> </u>	
	ction B. Total Support			Г		<u> </u>	
Cale	endar year (or fiscal year beginning in) 🏲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6		<u> </u>		<u> </u>	- 	
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
ı	Unrelated business taxable income			ĺ			ı
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			<u> </u>	ļ	<u> </u>	
•	Add lines 10a and 10b				Ĺ <u>.</u>		
11							
	activities not included in line 10b, whether or not the business is				J		
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)			1			
13	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization	's first, second, thu	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
	check this box and stop here						▶ □
Se	ction C. Computation of Publ	c Support Pe	ercentage				
15	Public support percentage for 2012 (I	ine 8, column (f) o	divided by line 13,	column (f))		15	%
16	Public support percentage from 2011					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
18						18	%
	a 33 1/3% support tests - 2012. If the			on line 14, and line	e 15 is more than		
'	more than 33 1/3%, check this box a						▶□
	b 33 1/3% support tests - 2011. If the						and
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						•
20	r mate roundation. If the organization	n did not check a	. OOA OH HING 14, 18	a, or 190, check t		hadula A (Form 00	O 000 ET 0040

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

2012
Open to Public Inspection

Name of the organization

100X DEVELOPMENT FOUNDATION

Employer identification number 20-1926718

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the			
	organization answered "Yes" to Form 990, Part IV, lin					
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a	idvisors in writing that grant funds can be	e used only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring			
	Impermissible private benefit?		Yes No			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	-			
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an hi	storically important land area			
	Protection of natural habitat	Preservation of a cei	tified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last			
	day of the tax year.					
			Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c			
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax			
	year ▶					
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements	t holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year					
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	g the year ▶ \$			
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	0(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		L_ Yes L No			
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	se statement, and balance sheet, and			
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	s the organization's accounting for			
	conservation easements.					
Pa	t III Organizations Maintaining Collections of		Other Similar Assets.			
	Complete if the organization answered "Yes" to Form					
1a	If the organization elected, as permitted under SFAS 116 (A					
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIII,			
	the text of the footnote to its financial statements that descri					
þ	If the organization elected, as permitted under SFAS 116 (A					
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic 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					
2	If the organization received or held works of art, historical tre		ıal gaın, provide			
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:				
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$			
b	Assets included in Form 990, Part X		> \$			

	Control of the Contro	VELOPMENT_								Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, c	or Other	Simila	ar Asse	ts (continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	it are a sigi	nificant	use of its	collection	rtems
	(check all that apply):									
а	Public exhibition	d	· 🖳	Loan or exc	hange progra	ams				
þ	Scholarly research	e	,	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	ın how tl	ney further t	he organizatio	on's exem	pt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or othe	er sımılar a	ssets			
	to be sold to raise funds rather than to be ma								Yes	No_
Par	Escrow and Custodial Arrange reported an amount on Form 990, Par		ete if the	organizatio	n answered '	'Yes" to Fo	orm 990	, Part IV, I	ine 9, or	
1a	is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	s or other as	sets not in	cluded			
	on Form 990, Part X?		•						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowina	table:						
	• • • • • • • • • • • • • • • • • • • •								Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fo	orm 990. Part X. line	217				<u> </u>		Yes	No
	If "Yes," explain the arrangement in Part XIII.			on has been	provided in F	Part XIII				一 一
Par	•••••									_
- تستست		(a) Current year	1	rior year	(c) Two year			ears back	(e) Four v	ears back
1a	Beginning of year balance	(a) comone year	157.	1101 7001	107 700.	.0.000	,		(0) 100.7	
b	Contributions		 							
_	Net investment earnings, gains, and losses		<u> </u>							
d	Grants or scholarships		 							
	Other expenditures for facilities		<u> </u>							
·	and programs									
	Administrative expenses		1						<u> </u>	
	End of year balance		 		 	-				
9	Provide the estimated percentage of the curr	ront year and balance	oo (line 1	a column (all held as:				1	
2	Board designated or quasi-endowment		%	g, column (a)) Held as.					
a	Permanent endowment									
	Temporarily restricted endowment	% %								
C	The percentages in lines 2a, 2b, and 2c shot									
2-			ration th	at are held s	and administr	arad for the	organi	zation		
Sa	Are there endowment funds not in the posse	ession of the organiz	zation in	at are nelu a	ind administe	ered for the	Organi	Lation	T ₁	res No
	by:								3a(i)	163 140
	(i) unrelated organizations								3a(ii)	
	(ii) related organizations	- 1:	aa Caba	dula D2					3b	
	If "Yes" to 3a(ii), are the related organization:	•							30	
4	Describe in Part XIII the intended uses of the Y VI Land, Buildings, and Equipm									
I CAL	·····	(a) Cost or o		1	t or other	(a) Acc	umulate	nd	(d) Book	value
	Description of property	basis (invest		1	(other)		eciation		(u) Dook	Value
	I	2000 (111463)		1 20013	(-11/01/					
	Land			 				· ·· ·		
D	Buildings									
C ,	Leasehold improvements			- 2	20,887.		11,9	51	Я	,936.
d	Equipment				,	_	<u>1</u>	<u>~ - • </u>		,,,,,,,,
	Other	agual Form 990. Par	t X colu	mn (R) line '	10(c))	L				,936.

Schedule D (Form 990) 2012

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(10) (11)

che	dule D (Form 990) 2012 100X DEVELOPMENT FOUNDAT	ION	20-	192 <u>6718 Page 4</u>
	t XI Reconciliation of Revenue per Audited Financial State	ments With Revenue per R	eturn	
1	Total revenue, gains, and other support per audited financial statements		1	1,178,821.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c]	
d	Other (Describe in Part XIII.)	2d]	
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,178,821.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
ь	Other (Describe in Part XIII.)	4b 7,863.		
c	Add lines 4a and 4b		4c	7,863.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,186,684.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With Expenses per	Retu	m
1	Total expenses and losses per audited financial statements		1	1,195,566.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a] [
b	Prior year adjustments	2b] [
С	Other losses	2c]]	
d	Other (Describe in Part XIII.)	2d]	
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,195,566.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,195,566.
Pa	* XIII Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa	art III, lines 1a and 4, Part IV, lines 1	b and	2b; Part V, line 4; Part
X, lın	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	rt to provide any additional informa	tion.	
PA	RT XI, LINE 4B - OTHER ADJUSTMENTS:			
RE	STRICTED CONTRIBUTIONS			
				•
<u>\$7</u>	, 863			
				
				

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990,
 Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

100x DEVELOPMENT	י ברואווסים	TTON		20-192671	.8
			side the United States. Comple		
to Form 990, Part					
_	-		ds to substantiate the amount of its gra	_	
the grantees' eligibility fo	r the grants or a	ssistance, and	the selection criteria used to award the	grants or assistance?	Yes X No
2 For grantmakers. Descri United States.	ibe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance out	side the
	e following Part	I. line 3 table ca	an be duplicated if additional space is i	needed.)	
	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SUB-SAHARAN AFRICA	0		PROGRAM SERVICE, GRANTS TO RECIPIENTS	CHRISTIAN MISSIONARY AND ORPHANAGE	401,906.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS		60,700.
CENTRAL AMERICA	0	0	GRANTS TO RECIPIENTS		34,744.
					112 600
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS		113,600.
MEXICO	0	0_	GRANTS TO RECIPIENTS	:	64,500.
HAITI		0	GRANTS TO RECIPIENTS		20,000.
3 a Sub-total b Total from continuation sheets to Part I	(695,450.
c Totals (add lines 3a and 3b) LHA For Paperwork Reduct		o 0 , see the Instru	ctions for Form 990.	Schedule F	695,450. (Form 990) 2012

20-1926718

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100X DEVELOPMENT FOUNDATION

Schedule F (Form 990) 2012

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

(i) Method of valuation (book, FMV, appraisal, other)	N/A	N/A	N/A	N/A	N/A	N/A	
(h) Description of non-cash assistance	N/A	N/A	N/A	N/A		N/A	
(g) Amount of non-cash assistance	0	0	0.0	0	0.	0.0	
(f) Manner of cash disbursement	401,906.WIRE-TRANSFER	60,700.WIRE-TRANSFER	34,744.WIRE-TRANSFER	113,600. WIRE-TRANSFER	500. WIRE-TRANSFER	20,000.WIRE-TRANSFER	
(e) Amount of cash grant	401,906.	60,700.	34,744.	113,600.	64,500.	20,000.	
(d) Purpose of grant	CONSTRUCTION OF ORPHAN HOMES, ADMINISTRATIVE SUPPORT, ORPHAN	CONTRUCTION OF ORPHAN HOMES, ORPHAN SUPPORT	CONTRUCTION OF ORPHAN HOMES, ORPHAN SUPPORT	CONSTRUCTION OF ORPHAN HOMES	CONTRUCTION OF ORPHAN HOMES, ORPHAN SUPPORT	CONTRUCTION OF ORPHAN HOMES, ORPHAN SUPPORT	Enter the Interpret of received on board above that are received to the the feetings of the fe
(c) Region	SUB-SAHARAN AFRICA	SOUTH ASIA	CENTRAL AMERICA	SOUTH AMERICA	MEXICO	HAITI	o lictory and bottom
(b) IRS code section and EIN (if applicable)							
1 (a) Name of organization							9 Entertotal number of

Enter total number of other organizations or entities

8

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2012

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

20-1926718

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Schedule F (Form 990) 2012 100X DEVELOPMENT FOUNDATION 20–1926718

Part ill Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					
(g) Description of non-cash assistance					
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions

Schedule F (Form 990) 2012

Yes X No

for Form 5713)

2 Employer identification number 20-1926718 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes ORPHAN SUPPORT ORPHAN SUPPORT Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. O.N/A K/K Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 851. (d) Amount of 72,000 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Ξ (c) IRC section if applicable 100X DEVELOPMENT FOUNDATION Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Department of the Treasury MISSIONARY FUND Internal Revenue Service ADULLAM HOUSE SCHEDULE (Form 990) Parti Part #

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

Page 2 (f) Description of non-cash assistance 20-1926718 Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. ORGANIZATION MAINTAIN A CLOSE RELATIONSHIP WITH THE ORGANIZATION TO MONITOR SCHEDULE I, PART I, LINE 2: MEMBERS OF THE BOARD AND OFFICERS OF THE (d) Amount of non-cash assistance (c) Amount of cash grant 100X DEVELOPMENT FOUNDATION (b) Number of recipients (a) Type of grant or assistance THE USE OF GRANT FUNDS. Schedule | (Form 990) (2012)

SCHEDULE O '(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

(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.

2012
Open to Public Inspection

Name of the organization

100X DEVELOPMENT FOUNDATION

Employer identification number 20-1926718

100% DEVELOPMENT FOUNDATION 20-1920/10
FORM 990, PART VI, SECTION A, LINE 2: JOHN BLANCHARD - FATHER/HUSBAND,
LINDY BLANCHARD - MOTHER/WIFE, BEN BLANCHARD - SON, DANA BLANCHARD -
DAUGHTER-IN-LAW, CINDY BLANCHARD - SISTER/AUNT
FORM 990, PART VI, SECTION B, LINE 11: CERTAIN DIRECTORS REVIEW FORM 990
EACH YEAR FOR ACCURACY OF INFORMATION.
FORM 990, PART VI, SECTION B, LINE 12C: THE GOVERNING BODY REVIEWS ANY
CONFLICTS OF INTEREST THAT MAY BE IN VIOLATION OF POLICY PRIOR TO MAKING
ANY GRANTS OR ENTERING INTO OTHER TRANSACTIONS.
FORM 990, PART VI, SECTION B, LINE 15: FORM 990, PART VI, SECTION B, LINE
15: THE ORGANIZATION DID NOT COMPENSATE THE CEO, EXECUTIVE DIRECTOR, TOP
MANAGEMENT OFFICIAL, OTHER OFFICERS, OR KEY EMPLOYEES. THEREFORE, THIS
DOES NOT APPLY TO THE ORGANIZATION.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING
DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.
DOCOMENTO AND AVAILABLE TO THE LODGE OF STREET
FORM 990, PART XII, LINE 2C: THE COMPANY HAS NOT CHANGED THE OVERSIGHT
OR SELECTION PROCESS FROM THE PRIOR YEAR
ON BEHELLION TROUBED TROIT THE TREET THE