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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)

OMB No 1545-0047

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

Open to Public Inspection

<u>A I</u>	or the	2012 calendar year, or tax year beginning ar	nd ending							
В	Check if applicable	C Name of organization	_	D Employer identific	cation number					
	Addres	MARKETUMBRELLA.ORG								
	Name change			26-2477706						
Ē	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	 						
	Termin		107	-	861-4485					
	Ameno			G Gross receipts \$	880,169.					
	Application	NEW ORLEANS, LA 70118		H(a) Is this a group re						
	pendin	F Name and address of principal officer EMERY VAN HOOK	_	for affiliates?	Yes X No					
SAME AS C ABOVE H(b) Are all affiliates included? Yes										
	Tax-exe	empt status. X 501(c)(3) 501(c) ()	1) or 52	If "No," attach a	list. (see instructions)					
		e: > HTTP://WWW.MARKETUMBRELLA.ORG		H(c) Group exemption	n number 🕨					
	Form of art I	organization: X Corporation	L Year	r of formation: 2008 N	State of legal domicile: LA					
	1	Briefly describe the organization's mission or most significant activities. BY	LEARNI	NG, SHARING	AND					
Activities & Governance		GROWING, MARKETUMBRELLA.ORG (MUO) CULTI								
raa	2	Check this box if the organization discontinued its operations or dis	posed of mor	re than 25% of its net as	ssets.					
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		. 3	8					
<u>ن</u> مع	4	Number of independent voting members of the governing body (Part VI, line 1)	b)	4	8					
ss ~	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		. 5	8					
ξ	6	Total number of volunteers (estimate if necessary)		6	0					
cţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
~	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.					
	1			Prior Year	Current Year					
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)	. <u>L</u>	<u>440,805.</u>	750,943.					
Revenue	9	Program service revenue (Part VIII, line 2g)		109,901.	111,459.					
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.					
<u>a</u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		23,409.	3,642.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)	_574,115.	866,044.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)	. L	0.	0.					
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	0)	311,525.	299,739.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
ě	ь	Total fundraising expenses (Part IX, column (D), line 25)	031.							
Ŵ	17	Other expenses (Part X, column (A), lines 11a-11d, 11f-24e)		422,573.	291,965.					
	18	Total expenses Add in \$13,17 (must equal Part IX, column (A), line 25)		734,098.	591,704.					
	19	Total expenses Add lines 13.17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		<159,983 .	> 274,340.					
Net Assets or	3		В	eginning of Current Year	End of Year					
Sets	20	Total assets (Part X Pine 16) 1 2000		677,286.	956,645.					
AS	21	Total liabilities (Part-X, line 26) 2013	L.	87,919.	96,068.					
2	22	Net assets or fund balances. Subtract line 21 from line 20		<u>589,367.</u>	860,577.					
	art II	Signature Block CN []7								
	-	alties of perjury, I declare that I have examined this return, including accompanying sched			ly knowledge and belief, it is					
true	e, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information o	f which prepari	er has any knowledge.						
		mey my								
Sign Signature of officer Date										
Here EMERY VAN HOOK, INTERIM DIRECTOR										
Type or print name and title										
_		Print/Type preparer's name Preparer's signature	200	Date Check	PTIN					
Pai		WILLIAM B. HAMILTON WILLEAM C	-44	sen-employ						
	parer	Firm's name KUSHNER LAGRAIZE, LLC		Firm's EIN	72-1042866					
Use	Only	Firm's address 3330 WEST ESPLANADE AVENUE, ST METAIRIE, LA 70002	E 100	Phone no. 5	04-838-9991					
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)		[Titosie iio.]	Yes No					
	001 12-1		ctions	<u> </u>	Form 990 (2012)					
202										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2012) MARKETUMBRELLA.ORG 26-2477706 Pag	ge 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	\mathbf{X}
1	Briefly describe the organization's mission:	
	BY LEARNING, SHARING AND GROWING, MARKETUMBRELLA.ORG (MUO) CULTIVATES	
	COMMUNITY MARKETS THAT UTILIZE LOCAL RESOURCES TO BOLSTER AUTHENTIC	
	LOCAL TRADITIONS. MUO BELIEVES THAT AMBITOUS SOCIAL, HEALTH,	
	ENVIRONMENTAL AND FINANCIAL GOALS ARE ACHIEVED IF TRUST AND RESPECT	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O	110
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	154 030	
40	(Code) (Expenses \$154,938. including grants of \$) (Revenue \$) THE KRESGE FOUNDATION - MARKET MATCH EXPANSION AND CAPACITY BUILDING	— '
	PROJECT	
	PROUECI	
	TO CHOW EMEDGING AND DROWIGING DRACTIONS IN THE PURPLE OF THE PURPLE.	
	TO SHOW EMERGING AND PROMISING PRACTICES IN THE FIELD OF PUBLIC HEALTH	
	TO EXPAND THE FIELD TESTING OF MARKET MATCH AND OTHER CONDITIONAL CASH	1
	TRANSFER INCENTIVES THAT TARGET SPECIFIC FOOD INSECURE GROUPS SUCH AS	
	SENIORS, WOMEN WITH INFANTS AND CHILDREN AND FAMILIES ON FOOD STAMPS	<u> 01</u>
	LURE THE TO THE FARMERS MARKET FOR THE PURCHASE OF FRESH, HEALTHY,	
	LOCAL FRUITS AND VEGETABLES.	
4b	(Code) (Expenses \$)
	WK KELLOG FOUNDATION - MARKET MATCH	
	TO DEPLOY FARMERS MARKET INCENTIVE CAMPAIGNS IN NEW ORLEANS TO TRIGGER	<u> </u>
	BEHAVIORAL CHANGE AMONG VULNERABLE FAMILIES, DESIGN, DEPLOY SOCIAL	
	CAPITAL MEASUREMENT TOO, AND PUBLISH FINDINGS. TO TEST THE HYPOTHESIS	3
	THAT FARMERS MARKET INCENTIVES HELP VULNERABLE FAMILIES CHANGE THEIR	
	RELATIONSHIPS TO FOOD AND COMMUNITY.	
4c	(Code) (Expenses \$18,354. including grants of \$) (Revenue \$)
	SURDNA FOUNDATION - SEED TRIAL: GOING OPERATIONAL	
	THE PURPOSE OF THE SEED TRIAL IS TO EXPAND THE USAGE OF THE	
	APPLICATIONS NEW VERSION (DESIGNED DURING THE TRANSACT RESEARCH	
	PROJECT TO PROVIDE PUBLIC MARKETS WITH A CREDITABLE, MANAGEABLE	
	METHODOLOGY TO MEASURE THEIR REGIONAL ECONOMIC IMPACT). WE WILL SELECT	<u>r</u>
	THREE CITIES FOR THE TRIAL, WHICH WOULD INCLUDE FOSTERING COMMUNITY	
	PARTNERS FOR EACH CITY, TEST DIFFERENT METHODS FOR CONDUCTING THE STUI)Y
	IN EACH CITY, AGGREGATE FINDINGS TO PROVIDE A LARGER PICTURE OF	
	FINANCIAL CAPITAL IMPACT, CULTIVATE COOPERATION AMONG THE MARKETS	
	WITHIN EACH CITY AND ENHANCE THE SEED TOOL WITH MORE COMPREHENSIVE	
	INSTRUCTIONS.	
4d		
<u> </u>		
<u>4e</u>	Total program service expenses ► 330 , 835 . Form 990 (2	2045
23200	Form 990 (2	:012)

	990 (2012) MARKETUMBRELLA . ORG 26-247	<u> 1706</u>	P	age 3
Par	t 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," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			İ
	public office? If "Yes," complete Schedule C, Part I	_3_		X
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	<u> </u>	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		х
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		Х
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, 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?		1	
	If "Yes," complete Schedule D, Part IV	9	İ	X
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	1	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	1		
• •	as applicable	1		İ
а	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	1.0	<u></u> -	
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1,12		 -
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	l	x
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	1.0	<u> </u>	<u> </u>
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1	1	†
120	Schedule D, Parts XI and XII	122	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	4.	_
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
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		1.70	<u> </u>	
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		}	ľ
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	145	 	† * *
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	1	x
46	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	13	\vdash	 ^
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
4-	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	 	+ ^
17		47		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	+	 ^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1	_ 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,"	40		
	complete Schedule G, Part III	19		X

Form **990** (2012)

20a

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?

			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 penod 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 with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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, 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		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		1	\
	of any of these persons? If "Yes," complete Schedule L, Part III	27	1	х
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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
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	<u>_</u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	<u> </u>	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		Х
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	
			000	

Form **990** (2012)

Check Schedule O Contains a response to any quareton in the Part V	Form	990'(2012) MARKETUMBRELLA.ORG 26-2477	706	Р	age 5
The Enter the number reported in Box 3 of Form 1096. Enter 0-if not applicable Enter the number of Forms W20 included in lane 1a. Enter 0-if not applicable Death the organization comply with backup withholding rules for reportable gaming (gamining) withings to prize within 15 or	Par				
tale Enter the number reported in Box 3 of Form 1096, Enter 0-find applicable Enter the number of Forms W26 included in line 1a. Enter 0-find applicable C bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. (See for the calendar year ending with or within the year covered by this return (See II the sum of lines 1a and 2a is greater than 250, you may be required to ending the surround) Note. If this sum of lines 1a and 2a is greater than 250, you may be required to ending the surround? 8 b If at least on the sum of lines 1a and 2a is greater than 250, you may be required to ending the vear? 8 b If all keals of the sum of lines 1a and 2a is greater than 250, you may be required to ending the surround. 8 b If all keals of the sum of lines 1a and 2a is greater than 250, you may be required to ending the year? 8 b If all keals of the sum of lines 1a and 2a is greater than 250, you may be required to ending the year? 8 b If a Keals of the sum of lines 1a and 2a is greater than 250, you may be required to ending the year? 8 b If Yes, Thas it filed a Form 9950 To this year? If You', Towde an explanation in Schedule O 8 b If Yes, Thas it filed a Form 9950 To this year? If You', Towde an explanation in Schedule O 9 b If Yes, That it the organization is sheller transaction at any time during the tax year? 9 b D did any taxabile party notify the organization that we sheller transaction at any time during the tax year? 9 b D did any taxabile party notify the organization that was or is a party to a prohibited tax sheller transaction? 9 b If Yes, This of the organization module with every solicitation an express statement that such contributions orgins 9 were not tax deductible? 9 b If Yes, I did the organization in endired the solicitation and party for goods and services provided to the payor? 9 b If Yes, I did the		Check if Schedule O contains a response to any question in this Part V			
tale Enter the number reported in Box 3 of Form 1096, Enter 0-find applicable Enter the number of Forms W26 included in line 1a. Enter 0-find applicable C bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. (See for the calendar year ending with or within the year covered by this return (See II the sum of lines 1a and 2a is greater than 250, you may be required to ending the surround) Note. If this sum of lines 1a and 2a is greater than 250, you may be required to ending the surround? 8 b If at least on the sum of lines 1a and 2a is greater than 250, you may be required to ending the vear? 8 b If all keals of the sum of lines 1a and 2a is greater than 250, you may be required to ending the surround. 8 b If all keals of the sum of lines 1a and 2a is greater than 250, you may be required to ending the year? 8 b If all keals of the sum of lines 1a and 2a is greater than 250, you may be required to ending the year? 8 b If a Keals of the sum of lines 1a and 2a is greater than 250, you may be required to ending the year? 8 b If Yes, Thas it filed a Form 9950 To this year? If You', Towde an explanation in Schedule O 8 b If Yes, Thas it filed a Form 9950 To this year? If You', Towde an explanation in Schedule O 9 b If Yes, That it the organization is sheller transaction at any time during the tax year? 9 b D did any taxabile party notify the organization that we sheller transaction at any time during the tax year? 9 b D did any taxabile party notify the organization that was or is a party to a prohibited tax sheller transaction? 9 b If Yes, This of the organization module with every solicitation an express statement that such contributions orgins 9 were not tax deductible? 9 b If Yes, I did the organization in endired the solicitation and party for goods and services provided to the payor? 9 b If Yes, I did the				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) winnings to prize winners? 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 8 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a IV. 5 b If Yes, "has it filed a Form 950-T for this year? If "No," proude an explanation in Schedule O. 5 d At any time during the calendaryear, did the organization have an interest in, or a signature or other authonty over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5 a Nas there or the financial for form 10 F 90.22.1, Report of Foreign Bank and Financial accounts? 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 6 b Dea thy taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 b If "Yes," for this file organization file Form 8886-T. 6 c 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? 6 b If Yes, did the organization necked with every solicitation an express statement that such contributions or grits were not tax deductible? 7 b If Yes, if did the organization neithed with every solicitation an express statement that such contributions or grits were not tax deductible? 8 b If Yes, if did the organization montry the did not of the value of the goods or services provided? 9 b If Yes, indicate the number of Form 8882 filed during the year. 10 b If the organization received a contribution of quality and property did the organization file a Form 1088-	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) winnings to prize winners? 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 8 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a IV. 5 b If Yes, "has it filed a Form 950-T for this year? If "No," proude an explanation in Schedule O. 5 d At any time during the calendaryear, did the organization have an interest in, or a signature or other authonty over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5 a Nas there or the financial for form 10 F 90.22.1, Report of Foreign Bank and Financial accounts? 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 6 b Dea thy taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 b If "Yes," for this file organization file Form 8886-T. 6 c 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? 6 b If Yes, did the organization necked with every solicitation an express statement that such contributions or grits were not tax deductible? 7 b If Yes, if did the organization neithed with every solicitation an express statement that such contributions or grits were not tax deductible? 8 b If Yes, if did the organization montry the did not of the value of the goods or services provided? 9 b If Yes, indicate the number of Form 8882 filed during the year. 10 b If the organization received a contribution of quality and property did the organization file a Form 1088-	b	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable 1b 0			
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2<u>6-247</u>7706 Form 990 (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			X
Sec	tion 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 . 1a 8			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	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	9		Х
Sec	tion 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		X
b	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u>11a</u>	X	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		X
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	<u>15a</u>	X	
b	Other officers or key employees of the organization	15b	X	<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 arrangement with a			
	taxable entity during the year?	16a		X
b	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?	16b	L	L
	tion C. Disclosure	-		
17	List the states with which a copy of this Form 990 is required to be filled LA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and section for public inspection, indicate however, made these sizelable. Check all that each	ivallab	иe	
	for public inspection. Indicate how you made these available. Check all that apply.			
10	Own website Another's website X Upon request Other (explain in Schedule O)	4 C		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	o tinar	nciai	
20	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 organiza			
20	LATIFIA CARTER - (504) 861-4485	ion: 🏓	-	
				
3200	200 BROADWAY AVENUE, SUITE 107, NEW ORLEANS, LA 70118			

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	ьох	not c , unle:	Posi heck i ss pei	more rson	than on the state of the state	n 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	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LATIFIA CARTER	40.00	Γ.							_	
DIRECTOR OF FINANCE	40.00	X			<u> </u>			51,068.	0.	0
(2) RICHARD MCCARTHY	40.00			•				60 205		
EXECUTIVE DIRECTOR	40.00	X			<u> </u>	-		62,307.	0.	0
(3) EMERY L VAN HOOK	40.00	x	1					E1 260	<u>, </u>	0
DIRECTOR OF MARKETS	_5.00	^			\vdash	-		51,268.	0.	0
(4) KIA SILVERMAN BROWN	3.00	X						0.	0.	0
DIRECTOR (5) AVERY B. CORENSWET	5.00	^				<u> </u>		0.		
DIRECTOR	3.00	x						0.	0.	
(6) ALBERT GAUDE, JR.	5.00		<u> </u>		-					
DIRECTOR		X		Ì		l		0.	0.	0
(7) ANTHONY GREGORIO	5.00	Γ								
DIRECTOR		x						0.	0.	0
(8) MARGARET SAER BEER	5.00									
PRESIDENT			<u> </u>	X		<u> </u>		0.	0.	0
(9) ANN THOMPSON	5.00									
VICE PRESIDENT		<u> </u>	\	X		<u> </u>		0.	0.	
(10) KERRY JONES	5.00	1							_	_
RECORDING SECRETARY		<u> </u>	ļ	X		<u> </u>	<u> </u>	0.	0.	0
(11) JONAH DOWLING	5.00	-								•
FREASURER		├-		X	-	╀		0.	0.	0
		-					l			
		+-	 	-		┢	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
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232007 12-10-12

Form 990 (2012) Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Position Name and title Average Reportable Reportable Estimated (do not check more than one box, unless person is both an officer and a director/trustee) hours per compensation compensation amount of week from from related other (list any the organizations compensation ndividual trustee or directo hours for organization (W-2/1099-MISC) Highest compensated employee from the nstitutional trustee related (W-2/1099-MISC) organization organizations (ey emptoyee and related below organizations line) 0. 1b Sub-total 164,643. 0 0. 0. Total from continuation sheets to Part VII, Section A 0 Total (add lines 1b and 1c) 164,643. 0. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0 Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual X Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Х 5 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation NONE Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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Form 990 (2012)

Total revenue. See instructions.

14410814 751851 05492.AC001

866,044.

111,459

3,642 Form 990 (2012)

0

Form 990 (2012) MARKETUMBRELLA . ORG Part IX Statement of Functional Expenses

<u>Sect</u>	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).	
	Check if Schedule O contains a respon	se to any question in thi	s Part IX	···········	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in			1	
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	164,643.	69,900.	94,743.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	109,447.	79,516.	29,931.	
8	Pension plan accruals and contributions (include			,	
	section 401(k) and 403(b) employer contributions)	4,264.	2,558.	1,706.	
9	Other employee benefits	197.	625.	<428.>	·
10	Payroll taxes	21,188.	12,713.	8,475.	_
11	Fees for services (non-employees):				
a	Management	1 450		4 450	
b	. •	1,450.	C F04	1,450.	
C	<u> </u>	16,310.	6,524.	9,786.	
d	, ,				
e	Professional fundraising services. See Part IV, line 17			·	
f	Investment management fees				
g	• •	E1 060	20 577	10 770	2 515
	column (A) amount, list line 11g expenses on Sch 0.)	51,862.	29,577.	19,770.	2,515
12	Advertising and promotion	36,551.	17,576.	6,769.	12,206
13	Office expenses	13,332. 13,308.	7,188.	3,399.	2,745
14	Information technology	13,300.	6,291.	5,183.	1,834
15	Royalties				-
16	Occupancy	4,320.	1,328.	592.	2,400
17	Travel Payments of travel or entertainment expenses	4,340.	1,340.		2,400
18	· 1				
40	for any federal, state, or local public officials Conferences, conventions, and meetings	1,797.	301.	1,496.	
19	Interest	±,/3/•	301.	<u> </u>	
20 21	Payments to affiliates	-			
21	Depreciation, depletion, and amortization	17,600.		17,600.	
23	Insurance	40,592.	19,170.	21,422.	
23 24	Other expenses. Itemize expenses not covered	20,0040	<u> </u>	22/3220	
24	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.)				
а	DIDDOM ODANIM COOMC	49,748.	49,748.		· · · · · · · · · · · · · · · · · · ·
b	PAYROLL PROCESSING FEES	12,908.	7,745.	5,163.	
c	BANK FEES	10,292.	8,117.	2,175.	
d	MARKET SUPPLIES & MERCH	6,772.	5,520.	939.	313
e	All II	15,123.	6,438.	6,667.	2,018
25	Total functional expenses. Add lines 1 through 24e	591,704.	330,835.	236,838.	24,031
26	Joint costs. Complete this line only if the organization				
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	ļ			
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2012)
Part X | Balance Sheet

rar	τχ	Balance Sheet					
		Check if Schedule O contains a response to any	quest	on in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			591,472.	1	703,890
	2	Savings and temporary cash investments .			2_		
	3	Pledges and grants receivable, net	12,133.	3	201,005		
i	4	Accounts receivable, net			3,967.	4	5,310
	5	Loans and other receivables from current and for	fficers, directors,				
		trustees, key employees, and highest compensations					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
ļ		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing	:		
		employers and sponsoring organizations of sections	tion 50	(c)(9) voluntary			
.		employees' beneficiary organizations (see instr).	ete Part II of Sch L		6		
Assets	7	Notes and loans receivable, net			7		
ASS	8	Inventories for sale or use			10,762.	8	6,809
`	9	Prepaid expenses and deferred charges		Ī	8,033.	9	8,070
	10a	Land, buildings, and equipment, cost or other		Ī		-	
		basis. Complete Part VI of Schedule D	10a	56,791.			
ı	b	Less: accumulated depreciation	10b	56,791. 37,639.	29,204.	10c	19,152
ı	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11	Ī		12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			21,715.	14	12,409
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	677,286.	16	956,645		
	17	Accounts payable and accrued expenses	37,156.	17	33,605		
-	18	Grants payable		. [18	
	19	Deferred revenue			4,200.	19	2,000
	20	Tax-exempt bond liabilities				20	•
တ္က	21	Escrow or custodial account liability Complete	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former	roffice	s, directors, trustees,			
ap		key employees, highest compensated employee	es, and	disqualified persons			
5		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated th	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24	. Complete Part X of			
ŀ		Schedule D			46,563.	25	60,463
	26	Total liabilities. Add lines 17 through 25			87,919.	26	96,068
ľ		Organizations that follow SFAS 117 (ASC 958	3), che	k here 🕨 🗶 and			
es		complete lines 27 through 29, and lines 33 an	id 34.				
Net Assets or Fund Balances	27	Unrestricted net assets			505,877.	27	279,879
Sala	28	Temporarily restricted net assets			83,490.	28	580,698
ם פו	29	Permanently restricted net assets				29	
בֿ ב		Organizations that do not follow SFAS 117 (A	SC 95	3), check here 🕨 🔲			
ō		and complete lines 30 through 34.					
2	30	Capital stock or trust principal, or current funds				30	
255	31	Paid-in or capital surplus, or land, building, or ed	quipme	nt fund		31	
a	32	Retained earnings, endowment, accumulated in	come,	or other funds .		32	
Z	33	Total net assets or fund balances		. [589,367.	33	860,577
J					677,286.		956,645

	990 (2012) MARKETUMBRELLA . ORG	<u> 26-247770</u>	6 F	Page 12
Pa	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 8	<u>66,</u>	044.
2	Total expenses (must equal Part IX, column (A), line 25)	2 5	<u>91,</u>	<u>704.</u>
3	Revenue less expenses Subtract line 2 from line 1	3 2	74,	<u>340.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 5	89,	<u>367.</u>
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6	<3,	516.:
7	Investment expenses	7		
8	Prior period adjustments	8_		386.
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 8	60,	<i>577.</i>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			X
			Ye	s 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 Schedule C).		1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2:	<u>a</u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1	
	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?	21	X	<u>: </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		-
	consolidated basis, or both.	ļ		1
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		
	review, or compilation of its financial statements and selection of an independent accountant?	20	z X	:
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	fule O.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit		
	Act and OMB Circular A-133?	3:		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	31		
		For	m 99	0 (2012)

232012 12-10-12

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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

Open to Public

Inspection

Name of the organization

Employer identification number

_			MARKETU	MBRELLA.ORG						2	6-247°	7706	
Part	1	Reason	for Public Cha	r ity Status (All organiz	ations mu	st complet	e this par	t.) See inst	ructions.		_		
he org	janiz			because it is. (For lines 1									
1	╛	A church, co	nvention of churche	es, or association of churc	ches desc	nbed in se	ction 170	(b)(1)(A)(i)					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)												
з 🗆	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4	_			operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospita	ıl's nam	ne,
		city, and stat									·		
5		An organizati	on operated for the	benefit of a college or ur	niversity o	wned or or	perated by	a governi	nental uni	t describ	ed in		
	section 170(b)(1)(A)(iv). (Complete Part II)												
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7 🖸	_			ceives a substantial part					r from the	general	public des	cribed r	ın
			b)(1)(A)(vi). (Comple		• • •		3			3	,		
8	_	-		section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🗆	_			ceives: (1) more than 33 1			rom contri	butions, m	nembershii	p fees. a	nd aross re	eceipts	from
				inctions - subject to certa						•	-	•	
				taxable income (less sect							_		
			509(a)(2). (Complet			,		•	, ,			,	
10 🗆		An organizati	on organized and o	perated exclusively to te	st for publ	ic safety. S	See sect io	n 509(a)(4	1).				
11 🗆	_			perated exclusively for th					-	y out the	purposes	of one	or
		more publicly	supported organiz	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See se c	ction 509(a)(3). Ch	eck the bo	x that	
		describes the	e type of supporting	organization and compl	ete lines 1	1e through	11h.						
		a Type	। Ь	ype II c 🔲 T	ype III - Fu	nctionally	integrated	c	ј 🔲 Тур	e III - No	n-functiona	ılly ınte	grated
e		By checking	this box, I certify th	at the organization is not	controlled	d directly o	r indirectly	by one o	r more disc	qualified	persons of	her tha	เท
		foundation m	nanagers and other	than one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 50	9(a)(2)	
f		If the organiz	ation received a wr	itten determination from t	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting o	rganization, check t	his box									
g		Since Augus	t 17, 2006, has the	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing pers	sons?			
		(i) A perso	n who directly or inc	directly controls, either al	lone or tog	ether with	persons o	described	ın (ii) and (iii) below	'	Yes	No
		the gov	erning body of the s	supported organization?							11g(i)		
		(ii) A family	member of a perso	n described in (i) above?	•						11g(ii	<u> </u>	ļ
		(iii) A 35%	controlled entity of a	a person described in (i) o	or (II) abov	e?					11g(iii	<u>) </u>	<u> </u>
h		Provide the f	ollowing information	n about the supported or	ganızatıon	(s).							
				· 	,								
(i) Na	me (of supported	(ii) EIN	(iii) Type of organization		organization			(vi) Is organization	the	(vii) Amour	nt of mo	netary
(orga	nızatıon		(described on lines 1-9		sted in your document?		non in col. r support?	(i) organiz	ed in the	su	pport	
				above or IRC section (see instructions))				,	U.S				
				(000 1110 110 110 110 110 110 110 110 11	Yes	No	Yes	No	Yes	No			
				-	ļ	<u></u>							
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[otal			I	1	1	1	I	I	I	1			

232021 12-04-12

Form 990 or 990-EZ.

14410814 751851 05492.AC001

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012

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.)

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and		•	• • • • • • • • • • • • • • • • • • • •			
	membership fees received. (Do not						
	include any "unusual grants.")	1285951.	759,493.	482,913.	414,054.	747,607.	3690018.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1285951.	759,493.	482,913.	414,054.	747,607.	3690018.
5	The portion of total contributions		-			-	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2083483.
6	Public support. Subtract line 5 from line 4						1606535.
Sec	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	1285951.	759,493.	482,913.		747,607.	3690018.
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.)						
11	Total support. Add lines 7 through 10						3690018.
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is fo			d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and sto	o here					•
Sec	ction C. Computation of Publ	lic Support Pe	rcentage				
14	Public support percentage for 2012 (line 6, column (f) d	ivided by line 11, o	olumn (f))		14	43.54 %
15	Public support percentage from 2011	l Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2012. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			. ▶ X
b	33 1/3% support test - 2011. If the	organization did no	ot check a box on I	ıne 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qua	lifies as a publicly :	supported organiza	ation			
17a	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and stop h	nere. Explain in Pai	rt IV how the organ	nzation
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supported	d organization		ightharpoons
b	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circu	ımstances" test, ch	neck this box and	stop here. Explair	in Part IV how the	•
	organization meets the "facts-and-cir-	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	ightharpoons
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instruction	s
					Sche	dule A (Form 990	or 990-F7) 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.

Sec	tion A. Public Support						
Caler	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		1				
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose					-	
	Gross receipts from activities that					 	
3	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					<u> </u>	
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						
_	Add lines 7a and 7b		-				
_	Public support (Subtract line 7c from line 6)						
	etion B. Total Support			<u> </u>	<u> </u>	<u> </u>	<u> </u>
		(=) 2009	(b) 2009	(-) 2010	(-1) 0011	(2) 0010	(6 Tatal
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
-	Gross income from interest,						
ıva	dividends, payments received on					ļ	
	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				ļ		
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)						
	First five years. If the Form 990 is for	the organization	's first second the	rd fourth or fifth t	ax vear as a sect	on 501(c)(3) organiz	ration
17	check this box and stop here	ino organization	o mot, dodona, am	a, 7007471, 07 11147 t	an your do a boot	.o., oo (o)(o) o ga	▶
Sec	ction C. Computation of Publi	c Support Pe	ercentage		<u> </u>	··	
	Public support percentage for 2012 (I			column (fl)		15	
	Public support percentage from 2011	• • • • • • • • • • • • • • • • • • • •	•			16	
	ction D. Computation of Inves						_
						14-1	
	Investment income percentage for 20			ile 13, column (t))		17	
18	Investment income percentage from 2					18	
19a	33 1/3% support tests - 2012. If the						17 is not
	more than 33 1/3%, check this box ar				• • •		▶ L_
b	33 1/3% support tests - 2011. If the						
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anızatıon qualıfıes	as a publicly sup	ported organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see i	nstructions	

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

MARKETUMBRELLA . ORG

Employer identification number

Da	MARKETUMBRELLA. ORG		<u> </u>
Par	_		s or ACCOUNTS. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(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 advis	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	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	——————————————————————————————————————	storically important land area
	Protection of natural habitat	· - -	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	mod donied validit donarisation in the form	of a conscivation casement on the last
	day of the tax your		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	•	2b
c	Number of conservation easements on a certified historic sti	nucture included in (a)	2c
d	Number of conservation easements on a certified historic str	` '	
u		arter 6/17/00, and not on a historic struct	i l
2	listed in the National Register	blogged extremulated as terrometed by the	. 2d
3	Number of conservation easements modified, transferred, revear	reased, extinguished, or terminated by th	le organization during the tax
4	Number of states where property subject to conservation ea	esement is located	
4			
5	Does the organization have a written policy regarding the pe	<u> </u>	Yes No
_	violations, and enforcement of the conservation easements i		•
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about a section 470(h)(4)(7)(4)	ve satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	·	
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes	s the organization's accounting for
Da	conservation easements rt III Organizations Maintaining Collections o	of Art Historical Tracquires or C	Other Similar Accets
rai			Allei Sillilai Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	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 descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	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		al gaın, provide
	the following amounts required to be reported under SFAS 1	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		> \$

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Schedule D (Form 990) 2012

		MBRELLA.OR			 .		2	6-247	7706	5 Pa	age 2
Pai											
3	Using the organization's acquisition, accession	on, and other record	is, checl	k any of the	following tha	t are a siç	gnificant us	e of its co	ollection	ıtem:	s
	(check all that apply)										
a	Public exhibition	d			hange progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							e in Part :	XIII.		
5	During the year, did the organization solicit or					er sımılar	assets				_
D	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered '	'Yes" to F	Form 990, F	Part IV, lin	e 9, or		
	reported an amount on Form 990, Par					· · · · · · ·					
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	is or other as	sets not i	ncluded			_	٦
	on Form 990, Part X?				•	•		. Ш	Yes		No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table							
							-		Amount		
C	Beginning balance						1c				
đ	Additions during the year				•		1d				
e	Distributions during the year					•	1e				
f	Ending balance		0.4.0				1f				
	Did the organization include an amount on Fo						•	لــا .	Yes	<u> </u>	No
Pai	If "Yes," explain the arrangement in Part XIII. To V Endowment Funds. Complete if										
	Lindownient i diids. Complete ii	-							4 . 5		
4-	Regioning of year balance	(a) Current year	(6) +	nor year	(c) Two year	S Dack (d) Three yea	irs back	(e) Four	years	back
1a b	Beginning of year balance Contributions										
_	Net investment earnings, gains, and losses				-						
c d	Grants or scholarships										
e	Other expenditures for facilities			 -				-			
-	and programs										
f	Administrative expenses				,			-+			
g	End of year balance							- +			
2	Provide the estimated percentage of the curr	ent year end haland	l na flina 1	a column (s)) hold as:						
a	Board designated or quasi-endowment	ent year end balanc	%	g, coluinii (a	ij) lielu as						
b	Permanent endowment	%	_′°								
c	Temporarily restricted endowment	%									
·	The percentages in lines 2a, 2b, and 2c shou										
За	Are there endowment funds not in the posse	•	ation tha	at are held a	nd administe	red for th	e organizat	ion			
	by								Г	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations					•			3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Sched	dule R?			•		3b		
4	Describe in Part XIII the intended uses of the	·					•	•			
Pa	rt VI Land, Buildings, and Equipm					-					
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulated		d) Book	value	
		basis (investr			(other)	dep	reciation	`	•		
1a	Land										
b	Buildings										
С	Leasehold improvements			1	8,864.		7,10	6.	1	1,7	58.
d	Equipment									-	
<u>е</u>	Other			3	7,927.		30,53	3.		7,3	94.
T - 4 -	Add lines to through to (Column (d) must o	000 Dad	V	nn (B) (ma 1	10/-11				1 (\ 1	

Schedule D (Form 990) 2012

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	dule D (Form 990) 2012 MARKETUMBRELLA.ORG			<u> 26 -</u>	2477706 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Revenue per R	eturr	
	Total revenue, gains, and other support per audited financial statements			1	900,485.
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	30,563.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	3,878.		
е	Add lines 2a through 2d			2e	34,441.
3	Subtract line 2e from line 1		·	3	866,044.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	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 revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	•		5	866,044.
_	t XII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expenses per		irn
1	Total expenses and losses per audited financial statements			1	626,723.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
а	Donated services and use of facilities	2a	30,563.		
b	Prior year adjustments	2b			1
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	4,456.		
	Add lines 2a through 2d		2/1000	2e	35,019.
3	Subtract line 2e from line 1			3	591,704.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		•	<u> </u>	331,104.
-	Investment expenses not included on Form 990, Part VIII, line 7b	1 40			
	Other (Describe in Part XIII)	4a			
	Add lines 4a and 4b	<u>4b</u>			^
_	•			4c	501 704
<u>5</u> Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information		· · · · · · · · · · · · · · · · · · ·	5	591,704.
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1	la and 4: Part IV lines 1	and	2h: Part V line 4: Part
	e 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to p				20, Fait V, IIIIE 4, Fait
	RT X, LINE 2: DURING 2009, THE ORGANIZATION				G
STA	ANDARD CODIFICATION ("ASC") 740-10 AS IT RE	LAT	ES TO UNCERT	AIN	TAX
209	SITIONS. ASC 740-10 CLARIFIES THE ACCOUNTI	NG	FOR UNCERTAI	NTY	IN INCOME
KA'l	KES RECOGNIZED IN AN ENTITY'S FINANCIAL STA	TEM	ENTS AND PRE	<u>SCR</u>	IBES A
REC	COGNITION THRESHOLD AND MEASUREMENT ATTRIBU	<u>JTES</u>	FOR FINANCI	AL	STATEMENT
OI S	SCLOSURE OF TAX POSITIONS TAKEN OR EXPECTED	то	BE TAKEN ON	A	TAX RETURN.
ADI	DITIONALLY, IT PROVIDES GUIDANCE ON DEREGOG	NIT	ION, CLASSIF	<u>ICA</u>	TION, AND
			.		
ויות ו	PEREST AND PENALTIES. NO ADJUSTMENTS WERE	REO	III RREID TTD/NT A	י או אסי	TACYNT

232054 12-10-12 Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 MARKETUMBRELLA . ORG	26-2477706 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
RECLASS FOR TAX PURPOSES - FUNDRAISING EXPENSE	3,878.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RECLASS FOR TAX PURPOSES - FUNDRAISING EXPENSE	3,878.
TAX > BOOK DEPRECIATION	578.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	4,456.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,

OMB No 1545-0047

or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Open To Public Inspection

Name of the organization				<u> </u>		Employer ide	ntification number		
MARKETUMBRELLA.ORG						26-2477706			
Part I Fundraising Activities required to complete this par	Complete if the organization answe t.	red "Y	es" to	Form 990, Part IV, II	ne 17	7 Form 990-EZ	filers are not		
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicates 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover using o ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes			
compensated at least \$5,000 by the	organization.								
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (c	Amount paid ir retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No						
			·						
							-		
							-		
									
Total		1	•						
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	l ıt ıs	exempt from re	egistration		
							·		
				· · · · · · · · · · · · · · · · · · ·					
									
						· · · · · · · · · · · · · · · · · · ·			
									

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Schedule G (Form 990 or 990-EZ) 2012

School Pa	edul rt I	e G (Form 990 or 990 EZ) 2012 MARKETU Fundraising Events. Complete if the	JMBRELLA . ORG	I "Ves" to Form 990 Pa	26-	2477706 Page 2
		of fundraising event contributions and gi				
			(a) Event #1 ANNUAL	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			FUNDRAISING			col (c))
e n			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts .	16,482.		1,285.	17,767.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	16,482.		1,285.	17,767.
	4	Cash prizes				
S	5	Noncash prizes				
esued	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	1,492.		12,633.	14,125.
	10	Direct expense summary Add lines 4 through			•	(14,125)
	11	Net income summary. Combine line 3, colun		_ <u></u> .	. <u> </u>	3,642.
Pa	rt I	• • •	answered "Yes" to Form	990, Part IV, line 19, or	r reported more than	
		\$15,000 on Form 990-EZ, line 6a				T
Pe			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
Revenue				bingo/progressive bingo	<u>'</u>	coi. (a) through cor (c))
æ	1	Gross revenue				
	·					
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes %	Yes %	
	6	Volunteer labor	□ No	No No	□ No	
	7	Direct expense summary. Add lines 2 through	gh 5 ın column (d)		.	()
		Net gaming income summary. Combine line	1 column d and line 7		.	
	8	Net garning income summary. Combine line	1, column d, and line /			
9	Fn	ter the state(s) in which the organization open	ates gaming activities:			
-		the organization licensed to operate gaming a	_	states?		Yes No
		No," explain:				
				· 		
		ere any of the organization's gaming licenses		_	x year?	Yes No
t	lf "	Yes," explain				 -
	_				 	
	_					
					Sahadula C (Ea	rm 900 or 900 E7) 2010

Sch	edule G (Form 990 or 990-EZ) 2012 MARKETUMBRELLA . ORG	<u> 26-24</u>	<u> 177</u>	<u>706</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?			Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed				
	to administer charitable gaming?			Yes	☐ No
13	Indicate the percentage of gaming activity operated in:				
	The organization's facility		13a		%
	An outside facility	j	13b		
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	L 1s:			
• •	The same and are are the person the property of the organization of garming openial or onto books and record				
	Name				
	Address >				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	☐ No
ŀ	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	unt			
_	of gaming revenue retained by the third party > \$				
	; If "Yes," enter name and address of the third party.				
·	,				
	Name				
	Address >				
16	Gaming manager information:				
	Name				
	Gaming manager compensation ▶ \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	a is the organization required under state law to make charitable distributions from the gaming proceeds to				
•	retain the state gaming license?			Yes	No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	 In the			
•	organization's own exempt activities during the tax year > \$	11 1110			
Ps	Irt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column to the colum	 ເກກຣ (ແນ້ :	and (v) and	Part III
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional info			•	
_	into o, ou, ros, ros, ros, ros, as approas or ros sompters and part to provide any administration	<u></u>	,000		
_					
_					
			-		
					_
				_	
				_	
				_	
			_		_
			_		

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Department of the Treasury ➤ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

MADERTIMEDELLY ODG

Employer identification number

MARKETOMBREDDA: URG 20-24///00
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
UTILIZE LOCAL RESOURCES TO BOLSTER AUTHENTIC LOCAL TRADITIONS. MUO
BELIEVES THAT AMBITOUS SOCIAL, HEALTH, ENVIRONMENTAL AND FINANCIAL
GOALS ARE ACHIEVED IF TRUST AND RESPECT ARE PRESENT. MUO'S PROGRAMS
INVOLVE ASSISTING OTHER MARKETS TO MEASURE THEIR OWN ECONOMIC IMPACT
USING THEIR OWN DEVELOPED TOOLS, HOSTING WORKSHIPS IN DEVELOPING
FUNDING STRATEGIES AND BEST PRACTICES, AND LAUNCHING AND CONDUCTING A
NUMBER OF PROGRAMS THAT TARGET SPECIFIC AGRICULTURALLY BASED
ENTERPRISES. MUO SERVES BOTH RESEARCH AND PRACTITIONER BY TESTING
THEORIES ABOUT PUBLIC MARKETS VIA THE OPERATION OF ITS LONGEST RUNNING
PROGRAM, THE CRESCENT CITY FARMER'S MARKET.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ARE PRESENT.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER VARIOUS PROGRAMS CONDUCTED THROUGHOUT THE YEAR IN LINE WITH THE
ORGANIZATION'S MISSION AS DISCUSSED IN FORM 990, PART I, LINE 1 & PART
III, LINE 1.
EXPENSES \$ 46,259. INCLUDING GRANTS OF \$ 0. REVENUE \$ 111,459.
FORM 990, PART VI, SECTION A, LINE 8B: NO SEPERATE COMMITTEES EXIST DUE TO
SMALL SIZE OF ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 11: BOARD OF DIRECTORS WILL REVIEW

BEFORE FILING RETURN.

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

Schedule O (Form 990 or 990-EZ) (2012)

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