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DLN: 93493319074673

## Form **990**

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

			<u> </u>						
		<b>2012 cal</b> pplicable	endar year, or tax year beginning  C Name of organization	01-01-2012 , 2012, and end	ding 12-31	2012	D Employ	er ider	ntification number
_	dress ch		50CAN INC				27-306	59592	<u>!</u>
– Na	me cha	nge	Doing Business As						
_	tıal retu		Number and street (or P O box if ma 102 WEST 38TH STREET 6TH FLOOR	nil is not delivered to street address)	Room/suit	e	E Telephor	ne numl	per
_	rminated iended i		City or town, state or country, and Z	ID + 4			(646)7	710-4	176
_		pending	NEW YORK, NY 10018				<b>G</b> Gross red	ceints \$	6,214,394
			<b>F</b> Name and address of princ	cipal officer		<b>H(a)</b> Is th			
			MARC MAGEE 102 WEST 38TH STREET 6T	H FLOOR			ites?		┌ Yes ┌ No
			NEWYORK,NY 10018			<b>H(b)</b> Are a	all affiliates	ınclud	ded?
та	x-exem	npt status	<u> </u>	nsert no )	527	If"N	o," attach a	alıst	(see instructions)
		<u> </u>	VW 50CAN ORG		-	H(c) Grou	ıp exemptio	on nun	nber ►
			Corporation Trust Association	Cothor In		L Voor of fo	rmation 201	0 M	State of legal domicile CT
	rt I		imary	) Other F		L real of it	illiadoli 201	0   14	state of legal dofficile. C1
ance	5	50CAN,	escribe the organization's mission INC IS A NOT-FOR-PROFIT O NG PUBLIC SUPPORT FOR PRO	RGANIZATION COMMITTEI	р то сьо			HIEVI	EMENT GAP BY
Governance	2 (	Check tl	his box দ if the organization dis	continued its operations or di	sposed of	f more than 2	25% of its r	net as:	sets
	8 1	Number	of voting members of the governi	ng body (Part VI. line 1a)			_	3	6
Activities &	1		of independent voting members o				· · · · · · · · · · · · · · · · · · ·	4	5
<u>.</u>	5 1	Total nu	mber of individuals employed in c	alendar year 2012 (Part V , lı	ne 2a) .		[	5	48
ă.	1		mber of volunteers (estimate if ne				• •	6	0
			related business revenue from Pa Hated business taxable income fro				• •	7a 7b	0
	B	ivec unite	rated business taxable income in	5111 01111 990-1, IIIIe 94 .	· · ·	Pric	r Year	<del></del>	Current Year
	8	Contri	butions and grants (Part VIII, lin	e 1 h)			5,076,5	94	6,213,276
Rayentle	9	Progra	am service revenue (Part VIII, lir			0	0		
₹÷γe	10		tment income (Part VIII, column		1,0		1,118		
_	11 12		revenue (Part VIII, column (A), l revenue—add lines 8 through 11		•			0	0
		12) .	<u> </u>	<u> </u>	•		5,077,6	01	6,214,394
	13		s and similar amounts paid (Part 1					0	18,900
	14 15		its paid to or for members (Part I) es, other compensation, employe					0	0
\$	13	5-10	)				2,327,3	05	3,639,499
Expenses	16a		ssional fundraising fees (Part IX, o				0	87,465	
五	b		indraising expenses (Part IX, column (D) expenses (Part IX, column (A), li			1,717,7	0.2	2,105,446	
	17 18		expenses Add lines 13-17 (mus				4,045,0		5,851,310
	19		ue less expenses Subtract line 1		-		1,032,5	_	363,084
Net Assets or Fund Bafances						_	g of Curren 'ear	t	End of Year
35eT	20	Total	assets (Part X, line 16)				3,365,1	78	3,695,189
and E	21		liabilities (Part X, line 26)				163,4		130,411
	22		ssets or fund balances Subtract I	ine 21 from line 20			3,201,6	94	3,564,778
	r <b>t III</b> r pena		nature Block perjury, I declare that I have exa	mined this return, including as	ccompany	una scheduli	es and stat	ement	s, and to the best of
ny k	nowled	dge and	belief, it is true, correct, and com nowledge						
		****					013-11-15		
Sign Hero		MAR	ature of officer  C MAGEE PRESIDENT AND FOUNDER or print name and title			D	ate		
			Print/Type preparer's name ROBIN STRONG	Preparer's signature	Da 20	45 44 45   016	CK I II	PTIN P00713	382
Paid		F	Firm's name	I	120	Sell	employed n's EIN 🟲 27-		
	pare		Firm's address ► ONE STAMFORD LANDIN	G		Pho	ne no (203)	323-24	.00
JSe	Onl	'y	STAMFORD, CT 06902	-			(203)		

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

Part 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I^{\bullet}$	3		No
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	Yes	
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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? If "Yes," complete Schedule D, Part IV.	9		No
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		No
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
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 (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)			
	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	Yes	
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		N o
	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	Yes	
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		No
b	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 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		No
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		No
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		No
	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		No
	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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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		N o
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
	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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2012)

a I	Statements Regarding Other IRS Fillings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V		Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   73			110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0	1		
:	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c		
a	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			
•	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)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
ı	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
)	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 Accounts			
	Was the organization a party to a prohibited tay cholter transaction at any time during the tay year?	5a		No
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			N C
		5b		141
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
ı	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions?			
•	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year	\ <u></u>		11
		1		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<u> </u>		
	required?	7g		No
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12	_		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	•		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year	-		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	_		
	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14h	1	

Form 990 (2012) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
	year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$ .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
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		No
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		N o
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
		_		
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu		
	ection B. Policies (This Section B requests information about policies not required by the Internal R		ue Cod Yes	e.) <b>No</b>
10a	Did the organization have local chapters, branches, or affiliates?	evenu 10a		e.)
10a b	Did the organization have local chapters, branches, or affiliates?			e.) <b>No</b>
10a b	Did the organization have local chapters, branches, or affiliates?	10a		e.) <b>No</b>
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	e.) <b>No</b>
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	e.) <b>No</b>
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	e.) <b>No</b>
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	e.) <b>No</b>
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10a 10b 11a 12a 12b	Yes Yes Yes	e.) <b>No</b>
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	e.) <b>No</b>
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	e.) <b>No</b>
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	e.) <b>No</b>
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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  Other officers or key employees of the organization	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	e.) <b>No</b>
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	e.) <b>No</b>
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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  O ther officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	e.) <b>No</b>
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed►NY, CT, MN, RI, MD, NC, NJ, PA, DC
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►INGRID REYNOSO 102 WEST 38TH STREET 6TH FLOOR NEW YORK, NY (646)710-4176

### <u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### 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, or 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

	· · · · · · · · · · · · · · · · · · ·				•					
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation		compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations				
(1) MATTHEW KRAMER	2 00	,,		,					0	
BOARD CHAIR		Х		Х				0	0	0
(2) RICHARD BARTH	1 00							_		-
BOARD MEMBER		X						0	0	0
(3) DELIA POMPA	1 00									
BOARD MEMBER		Х						0	0	0
(4) REBECA NIEVES HUFFMAN	1 00									
BOARD MEMBER		Х						0	0	0
(5) DACIA TOLL	1 00									
, ,		х						0	0	0
BOARD MEMBER (6) MARC MAGEE	50 00									
, ,	30 00	x		х				220,000	0	11,000
PRESIDENT AND TREASURER (7) CHRISTINA GRANT	50.00			_	-					
, ,	50 00					х		132,713	0	5,289
NYCAN EXECUTIVE DIRECTOR										
(8) JULIE MARLETTE	50 00					×		131,488	0	6,635
VICE PRESIDENT OF POLITICAL STRATEGY								,	_	
(9) ADENA SILBERSTEIN	50 00					×		140,063	0	7,003
SENIOR VICE PRESIDENT OF GROWTH								110,003	9	7,005
(10) CURTIS VALENTINE  MARYLANDCAN EXECUTIVE DIRECTOR	50 00					х		128,850	0	0
(11) VALLAY-LATH VARRO	50 00									
SENIOR VICE PRESIDENT OF STATES						Х		130,627	0	6,588
SENIOR VICE PRESIDENT OF STATES	<del></del>			$\vdash$						
-										
				$\vdash$	_					
	<u>'</u>	•				•				Form <b>990</b> (2012)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title A verage hours per week (list any hours for related		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D Repor comper from organiza	table isation the tion (W-	(E) Reportable compensation from related organizations (W	/-	(F) Estima imount o compens from t	ited fother ation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officel	Key employee	Highest compens∡ed employee	Former	2/1099	-MISC)	2/1099-MISC		rganizati relate organiza	ed
1b	Sub-Total			•				<b>-</b>						
C	Total from continuation sheet	s to Part VII, S	ection A	١.		•	•	F						
d	Total (add lines 1b and 1c) .						•	•		883,741		0		36,515
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	an			
													Yes	No
3	Did the organization list any <b>f</b> oon line 1a? If "Yes," complete S					key •	emplo	yee,	or highes	t compen	sated employee	9		N o
4	For any individual listed on line					- mpe	nsatio	- n and	d other cor	npensatio	on from the	3		No
-	organization and related organ													
5	Did any person listed on line 1	a receive or acc	rije cor	 mnan	• cati	• on fr	om an	. unr	elated ord	 anızatıon	or individual for	4	Yes	
,	services rendered to the organ									• • •		5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization												tax vear	
		(A)						, -			(B)	T	(C	)
FARA	N H KHAN , 4-4525 RUE STMONTREALC	lame and business QUEBECCAH2TIT7	auuress							GRAPHIC D	cription of services DESIGN		Comper	106,142
												$\dashv$		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization 🕦

Part V		Statement of Revenue	in this Dowt VIII			_
		Check if Schedule O contains a response to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
g g	1a	Federated campaigns 1a				
ant	ь	Membership dues 1b				
£ 6	С	Fundraising events 1c				
£ ₹	d	Related organizations 1d				
<u>5</u>						
ns,	е	Government grants (contributions) 1e				
ë ë	f	All other contributions, gifts, grants, and <b>1f</b> 6,213,276 similar amounts not included above				
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contributions included in lines				i i
탈		1a-1f \$	6 212 276			
<u>ರಹ</u>	h	Total. Add lines 1a-1f	6,213,276			
<u> 9</u>		Business Code		ı		
re Fe	2a					
<u> 22</u>	Ь					
926	С					
33	d					
Program Serwde Revenue	е					
1130 1130	f	All other program service revenue				
Δ	g	<b>Total.</b> Add lines 2a−2f				
	3	Investment income (including dividends, interest,	1,118			1,118
	4	and other similar amounts)	_,			
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	ь	Less rental expenses				
	С	Rental income				
	d	or (loss)  Net rental income or (loss)				
		(ı) Securities (ıı) Other				
	7a	Gross amount from sales of assets other				
	b	than inventory Less cost or other basis and sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss)				
nue	8a	Gross income from fundraising events (not including \$				
Other Revenue		of contributions reported on line 1c) See Part IV, line 18  a				
He He	b	Less direct expenses b				
ŏ	С	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses b				
	С	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances .				
	b	Less cost of goods sold b				
		Net income or (loss) from sales of inventory				
	_	Miscellaneous Revenue Business Code				<del>                                     </del>
	11a					
	b					
	С					
	d	All other revenue				
	е	<b>Total.</b> Add lines 11a−11d				
	12	Total revenue. See Instructions	6,214,394	0	0	1 110
			0,214,394	Ü	U	1,118

	IX Statement of Functional Expenses				
Section	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All	other organizat	ions must comp	lete column (A )	
	Check if Schedule O contains a response to any question in this Pa	rt IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	18,900	18,900		
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 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	231,000	138,600	46,200	46,200
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	2,773,315	2,019,341	317,761	436,213
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	105,845	77,069	12,128	16,648
9	Other employee benefits	280,804	204,463	32,174	44,167
10	Payroll taxes	248,535	180,966	28,477	39,092
11	Fees for services (non-employees)				
а	Management				
ь	Legal	31,400	6,280	25,120	
c	Accounting	76,845	15,369	61,476	
d	Lobbying	391,447	391,447		
e	Professional fundraising services See Part IV, line 17	87,465	,		87,465
f	Investment management fees	,			·
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on				
	Schedule O)	207,991	205,229	1,184	1,578
12	Advertising and promotion	499,662	486,060	2,714	10,888
13	Office expenses	117,209	89,762	8,146	19,301
14	Information technology	232,290	191,273	17,578	23,439
15	Royalties				
16	Occupancy	255,731	184,126	30,688	40,917
17	Travel	214,651	155,531	27,731	31,389
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	38,356	30,855	4,370	3,131
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,751	14,941	2,490	3,320
23	Insurance	19,113	13,761	2,294	3,058
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 O)				
а					
b					
С					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,851,310	4,423,973	620,531	806,806
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 Fig. 1 following SOP 98-2 (ASC 958-720)	2,222,510	.,	220,002	210,000

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			2,056,728		1,183,757
	2	Savings and temporary cash investments		•		2	
	3	Pledges and grants receivable, net			998,475	3	2,274,351
	4	Accounts receivable, net				4	
Sié	5	Loans and other receivables from current and former officers, diemployees, and highest compensated employees Complete Par Schedule L		, trustees, key		5	
	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and coand sponsoring organizations of section $501(c)(9)$ voluntary emorganizations (see instructions) Complete Part II of Schedule L	ting employers		6		
ssers	7	Notes and loans receivable, net	_			7	
1	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			45,794	9	52,090
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	     10a	110,299	,		
	ь	Less accumulated depreciation	10b	31,308	84,044	10c	78,991
	11	Investments—publicly traded securities			11		
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			180,137	15	106,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)			3,365,178	16	3,695,189
	17	Accounts payable and accrued expenses			163,484	17	130,411
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Scheo	dule D			21	
lities	22	Loans and other payables to current and former officers, directo key employees, highest compensated employees, and disqualifi	rs, trus				
liabil		persons Complete Part II of Schedule L				22	ı
Ξ	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part	t X of S	chedule			
		D			100 101	25	100 111
	26	Total liabilities. Add lines 17 through 25			163,484	26	130,411
ر <del>ا</del> م		Organizations that follow SFAS 117 (ASC 958), check here ► □ lines 27 through 29, and lines 33 and 34.	and o	omplete			
	27	Unrestricted net assets		•	106,451		82,191
ប <b>០</b>	28	Temporarily restricted net assets		•	3,095,243		3,482,587
3	29	Permanently restricted net assets				29	
5		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	re ► 「	and			
	30	Capital stock or trust principal, or current funds				30	
\$ \$ \$ \$	31	Paid-in or capital surplus, or land, building or equipment fund				31	
î	32	Retained earnings, endowment, accumulated income, or other fu				32	
į	33	Total net assets or fund balances			3,201,694	33	3,564,778
_	34	Total liabilities and net assets/fund balances			3,365,178	34	3,695,189

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,2	214,394
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,8	351,310
3	Revenue less expenses Subtract line 2 from line 1	3			 363,084
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			201,694
5	Net unrealized gains (losses) on investments	5		3,2	201,094
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior 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		3,5	564,778
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	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	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ı			
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?	<b>)</b>	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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As Filed Data -

DLN: 93493319074673

**Employer identification number** 

OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

**50CAN INC** 

### **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.

Open to Public Inspection

									27-3069		
Par				ıblic Charity Sta						instructions	5.
The o	rganı:		•	te foundation becaus	•			•	•		
1			•	ion of churches, or a				ection 170	(b)(1)(A)(i).		
2	Γ	A scho	ol described	d in <b>section 170(b)(1</b>	L <b>)(A)(ii).</b> (At	tach Sched	ule E)				
3		A hosp	ital or a coo	perative hospital se	rvice organiz	zatıon desci	nbed in <b>sectio</b>	on 170(b)(1	L)(A)(iii).		
4	Γ			h organization opera <sup>:</sup> ity, and state	ted ın conjun	ction with a	hospital des	cribed in <b>s</b>	ection 170(b)	(1)(A)(iii).	Enter the
5	Г	Anorg	anization op	erated for the benefi	t of a college	or univers	ity owned or c	perated by	a governme	ntal unit des	cribed in
				( <b>A)(iv).</b> (Complete P			•		_		
6	Г	A fede	ral, state, or	local government o	r government	tal unit desc	ribed in <b>sect</b>	ion 170(b)	(1)(A)(v).		
7	굣			at normally receives						from the gen	eral public
8	·	describ	oed in <b>sect ic</b>	on 170(b)(1)(A)(vi). : described in <b>sectio</b> i	(Complete F	art II)		_		J	·
9	Ė			at normally receives			-	-	ıbutıons. mer	nbership fee:	s, and gross
_	•	_		rities related to its e			7.7		· ·	· ·	-
				oss investment inco							
				ganızatıon after June						•	
10	Г			ganized and operated							
11	Γ	one or the box	more public cthat descr	ganized and operated ly supported organiz ibes the type of supp <b>b</b> Type II <b>c</b>	ations descr orting organ	ibed in sect ization and	ion 509(a)(1 complete line	) or section s 11e thro	n 509(a)(2) : ugh 11h	See <b>section</b> !	509(a)(3). Check
е	Γ	other t		ox, I certify that the ion managers and ot							
f		If the c	rganization	received a written d	etermınatıon	from the IR	S that it is a	Type I, Ty	pe II, or Typ	e III support	ing organization,
g			this box August 17	2006, has the organ	ization accer	oted any dif	t or contributi	on from an	v of the		ı
3			ng persons?			, <b>5</b>			,		
		(i) A p	erson who d	irectly or indirectly o	controls, eith	er alone or	together with	persons d	escribed in (i		Yes No
		and (III	) below, the	governing body of th	ne supported	organizatio	n?			119	y(i)
		• •	•	er of a person descr	• •					119	ı(ii)
				lled entity of a perso						11g	(iii)
h		Provide	e the followi	ng information about	the supporte	ed organizat	tion(s)				
s	) Nan uppoi ganiz		(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see	(iv) Is to organizate col (i) listo your gove docume	ion in ted in rning	(v) Did you the organi in col (i) o suppor	zation of your	(vi) Is organiza col (i) or in the l	tion in ganized	(vii) A mount of monetary support
				instructions))	Yes	No	Yes	No	Yes	No	
Total											+

instructions

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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 **(e)** 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 2,225,003 5,076,594 6,213,276 13,514,873 include any "unusual grants ") 7 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 2,225,003 5,076,594 6,213,276 13,514,873 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 7,645,356 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 from 5,869,517 line 4 Section B. Total Support Calendar year (or fiscal year (a) 2008 **(b)** 2009 **(c)** 2010 (d) 2011 **(e)** 2012 (f) Total beginning in) 🟲 2,225,003 5,076,594 6,213,276 13,514,873 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 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 13,514,873 through 10) Gross receipts from related activities, etc (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage for 2011 Schedule A, Part II, line 14 15 15 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 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 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 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	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)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493319074673

#### OMB No 1545-0047

### Political Campaign and Lobbying Activities

**SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number 50CAN INC** 27-3069592 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 □ No Was a correction made? ☐ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

section 4911 tax for this year?

┌ Yes ┌ No

### Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	<b>▶</b>	ıf the filing	organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, E	ĪN,
		expenses	and share of excess lobbying expenditures)	

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	99,379	
b	Total lobbying expenditures to influence a legisla	316,991		
c	Total lobbying expenditures (add lines 1a and 1b	416,370		
d	Other exempt purpose expenditures	5,032,370		
e	Total exempt purpose expenditures (add lines 1	5,448,740		
f	Lobbying nontaxable amount Enter the amount f	422,437		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	105,609	
h	Subtract line 1g from line 1a If zero or less, ent	er - O -	0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	
j	If there is an amount other than zero on either lir	ne 1h or line 1i, did the organization file Form 4720	reporting	□ Ves □ No

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expend	itures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	( <b>d)</b> 2012	<b>(e)</b> Total
2a	Lobbying nontaxable amount		15,724	352,255	422,437	790,416
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,185,624
c	Total lobbying expenditures			166,610	416,370	582,980
d	Grassroots nontaxable amount		3,931	88,064	105,609	197,604
e 	Grassroots ceiling amount (150% of line 2d, column (e))					296,406
f	Grassroots lobbying expenditures			68,770	99,379	168,149

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has Notice filed Form 5768 (election under section 501(h)).	ОТ			7 0	ge <b>S</b>
	Week Week was a second to be a second to be a second to be a second to be a second to the second to	( 6	a)		(b)	
activ	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	1	Amoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1:					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 505(c)(6).	01(c	)(5), (	or s		
_			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 505(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

DLN: 93493319074673

OMB No 1545-0047

**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

Open to Public

tema	Revenue Service	► Attach to For	m 990. ► See separate instructions.	Inspection
	me of the organi	zation		Employer identification number
50C	CAN INC			27-3069592
Pa				inds or Accounts. Complete if the
	organiz	zation answered "Yes" to Form 990	i '	T (1) = 1   1   1   1   1   1   1   1   1   1
1	Total number a	t and afwaar	(a) Donor advised funds	(b) Funds and other accounts
L 2		ributions to (during year)		
3		its from (during year)		
, Į		e at end of year		
	55 5	•		
5	funds are the o	rganızatıon's property, subject to the or		☐ Yes ☐ No
5	used only for c		onor advisors in writing that grant funds it of the donor or donor advisor, or for an	
Pa	tt III Conse	rvation Easements. Complete ıf	the organization answered "Yes" to	Form 990, Part IV, line 7.
L 2	Preservation Preservation Preservation Complete lines	of natural habitat on of open space s 2a through 2d if the organization held a	or education) $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	ertified historic structure
	easement on tr	ne last day of the tax year	Г	Held at the End of the Year
а	Total number o	of conservation easements	<u> </u>	2a
b		restricted by conservation easements	<u> </u>	2b
c	_	servation easements on a certified histo	oric structure included in (a)	2c
d	Number of con	servation easements included in (c) acq ure listed in the National Register	` ′	2d
3	Number of cons	servation easements modified, transferr	ed, released, extinguished, or terminated	d by the organization during
	the tax year 🛌			
ŀ	Number of stat	es where property subject to conservati	ion easement is located ►	
5	_	nization have a written policy regarding t the conservation easements it holds?	the periodic monitoring, inspection, hand	ling of violations, and
•	Staff and volun ►	teer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	nents during the year
,	-	enses incurred in monitoring, inspecting	, and enforcing conservation easements	during the year
3	►\$	servation easement reported on line 200	d) above satisfy the requirements of sect	tion 170(h)(4)(B)(i)
•	and section 17		ay above sucisty the requirements of see.	Yes No
•	balance sheet,		nservation easements in its revenue and e footnote to the organization's financial	
ar	t IIII Organ		s of Art, Historical Treasures, o	or Other Similar Assets.
La	If the organizat works of art, hi	tion elected, as permitted under SFAS 1 storical treasures, or other similar asse	16 (ASC 958), not to report in its reven ts held for public exhibition, education, coits financial statements that describes	or research in furtherance of public
b	works of art, hi		16 (ASC 958), to report in its revenue s ts held for public exhibition, education, o e items	
	(i) Revenues	ncluded in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets incl	luded ın Form 990, Part X		<b>►</b> \$
2	If the organizat	·	ical treasures, or other similar assets fo 116 (ASC 958) relating to these items	
а	Revenues inclu	uded in Form 990, Part VIII, line 1		<b>▶</b> \$

**b** Assets included in Form 990, Part X

Par	Organizations Maintaining Co	llections of Art	t, HIS	tori	cai ii	<u>easur</u>	es, or C	tne	r Similar As	ssets	(cor	itinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	rds, ch	eck	any of t	the follo	wing that	are a	significant us	e of its	5	
а	Public exhibition		d	Γ	Loan	or exch	ange prog	rams				
b	Scholarly research		e	Γ	Othe	-						
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	ollections and expla	ain how	the	y furthe	er the or	rganızatıor	ı's ex	empt purpose	ın		
5	During the year, did the organization solicit								ıılar	ΓYe	_	┌ No
Par	assets to be sold to raise funds rather than to the sold to raise funds rather than to the sold to the		-						es" to Form		:5	j NO
	Part IV, line 9, or reported an an											
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	edıary	for c	ontribu	itions o	r other ass	ets r	not	Γ <b>Y</b> €	es	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follow	/ıng t	able		г					
							-		A	mount		
с	Beginning balance						-	1c				
d	Additions during the year						-	1d				
e	Distributions during the year							1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?							Γ Y∈	es	┌ No
ь	If "Yes," explain the arrangement in Part XII	I Check here If the	expla	natio	n has	been pr	ovided in F	art >	KIII			
Pa	rt V Endowment Funds. Complete											
1-	Paginning of year halance	(a)Current year	(b)	Prior	year	b (c)⊺w	o years back	( (d)	Three years back	(e)Fo	our yea	ars back
1a b	Beginning of year balance											
C	Net investment earnings, gains, and losses							+				
	Net investment earnings, gams, and losses											
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 cur	rent year end balan	ce (lını	e 1g	, colum	n (a)) h	eld as					
а	Board designated or quasi-endowment ►											
b	Permanent endowment ►											
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation t	hat a	are held	d and ac	dmınıstere	d for	the	_		
	organization by (i) unrelated organizations								За	(i) \	es	No_
	(ii) related organizations			•	• •	• •		•	3a			
ь	If "Yes" to 3a(II), are the related organization							•		b	<del>-  </del>	
4	Describe in Part XIII the intended uses of th	ne organization's en	ndowme	ent f	unds					<u> </u>		
Par	t VI Land, Buildings, and Equipme	e <b>nt.</b> See Form 99	90, Pa									
	Description of property				a) Cost o sıs (ınve		( <b>b)</b> Cost or basis (otl		(c) Accumulat depreciatior		<b>d)</b> Bo	ok value
1a	Land											
b	Buildings											
c	Leasehold improvements		•									
d	Equipment						11	0,299	31	,308		78,991
e	Other											
	I. Add lines 1a through 1e <i>(Column (d) must e</i>						<u> </u>		<u> </u>			

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
	Form COO Dart V line	12
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	<u> </u>	
	+	
the contract of the contract o		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line		
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, III  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, lin  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, III  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability	ne 15. ption  .) c, line 25.	

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	6,214,394
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	6,214,394
4	A mounts 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		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	6,214,394
Part :	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	5,851,310
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII ) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	5,851,310
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		
b	Other (Describe in Part XIII )		
C	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990 Part I line 18)	5	5 851 310

#### Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		50CAN RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY WHEN THEY ARE MORE LIKELY THAN NOT TO BE SUSTAINED MANAGEMENT HAS DETERMINED THAT 50CAN HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE 50CAN IS SUBJECT TO EXAMINATION BY APPLICABLE TAX JURISDICTIONS SINCE INCEPTION IN 2010

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**Supplemental Information Regarding** 

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

DLN: 93493319074673

Inspection

Name of the organization

(Form 990 or 990-EZ)

**SCHEDULE G** 

Department of the Treasury

Internal Revenue Service

NINC					
				27-3069592	
<b>II</b> Fundraising Act	ivities. Complete	ıf the organızatı	on answered "Yes" t	o Form 990, Part IV,	line 17.
Indicate whether the organ  Mail solicitations	ızatıon raısed funds tl		following activities Che		
✓ Internet and email soli	citations	f	Solicitation of gov		
Phone solicitations		g	Special fundraising		
✓ In-person solicitations	<b>;</b>				
Did the organization have a or key employees listed in					Γ <sub>Yes</sub> Γ
If "Yes," list the ten highes to be compensated at least	t paid individuals or e	ntities (fundraiser	•	_	, 165 ,
Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Dıd fundraıser have custody or	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by) organization
		control of contributions?		col <b>(i)</b>	
ANNE TRAVERS CONSULTING LLC 54 GOOSE HOLE ROAD	CONDUCTED LANDSCAPE ANALYSIS AND DRAFTED A SET	Yes No	0	27,000	
NEW LONDON, NH 02357	OFRECOMMENDA				
ACCESS PHILANTHROPY 2100 STEVENS AVE 50UTH	PERFORMED FOUNDATION PROSPECT RESEARCH, CONDUCTED A	No	0	19,000	
MINNEAPOLIS, MN 55404	STATEWID				
GAIL E WORTHINGTON B32 NOTTINGHAM DRIVE CHAPEL HILL, NC 27517	PROVIDED HIGH- LEVEL INTRODUCTORY MEETING SUPPORT AND	No	0	8,293	
HANNAH STREET CONSULTING BO2 PEARL STREET 108 PROVIDENCE, RI 02907	PROSPEC CONSULTED ON PROSPECT IDENTIFICATION AND CULTIVATION	No	0	18,817	
PITCHLLC 2238 WASHINGTON AVE SUITE 202	GRANT WRITING SUPPORT AND	No	0	12,780	
SILVER SPRING, MD 20910	DEVEL				
				85,890	

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribu	tion answered "Yes" to tions and gross income	Form 990, Part IV, li e on Form 990-EZ, lin	ne 18, or reported les 1 and 6b. List				
			(a) Event #1	<b>(b)</b> Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))				
Revenue			(event type)	(event type)	(total number)	(3),				
	1	Gross receipts								
	2	Less Contributions								
<u>~</u>	3	Gross income (line 1 minus line 2)								
	4	Cash prizes								
en.	5	Noncash prizes								
Expenses	6	Rent/facility costs								
ğ	7	Food and beverages .								
Direct	8	Entertainment								
ā	9	Other direct expenses .								
	10	Direct expense summary Add lin	es 4 through 9 ın colum	ın (d)		( )				
	11	Net income summary Combine Ii	ne 3, column (d), and lır	ne 10						
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lir		l "Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than				
<u>—</u>		\$13,000 OH TOTHI 330 EZ, III	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add				
Revenue				bingo/progressive bingo		col (a) through col (c))				
<u>_</u>	1	Gross revenue								
ses	2	Cash prizes								
Expenses	3	Non-cash prizes								
	4	Rent/facility costs								
Direct	5	Other direct expenses								
			┌ Yes	┌ Yes	┌ Yes	•				
	6	Volunteer labor	□ No	│	┌ No					
	7	7 Direct expense summary Add lines 2 through 5 in column (d)								
	8	Net gaming income summary Com	bine lines 1 and 7 in co	lumn (d)	🛌					
9	Ent	er the state(s) in which the organiza	ation operates gaming a	ctivities						
а		the organization licensed to operate				. Fyes Fno				
b	If"	If "No," explain								
10a b		re any of the organization's gaming   Yes," explain	licenses revoked, suspe	ended or terminated during	the tax year?					

70ES	the organization operate gaining	activities with nonlinelinders		· · I Yes I No						
.2		neficiary or trustee of a trust or a men								
	formed to administer charitable o	gaming?		· · · · Fyes F No						
.3	Indicate the percentage of gamir	ng activity operated in								
а	The organization's facility			13a						
b	An outside facility			13b						
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records						
	Name 🟲									
	Address 🟲									
	revenue?	ntract with a third party from whom the								
	amount of gaming revenue retain	ed by the third party 🟲 \$								
С	If "Yes," enter name and address	s of the third party								
	Name •									
	Address ▶									
<b>.</b> 6	Gaming manager information									
	Name 🟲									
	Gaming manager compensation ► \$									
	Description of services provided	<b>&gt;</b>								
	☐ Director/officer	Employee	Independent contractor							
.7	Mandatory distributions									
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to							
	retain the state gaming license?			$\Gamma_{Yes} \Gamma_{No}$						
b	Enter the amount of distributions	required under state law distributed	to other exempt organizations or sp	ent						
	<u> </u>	activities during the tax year 🟲 🖇								
Par	columns (III) and (v), a	<b>mation.</b> Complete this part to pi and Part III, lines 9, 9b, 10b, 15b ditional information (see instruct	, 15c, 16, and 17b, as applical							
	Identifier	Return Reference	Explana	tion						

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Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990 OMB No 1545-0047

DLN: 93493319074673

2012

Open to Public Inspection

**Employer identification number** Name of the organization **50CAN INC** 27-3069592 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of **(b)** EIN (c) IRC Code section (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant ıf applıcable valuation non-cash assistance or assistance organization grant cash or government assistance (book, FMV, appraisal, other) (1) 50 CAN ACTION FUND 45-4698768 501(C)4 18,900 TO SUPPORT **OPERATIONS** 115 E 23RD STREET 3F NEW YORK, NY 10010 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . . . 

art III	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.	· ·	

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
			1	1	

#### 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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	·	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION MONITORS ITS GRANTS TO ENSURE THAT SUCH GRANTS ARE USED FOR PROPER PURPOSES AND ARE NOT OTHERWISE DIVERTED FROM THE INTENDED USE BY REQUIRING PERIODIC REPORTS TO THE GRANTOR THE ORGANIZATION'S GRANT AGREEMENTS ALSO INCLUDES THAT THE GRANTEE MAINTAIN RECORDS IN ACCORDANCE WITH SOUND AND RECOGNIZED ACCOUNTING PRACTICES DOCUMENTING PERFORMANCE OF THE GRANT AGREEMENT

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DLN: 93493319074673

OMB No 1545-0047

**Schedule J** 

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization 50CAN INC

(Form 990)

Department of the Treasury

Internal Revenue Service

**Employer identification number** 

27-3069592

Par	t I Questions Regarding Compensation				
			Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items				
	_				
	Travel for companions  Payments for business use of personal residence  Tax idemnification and gross-up payments  Health or social club dues or initiation fees				
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)				
	Personal services (e.g., maid, chauneur, cher)				
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain				
_	· · · · · · · · · · · · · · · · · · ·	1b			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2			
		_			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods				
	used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III				
	Compensation committee Written employment contract				
	Independent compensation consultant Compensation survey or study				
	Form 990 of other organizations  Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization				
а	Receive a severance payment or change-of-control payment?	4a		Νo	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4</b> c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.				
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of				
а	The organization?	5a		Νo	
b	Any related organization?	5b		Νo	
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of				
а	The organization?	6a		No	
b	Any related organization?	6b		Νo	
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was				
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III				
		8		No	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9			

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

	$\overline{}$								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990	
(1)MARC MAGEE PRESIDENT AND TREASURER	(i) (ii)	220,000	0	0	11,000	0	231,000	0	

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

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2012

Open to Public

OMB No 1545-0047

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

27-3069592

Identifier Return Explanation

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WILL BE COMPLETED ANNUALLY AND COPIES WILL BE PROVIDED TO THE ENTIRE BOARD OF DIRECTORS AS WELL AS THE PRESIDENT OF THE ORGANIZATION AT THAT TIME THE PRESIDENT WILL REVIEW THE FORM 990 WITH THE BOARD'S AUDIT/FINANCE COMMITTEE ANY NECESSARY CHANGES WILL THEN BE UPDATED ON THE FORM ONCE ALL NECESSARY CHANGES ARE MADE AND THE PRESIDENT IS IN AGREEMENT WITH THE AUDIT COMMITTEE ON THE FINISHED FORM 990, IT WILL BE SIGNED BY THE PRESIDENT, DATED AND SUBMITTED BY THE FILING DEADLINE A COPY OF THE APPROVED FORM 990 WILL BE PROVIDED TO ALL OF THE OFFICERS, DIRECTORS AND TRUSTEES BEFORE THE RETURN IS FILED
	FORM 990, PART VI, SECTION B, LINE 12C	ANY DIRECTOR PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED PROWERS WHO HAS A DRIED OR NUMBER SHANDAL INTEREST IN THE PERSON HAS, DIRECTLY OR NUMBERCHY. THROUGH BUSINESS, INVESTIMENT, OR FAMILY (A) AN OWNERSHIP OR INVESTIMENT INTEREST IN ANY ENTITY WITH WHICH THE ORGANIZATION HAS A TRANSACTION OR WITH ARM ENTITY OR INDIVIDUAL WITH WHICH THE ORGANIZATION HAS A TRANSACTION OR WITH ANY ENTITY OR INDIVIDUAL WITH WHICH THE ORGANIZATION HAS A TRANSACTION OR WITH ANY ENTITY OR INDIVIDUAL WITH WHICH THE ORGANIZATION HAS A TRANSACTION OR PARRANGEMENT ON PROPIED AND WITH WHICH THE ORGANIZATION HAS A TRANSACTION OR A REARNAGEMENT ON PROPIED AND WITH WHICH THE ORGANIZATION IS RESONATING A TRANSACTION OR PARRANGEMENT COMPENSATION IN THE SESTIMEN HAVE A TRANSACTION OR A REARNAGEMENT WHICH ANY ENTITY OR INDIVIDUAL WITH WHICH THE ORGANIZATION IS RESONATING A TRANSACTION OR PARRANGEMENT COMPENSATION IN FURSITIEST IN THAT A TRANSACTION AS WELL AS GIFTS OR FAVORS THAT A REINOT INSUBSTANTIAL A FINANCIAL INTEREST IS NOT INCESSES. AND A TRANSACTION OR A T
	PART VI, SECTION B, LINE 15	ENSURE THAT OUR COMPENSATION WAS COMPETITIVE TO RETAIN THE BEST TALENT. THE YEAR THIS WAS LAST UNDERTAKEN WAS 2011 FOR 2012 SALARIES.  THE ORGANIZATION MAKES ITS COVERNING DOCUMENTS AVAILABLE TO THE BURL OF BY PROVIDING CORES.
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC BY PROVIDING COPIES UPON REQUEST
THE OVERSIGHT OF AUDITED FINANCIAL STATEMENTS	FORM 990, PAGE 12, PART XII, QUESITON 2C	THE BOARD OF DIRECTORS ASSUMES THE RESPONSIBLY FOR THE OVERSIGHT OF AUDITED FINANCIAL STATEMENTS, THE BOARD COLLECTIVELY REVIEWS AND APPROVES THE AUDITED FINANCIAL STATEMENTS