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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

2012

OMB No 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Open to Public Inspection

Α	For the	2012 calend	ar year, or tax year beginning	January 1	, 2012,	and ending	<u> </u>	ember	31 , 20	12
В	Check if ap	plicable	C Name of organization				D Emp	loyer id	entification number	er
	Address c	hange	Evans Scholars Foundation - Michiga	an				3	6 2865971	
Ц	Name cha	nge	Number and street (or P O box, if mail is not	t delivered to street address)		Room/suite	E Telep	ohone ni	ımber	
닖	Initial retui		1 Briar Road					84	7-724-4600	
H	Terminate Amended		City or town, state or country, and ZIP + 4			·	F Gro	up Exe		
H	Applicatio		Golf, IL 60029-2000					nber 🕨	•	26
G		ing Method	✓ Cash	city) >			H Check	▶ [7] :	f the organization	
	Websit	-	wgaesf.org						ach Schedule B	113 1106
			eck only one) — 🗸 501(c)(3) 🔲 501(c) () 4 (insert no.) ☐ 494	17(a)(1) or	527	•		0-EZ, or 990-PF)	
_	Check >		e organization is not a section 509(a)(3) si	<u> </u>		_=_				
			O A Form 990-EZ or Form 990 return is			-		-		-
			oses to file a return, be sure to file a com	•	330-14 (6	-postcaru)	may be rec	quireu (see manuchons,	Dut II
L	-		b, to line 9 to determine gross receipts. If g	•	or more	or if total as	sets (Part II			
			pw) are \$500,000 or more, file Form 990 ins	•	00.0,	01 11 10101 00	0010 (r art n,	•		
_					Polone		ho inotru	otiono	for Dort I	70603
L	Part I		e, Expenses, and Changes in I							
			the organization used Schedule C				<u>π </u>	T T	 	<u>. L</u>
2013	1		ons, gifts, grants, and similar amoun					1		
	2	-	ervice revenue including governmen					2		
	3		p dues and assessments					3		70603
	4	Investment						4		··
7	5a		ount from sale of assets other than in	•	5a					
ಣ	b		or other basis and sales expenses		5b	L				
63			ss) from sale of assets other than in	ventory (Subtract line 5	b from I	ine 5a) .		5c		
10	6	_	nd fundraising events					4.4		
B	a		ome from gaming (attach Scheo	THE GLIF greater than	1	1				
ڪي آھ		\$15,000) .	1 11-		6a					
II S	b	Gross inco	me from fundraising events (not inc	luding \$ 101		f contribut	ions			
Z	[]	from fundr	aising events reported the line 1) (a	ttach Schedule God the		1				
5			ch gross income and coffin butions e		6b					
SCANRIFFIN AUG	C		t expenses from gaming and fundra		6c	Ļ. <u></u>		***		
Ø	d		e or (loss) from gaming and fundr	using events (add lines	s 6a an	d 6b and	subtract			
	ĺ	line 6c)						6d		
	7a		s of inventory, less returns and allov	vances	7a	<u> </u>				
	b		of goods sold		7b					
	C		it or (loss) from sales of inventory (S	ubtract line 7b from lin	e 7a)			7c		
	8		nue (describe in Schedule O) .			•		8		
_	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c,	, and 8			<u> ▶</u>	9		70603
	10	Grants and	d similar amounts paid (list in Sched	ule O)				10		
	11	•	aid to or for members					11		44552
es	12		ther compensation, and employee b					12		
SUS	13		Professional fees and other payments to independent contractors							
Expenses	14	Printing, publications, postage, and shipping								52126
ú										
	16	, , , , , , , , , , , , , , , , , , , ,						16		
_	17	Total expe	enses. Add lines 10 through 16 .	<u></u>			▶.	17		96678
S	18	Excess or	(deficit) for the year (Subtract line 17	7 from line 9)			•	18		(26075)
set	19		or fund balances at beginning of							
Net Assets	!		ar figure reported on prior year's retu					19		97429
et	20	Other char	nges in net assets or fund balances	(explain in Schedule O))			20		_
Z	21		or fund balances at end of year. Co	• •			. •	21		71354

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Pai	t II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		<u> 🗅</u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[97429	22	71354
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	<u></u>
25	Total assets			97429	_	71354
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			97429	27	71354
Par	-	- ,		•		Expenses
	Check if the organization used Schedule			Part III 🔲		quired for section
What	is the organization's primary exempt purpose?	Provide College Sch	olarships			(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli easured by expenses. In a clear and concise mans benefited, and other relevant information for ea	nanner, describe the			494	anizations and section 17(a)(1) trusts, optional others)
28	••••••					
	Support for Evans Scholars Students	·	· · · · · · · · · · · · · · · · · · ·		ļ	1
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u>▶ ⊔</u>	28	70603
29			·			1
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u>▶</u> ∐	29	a
30						
		includes foreign gra		<u></u> . ▶ Ц	30	a
31	Other program services (describe in Schedule O)					
		includes foreign gra			31	
	Total program service expenses (add lines 28a				32	7,000
Part						·
	Check if the organization used Schedule	O to respond to a			÷	<u> U</u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		- 1	Estimated amount of other compensation
John	Kaczkowski					
Presi	dent & CEO	0)	0	0
Jame	s Moore		1	1	1	
Senic	r Vice President	0		D	0	0
Jeffre	y Harrison					
Vice I	President Education	0		<u> </u>	0	0
Jame	s Bunch			1		
Chair	man	0		<u> </u>	0	0
Wayn	e Janik	0				
CFO				D	0	0
				<u> </u>	ᆚ	
					_	
	· · · · · · · · · · · · · · · · · · ·					
		<u> </u>		<u> </u>		
			1	1		
]			\top	
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		1	1			

Part				_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	_	. <u> </u>
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	33		•
35a	change on Schedule O (see instructions)	34		✓
h	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		✓
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b	3 7	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		\$ 2.0	1
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
а	Initiation fees and capital contributions included on line 9	* 1		
b	Gross receipts, included on line 9, for public use of club facilities	* *	A A	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶	14	- 12 - 12	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		→
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	7. 3. 7. 2. 3.		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
41	List the states with which a copy of this return is filed ▶			
42a	***************************************	224-26		
b	Located at ► 1 Briar Road Golf, IL ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	60029	-2000 Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		s, * *,/	
С	At any time during the calendar year, did the organization maintain an office outside the U.S ? If "Yes," enter the name of the foreign country. ▶	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	_	· /
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	-	/
C	Did the organization receive any payments for indoor tanning services during the year?	44c		√
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44-		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		,
		1 TOD	1	

	-						
d Tot	al number of other independent	contractors each receiving over \$10	00,000 ▶	NONE			
52 Did	I the organization complete Sche nexempt charitable trusts must a	dule A? Note : All section 501(c)(3) tach a completed Schedule A .	organizations and 49	147(a)(1) · · ▶ ☑ Yes ☐ No			
Under penaltrue, correct,	ies of perjury, I declare that I have examine and complete Declaration of preparer (other)	ed this return, including accompanying scheduler than officer) is based on all information of	ules and statements, and which preparer has any kr	to the best of my knowledge and belief, it is nowledge			
0:	1 wage for	~ "		7-31-13			
Sign	Signature of office Date						
Here	Wayne Janık Chief Financia						
	Type or print name and title			·			
Paid Prepare	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed			
Use Onl	l			Firm's EIN ▶			
	Firm's address ▶	Phone no					
May the IF	RS discuss this return with the pre	eparer shown above? See instruction	ons	. ▶ ☐ Yes ☐ No			
				Form 990-EZ (201)			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2012

Department of the Treasury Internal Revenue Service

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. Name of the organization

Open to Public Inspection Employer identification number

C) D)	Evan:	s Scholars Foundat									65971		
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(iii). (Attach Schedule E.)	Par	t I Reason f	or Public Cha	rity Status (All orga	nization	s must c	omplete	this par	rt.) See i	nstructio	ons.		
2	The c	organization is not	a private founda	ation because it is: (Fo	r lines 1 t	through 1	1, check	only one	box.)				
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5	1						ed in sec	tion 170((b)(1)(A)(i).			
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5	2	A school desc	ribed in section	170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)							
hospital's name, city, and state: 5	3												
Saction 170(b)(1)(A)(iv). (Complete Part II.)	4		-		ction with	n a hospit	al descril	oed in se	ction 170)(b)(1)(A)	(iii). Ente	r the	
section 170(b)(1)(A)(ii), (Complete Part II.) 6	_	•											
6	5				ge or uni	versity ov	wned or	operated	by a go	vernment	tal unit d	escrib	ed in
An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)	_			•									
described in section 170(b)(1)(A)(vi). (Complete Part II.) 8													
8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 ☐ An organization that normally receives: (1) more than 331/% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization and complete value of the support of groups acquired by the organization and complete lines to public safety. See section 509(a)(4). 10 ☐ An organization organized and operated exclusively to reter for public safety. See section 509(a)(4). 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Non-functionally integrated ellips by checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) f If the organization received a written determination from the IRS that it is a Type I, Type III, or Type III supporting organization, check this box. g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A family member of a person described in (i) above? (ii) A family member of a person described in (i) above? (iii) A family member of a person described in (i) above? (iv) I dy or retify the organization in collowing in the organization in Collowing in the province or in Collowing in the province or in Collow								ublic					
9 An organization that normally receives: (1) more than 331/s% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions and (2) no more than 331/s% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10	_				•								
recepts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10													
support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10	9												
acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a													
10										ı əii ta	x) iroin	DUSINE	esses
11 □ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a □ Type I b □ Type II c □ Type III—Functionally integrated d □ Type III—Non-functionally integrated e □ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) f if the organization received a written determination from the IRS that it is a Type I, Type III, or Type III supporting organization, check this box . □ □ g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (i) and (ii) below, the governing body of the supported organization? □ □ (iii) A family member of a person described in (i) above? □ □ (iii) A 35% controlled entity of a person described in (i) or (ii) above? □ □ (iii) A specific provide the following information about the supported organization (s) □ □ (iv) It is the organization in col (i) of organization in col (i) of organization in col (i) organization in col (ii) organization in col (10	-	-						•	4)			
purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a											or to on	m	+ +ba
509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a	••												
a Type I b Type II c Type III c Type III c Type III Type III c Type III c Type III sype III Type III c Type III sype III Type III sype													011011
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) f if the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box											-	tegrat	ed
other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box	е			- 71		-	_				•	•	
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box													
organization, check this box							• •	J					,
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	f	If the organization	ation received a	a written determination	on from t	the IRS t	hat it is	a Type	I, Type I	l, or Typ	e III sup	portin	g
following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization organization (see instructions)) (iv) I the organization in col (i) of your support? (vi) Is the organization in col (i) of your support? Yes No Yes No Yes No A) B) C) D)		•											
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	g			he organization accep	oted any	gift or co	ontributio	n from a	ny of the				
(iii) A family member of a person described in (i) above?		• .											
(iii) A family member of a person described in (i) above?							ner with	persons	described	in (ii) ai	r	1	No
(iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) Tyes No Yes No Yes No (iii) Is the organization in col (i) organization in col (ii) organization in col (iii) organization in col													
h Provide the following information about the supported organization(s). (i) Name of supported organization (lescribed on lines 1-9 above or IRC section (see instructions)) (ii) FIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iii) Is the organization (iv) Isited in your governing document? (iv) Did you notify the organization in col (i) organization in col (ii) organization in col (iii) organization in col (iii) organization in col (iii) organization in col (ii) organization in col (iii)		•	•	• • • • • • • • • • • • • • • • • • • •				•				 	
(ii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col (i) of your support? Yes No Yes No (vi) Is the organization in col (i) of your support? Yes No Yes No (vii) Is the organization in col (i) of your support? No Yes No (vii) Is the organization in col (i) organized in the U.S.? Yes No (vii) Is the organization in col (i) organized in the U.S.? Yes No (vii) Is the organization in col (i) organized in the U.S.? Yes No (vii) Is the organization in col (i) organized in the U.S.? Yes No (vii) Is the organization in col (i) organized in the U.S.? Yes No (vii) Is the organization in col (i) organized in the U.S.? Yes No (vii) Amount of monetary support.	h		-	-					•		[11g(iii)	
organization (described on lines 1–9 above or IRC section (see instructions)) The organization in col (i) of your support? Yes No Yes No Yes No A) B) C) D)			r	1				ou notifi	6.31	- 46 -	/www. Amou		
(see instructions))	(1)		(11) (11)		in col (i) his	sted in your	the organ	nzation in	organizat	ion in col			пешту
Yes No Yes No A) B) C) D)					governing	document?							
B) C)				(see instructions))	Yes	No				_	1		
B) C)	/A\			-									
C) D)	(A) ——												
C) D)	 (B)												
D)									ļ <u>.</u>				
	(C)												
	(D)												
E)	(E)											•	
	Total		Ī	1		1	1	Ī	1	l	1		

	(Complete only if you checked the Part III. If the organization fails to				•	•	alify under
Secti	on A. Public Support	- 					
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			(-)			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	\$ 15. N V	1,32,5	44 34	to the dist	de din .	
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	·			<u> </u>		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	_	n's first, secor	id, third, fourth	i, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he		<u> </u>	<u> </u>	<u> </u>	<u> </u>	> 🗆
<u>Secti</u>	on C. Computation of Public Support						
14	Public support percentage for 2012 (line					14	%
15	Public support percentage from 2011 Sci					15	%
16a	331/3% support test—2012. If the organic box and stop here. The organization qua				d line 14 is 331	/3% or more, c	neck this
_				-			
b	331/3% support test—2011. If the organ check this box and stop here. The organ	nization qualifie	s as a publicly	supported org	ganization		▶ □
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "torganization	ets the "facts-	and-circumsta	ances" test, cho st. The organiz	eck this box ar	nd <mark>stop here.</mark> E	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization in supported organization	ition meets the	facts-and-c	ircumstances" stances" test. T	test, check th	nis box and st	op here.
18	Private foundation. If the organization d	id not check a				k this box and	see

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

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

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

Secti	on A. Public Support	-			•		
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	137550	66739	122581	178157	70603	575630
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5	137550	66739	122581	178157	70603	575630
7a	Amounts included on lines 1, 2, and 3	1					
	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	0					
8	Public support (Subtract line 7c from	U	0	0	0	0	0
•	line 6.)						E7E620
Secti	on B. Total Support			See As Wallette	200728 × 7 384000 × 540		<u>575630</u>
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	137550	66739	122581	178157	70603	575630
10a	Gross income from interest, dividends,						
	payments received on secunties loans, rents,						
	royalties and income from similar sources	o	69	244	o	o	313
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses					İ	
	acquired after June 30, 1975						
С	Add lines 10a and 10b	0	69	244	o	o	313
11	Net income from unrelated business				Ï		
	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,						
13	and 12.)	407550	2222				
14	First five years. If the Form 990 is for the	137550	66808		178157	70603	575943
• •	organization, check this box and stop he				=		
Secti	on C. Computation of Public Suppo						<u> </u>
15	Public support percentage for 2012 (line			3. column (f))		15	100 %
16	Public support percentage from 2011 Sc		•			16	99.95 %
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2012			y line 13, colur	nn (f))	17	0 %
18	Investment income percentage from 201	1 Schedule A, F	Part III, line 17			18	.05 %
19a	331/3% support tests-2012. If the organ						
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	a publicly suppo	orted organizati	on 🕨 🗸
b	331/3% support tests—2011. If the organiz						
	line 18 is not more than 331/3%, check this		=			•	_
20	Private foundation If the organization d	id not check a l	nav an line 14	102 or 10h c	hack this hav	and can inctriv	ctions -

cnedule A (r	-orm 990 or 990-E2) 2012	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
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