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# Form **990**

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Department of the Treasury

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

Open to Public

. کر راه ه ما	2012 calendar year, or tax year beginning January 1 , 2012, and ending			, 20 12
	applicable C Name of organization Funeral Consumers Alliance, Inc.		D Employ	er identification number
dress	change Doing Business As			52-1095109
ame ch	ange Number and street (or P O box if mail is not delivered to street address) Room/st	uite	E Telepho	ne number
ıtıal retu				802-865-8300
erminat	ed City, town or post office, state, and ZIP code			
mended	return South Burlington, VT 05403		G Gross re	eceipts \$ 278,22
pplicati	on pending F Name and address of principal officer Joshua Slocum, 23 North St., Winoosk	i H(a) Is this a	group return	for affiliates? Yes V No
	Vermont, 05404	H(b) Are all	affiliates ir	ncluded? Yes No
ax-exer	npt status	If "No	," attach a	list (see instructions)
ebsite:		H(c) Group	exemption	number ▶
orm of o	rganization	tion	M State	of legal domicile
t l	Summary		·	
1	Briefly describe the organization's mission or most significant activities: FCA e	ducates the nu	ıblic on i	their legal rights and
				ndustry changes that
	anect funeral choices, and provide expert consumer-offended analysis for filedia and	policymakers	·	
2	Chack this box $\blacksquare$ if the organization discontinued its operations or disposed	of more than	250/ of	ita nat apasta
			-	
			$\vdash$	
			-	···
				@2
			7a	
b	Net unrelated business taxable income from Form 990-T, line 34	· · · ·	7b	
		Prior Yea	ır	Current Year
8	Contributions and grants (Part VIII, line 1h)		109,834	163,88
9	Program service revenue (Part VIII, line 2g)		95,203	99,97
10				6,17
				15,66
				285,71
				25
				444.44
				141,11
				99,66
		<del></del> ,	198,662	241,04
19			7,918	44,67
	<b>1</b>	Beginning of Curr	rent Year	End of Year
	Total assets (Part X, line 16)		235,653	299,94
21	Total liabilities (Part X, line 26)			
		<del></del>	0	
	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		0 235,653	299,94
	2 3 4 5 6 7a b 8 9 10 11 12 13 14 15 16a b 17 18 19	F Name and address of principal officer Vermont, 05404	F Name and address of pnncipal officer   Joshua Slocum, 23 North St., Winooski   H(a) is this at   Name and address of pnncipal officer   Joshua Slocum, 23 North St., Winooski   H(a) is this at   Name and address of pnncipal officer   Joshua Slocum, 23 North St., Winooski   H(b) Are all   If *No   New point of organization   Solici(3)   Solici(3)   Solici(1)   4947(a)(1) or   527   H(b) Are all   If *No   New point of organization   Corporation   Trust   Association   Other ▶   L Year of formation   H(b) Group   M(c)   Group   L Year of formation   H(a) Is the point of organization   Summary   L Year of formation   H(a) Is the point of paint   L Year of formation   H(a) Is the sail   H(b) Are all   H(b) A	F Name and address of principal officer   Joshua Slocum, 23 North St., Winooski   H(a) is this a group return   Nex-exempt status   Soficial   Soficial

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)

Cat No 11282Y

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Part			1- 4 III	
1	Check if Schedule O contains a response to Briefly describe the organization's mission:	to any question in this P	art III	<u> </u>
1	,	vene for and of life ulcomin		
	FCA educates the public on their legal rights and opt the funeral industry, help monitor industry changes t			
				<del></del>
		*		
2	Did the organization undertake any significant pro	gram services during the	year which were not listed on th	пе
	prior Form 990 or 990-EZ?			🗌 Yes 🛛 No
	If "Yes," describe these new services on Schedule			
3	Did the organization cease conducting, or make	ce significant changes in	n how it conducts, any progra	
	services?			☐ Yes 🗹 No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service acco			
	expenses. Section 501(c)(3) and 501(c)(4) organize the total expenses, and revenue, if any, for each p			locations to others,
	the total expenses, and revenue, if any, for each p	rogram service reported.		
	(Code: ) (Expenses \$ 81,317 in	ocluding grants of \$	n ) (Revenue \$	
74	Direct advice to consumers, regulators, and media	FCA's staff of three field th	ousands of calls and emails from t	the nublic
	policymakers, and the media. We educate consumers			
	advice on our website, newsletters print and electron		· · · · · · · · · · · · · · · · · · ·	
	regulators, and lawmakers.			,
	Staff also assist with individual consumer complaints	s against funeral providers	, including counseling and sometime	mes attempts
	at informal madiation			
	FCA reviews and critiques proposed legislation for it	s impact on funeral consu	mers	
	NOTE-Expenses are estimated and FCA does not der	ive revenue directly from t	his program. Contributions are vol	untary.
	(Code) \((Typeppee f) \)	and the second of the	\ (Davison of	
4b	(Code: ) (Expenses \$ 81,317 ir		257 ) (Revenue \$	85,057 )
	Support and Development of Affiliated Organizations FCA staff remain in contact with volunteers from 85 a		TCA) organizations with hundreds	af the manda of
	local consumer members. We offer these groups mod			
	practices, support on local publications such as fune		'O	
	The executive director travels to approximately 10 su			
	development.			
				•
	<u> </u>			
4c		ncluding grants of \$	o) (Revenue \$	<u>n/a</u> )
	Development, Sale, and Donation of Educational Mat			
	FCA publishes four newsletters per year; two for dev that offer advice on funeral planning and avoicding s			
	at funerals.org. In addition FCA keeps its site up to d			
	Contributions for almost all our material are voluntar			
	and human service organizations such as hospice, v			
			;:	
	•			
4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ including grants of \$		iue \$ )	
4e	Total program service expenses ▶	172,487		

Part I	V 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	<b>√</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<b>✓</b>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	<b>√</b>	
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		<b>✓</b>
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		<b>√</b>
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		1
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		<b>√</b>
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	<b>√</b>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	* ** * .		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	***	1
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		1
С	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		1
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		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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)? <i>If "Yes," complete Schedule D, Part X</i> .	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		<b>✓</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>/</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
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		1
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		1
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		1
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		,
20 a	· · · · · · · · · · · · · · · · · · ·	20a		1
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		<del>                                     </del>
	, oo to mio zou, die tro organization attach a copy of the accined interiorist to this folding		n <b>99</b> 0	(2012)

Checklist of Required Schedules (continued)

		i	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<b>√</b>
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		<b>✓</b>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		<b>✓</b>
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		✓
c b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		✓ ✓
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>√</b>
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		<b>√</b>
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		<b>✓</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>✓</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√ √
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	-	<u>·</u>
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? <i>If "Yes," complete Schedule R, Part I</i>	33		<b>✓</b>
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		<b>√</b>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<b>√</b>
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	<b>✓</b>	

orm 99	0 (2012)		F	age \$
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>]</b> ,		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		i	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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		<b>✓</b>
b	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.	* 1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>✓</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ا ۵.		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
_	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		✓
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	/B		
·	required to file Form 8282?	7c		,
d	If "Yes," indicate the number of Forms 8282 filed during the year	76		<b>V</b>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>√</b>
f	Did the organization receive any rands, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<b>V</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		V
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	<del>  ''' </del>		
	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		1
9	Sponsoring organizations maintaining donor advised funds.	4 \$4		<u> </u>
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	<b>*</b> *'		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b NA	,5,,	, ,	,
11	Section 501(c)(12) organizations. Enter:	2,5	: #	,
а	Gross income from members or shareholders	a i		
b	Gross income from other sources (Do not net amounts due or paid to other sources	, ,	14.	
	against amounts due or received from them.)		*	,
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	*******	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b   NA	-41 -331	û -Î	* r
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	[		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	· *, *,	ž	,
b	Enter the amount of reserves the organization is required to maintain by the states in which	. 'के	٠. ٠	^ ~ *
	the organization is licensed to issue qualified health plans	" " E , %	,	,
^	Enter the amount of reconnec on hand			

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . .

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

14a

Part \	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	struct	
04	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	<u> </u>	<u> </u>
Section	on 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.		200	NO 1
b 2	Enter the number of voting members included in line 1a, above, who are independent .    1b NA  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		1
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		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint	5	<b>✓</b>	<b>√</b>
b	one or more members of the governing body?	7a 7b	✓	<b>✓</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	, ,	J	
a b 9	The governing body?	8a 8b	<b>√</b>	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<b>✓</b>	<u> </u>
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a	1	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	7	
b 12a b	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? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		; 2. ×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13 14 15	Did the organization have a written whistleblower policy?	13	2 ( *	<b>✓</b>
a b	The organization's CEO, Executive Director, or top management official	15a 15b	<b>✓</b>	<b>✓</b>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	L	<b>✓</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Georgia  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3)s	only)
19	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 and financial statements available to the public during the tax year.			olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records  Organization: Sharpy Sweet, Office Manager, 33 Patchen Road, South Burlington, VT 05403 802-865-8300	of the	•	

Part VII	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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any relate	d orga	anız	atic	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
(A) Name and Title	(B)  Average hours per week (list any hours for	box, office	unles er and	Pos neck ss pe	rson	e than on the state of the stat	an ee)	(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) (Complete board of directors list with contact information on Schedule O)										
(2) Laurie Powsner, President	20	1		1				0	0	0
(3) Rodger Ericson, Vice President	10	1		1				0	0	0
(4) David Morrison, Treasurer	10	<b>√</b>		1				0	0	0
(5) Ruth Bennett, Secretary	5	1		1				0	0	0
(6) Jim Null	5	1			_			0	0	0
(7) Barbara Van Droof	5	1						0	0	0
(8) Karen Smith	5	1						0		0
(9) John Abraham	5	1	-					0	0	0
(10) Nancy Petersen	5	1						0	0	0
(11) Josh Slocum, Executive Director	40				1	1		47,549		
(12) Sherry Swett, Administrator	40				1	-		45,068		<u> </u>
(13)								40,000		
(14)										

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	yees		_	lighe	st C	ompensated E	mployees (	continu	ed)
	(C) Position											_
	` (A) Name and title	(do not check more than o				(D) Reportable	(E) Reportabl	e	<b>(F)</b> Estimated			
	Name and the	hours per					or/trust		compensation	compensation	I .	amount of
		week (list any hours for	Indi or d	inst	Officer	Key	High	Former	from the	related organizatio		other compensation
		related organizations	vidua	tutio	cer	emp	nest o	ner	organization (W-2/1099-MISC)	(W-2/1099-M	IISC)	from the organization
		below dotted	Individual trustee or director	nal tı		Key employee	comp		,			and related organizations
		,	stee	Institutional trustee		e e	Highest compensated employee					organizations
				6			ited					
(15)												
(16)												
(17)												<del></del>
(18)												
(19)												<del> </del>
(20)												
(21)		<del> </del>										
(22)												
(23)												
(24)	<del></del>	<del> </del>						ļ				
(25)												
3==27												
1b	Sub-total						-	<b>&gt;</b>	92,617			
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•	•		•	<b>&gt;</b>	02 617			
2	Total number of individuals (including bur reportable compensation from the organ	t not limited	to th				above	e) w	92,617 ho received me	ore than \$10	00,000	of
	reportable compensation from the organ	ization >  q	one						<u></u>			Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	est compe	nsated	3
4	For any individual listed on line 1a, is the							n a	nd other comp	ensation fro	om the	<del></del>
	organization and related organizations	greater that	an \$1	150,	000	? /:	f "Ye	s, "	complete Sch	edule J fo	r such	
5	individual			neat	tion	from	mani	 . un	 rolated organia		 Iwidual	4 /
3	for services rendered to the organization											5
Section	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Repyear.											
	( <b>A)</b> Name and business add	dress							( <b>B</b> ) Description of s	ervices	(	(C) Compensation
No cor	ntractors received \$100,000		-									
												<del></del>
2	Total number of independent contractor received more than \$100,000 of compen	•	_					th	ose listed abo	ove) who		

Form **990** (2012)

Part	VIII	Statement of Revenue											
		Check if Schedule O											
;	•				,, 4	(A) Total revenue	(B) Related or	(C) Unrelated	(D)				
			*	,	, *	i otal revenue	exempt function revenue	business revenue	Revenue excluded from tax under sections 512, 513, or 514				
ts	1a	Federated campaigns	3	1a	0	•	, ,	-4,					
Grants	b	Membership dues .		1b	0		. * *	*					
, Ĕ	С	Fundraising events .		1c	0	, , , , ,	· ·						
ar / ar	d	Related organizations		1d	0	. 3	1 Sep - 6 20	) ( 2 * * 4 * 6 * *					
s, G	е	Government grants (con	tributions)	1e	0								
io Si	f	All other contributions, gi						7					
the the		and similar amounts not inc	cluded above	1f	163,889								
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions includ	ded in lines 1a-	1f: \$									
Contributions, Gifts, and Other Similar Ar	h	Total. Add lines 1a-1	f		•	163,889	li.						
					Business Code	. (1)		81412111					
Ş.	2a	Direct advice to consu	mers/media			-	(contrib.voluntar		and prompt of the second time to the second time time time to the second time time time time time time time time				
Be	b	Support to affiliated or	ganizations			85,057	85,057						
ice	С	Sale/donation of public				14,920	14,920						
Sen	d												
Program Service Revenue	е												
ogr	f	All other program sen	vice revenu	е.									
-g	g	Total. Add lines 2a-2	f		<u> </u>	99,977			1211116				
	3	Investment income											
		and other similar amo	•		▶	6,177							
	4	Income from investmen	t of tax-exer	npt bo	ond proceeds ►								
	5	Royalties			<u></u> ▶								
		_	(ı) Real		(II) Personal								
	6a	Gross rents		NA		****.***							
	b	Less: rental expenses				, , , , , , , , , , , , , , , , , , ,							
	C	Rental income or (loss)					2 3 A A A A A A A A A A A A A A A A A A						
	d	Net rental income or (	(IOSS) . (i) Securiti		<b>&gt;</b>	/ 1 8 8 9 91	8 8 2		v - 30 30 × 30 × 30 × 30				
	7a	Gross amount from sales of assets other than inventory	(i) Securiti	62	(II) Other	10 mg/40		- 1 × 1					
	b	Less cost or other basis											
	b	and sales expenses .											
	_	Gain or (loss)											
	C d	Net gain or (loss)	L			-3147. <u>\$</u> 24.a.	li	likilewaa/					
	u	iver gain or (loss) .			· · · · · ·		\$ - d\$k	*	***				
ne	8a	Gross income from fu	ındraısina				* * * * * * * * * * * * * * * * * * * *						
le J		events (not including \$						11210526					
Jè.		of contributions reporte	ed on line 1	c).		11.411							
er		See Part IV, line 18 .		•	NA								
Other Revenue	b	Less: direct expenses	3	. b									
•	С	Net income or (loss) f	rom fundra	ısıng	events . ►	00 80 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		***************************************	no e te como etro 1860 diversida editore.				
•	9a	Gross income from ga	aming activit	ties.		\$ ( kt/5	N 900012						
		See Part IV, line 19 .		· a	NA.								
	b	Less: direct expenses	S	. b									
	С	Net income or (loss) f	-	_	vities ▶								
	10a	Gross sales of in		ess		1446	NO STATE						
		returns and allowance		· a	NA.		757 2 100						
	b	Less: cost of goods s											
	С	Net income or (loss) f		of inve					4 AX X W				
		Miscellaneous R	levenue		Business Code	ia akii.	Acity X-12						
	11a	Conference attendance	e fees			15,669							
	b												
	С					ļ		ļ ———					
	d	All other revenue .		•	L		J. 7027831 4 7	<u> </u>					
	e	Total. Add lines 11a-						8.12.2 : 1 8 c 2 · 1	Sign of Brown, It				
	12	Total revenue. See in	istructions.		<u> ▶</u>	285,712	<u></u>	<u> </u>	l				

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon-				
8b, 9t	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(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	257	257	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	o	0		
4 5	Benefits paid to or for members	0	0		
6	trustees, and key employees	92,617	78,724	13,893	
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 8	Other salaries and wages	15,638	13,292	2,346	0
_	· · · · · · · · · · · · · · · · · · ·	9,297	7,902	1,395	C
9	Other employee benefits	14,662	11,730	2,932	
10 11	Payroll taxes	8,901	7,566	1,335	<u> </u>
a	Fees for services (non-employees):  Management	0	0	0	
b	Legal	0	. 0	0	
C	Accounting	0	0	0	
d	Lobbying	0	0	0	
e	Professional fundraising services. See Part IV, line 17	0		, <u>\$ /*                                  </u>	
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0	0	0	
12	Advertising and promotion	0	0	0	0
13	Office expenses	6,841	4,993	1,848	
14	Information technology	3,621	3,440	181	
15	Royalties	0	0	0	
16	Occupancy	13,401	11,303	2,098	
17	Travel	5,819	4,311	1,508	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	
19	Conferences, conventions, and meetings .	15,878	15,084	794	(
20	Interest	0	0	0	(
21	Payments to affiliates	0	0	0	(
22	Depreciation, depletion, and amortization .	0	0	0	(
23	Insurance	3,126	2,501	625	
24	Other expenses. Itemize expenses not covered				A to the second
	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.)		3		
а	In-house fundraising	35,931	0		35,931
b	Postage	3,343	3,009	334	33,331
c	Production/purchase books, newsletters,	9,853	8,375	1,478	
d	Bank processing fees	1,856	0,373	1,478	
e	All other expenses	.,,,,,,		.,,,,,,,	
25	Total functional expenses. Add lines 1 through 24e	241,041	172,487	32,623	35,931
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)				22,722

Part X Balance S	Sheet
------------------	-------

		Check if Schedule O contains a response to any question in this Part X	(		
	•		(A) Beginning of year		(B) End of year
•	1	Cash – non-interest-bearing	40,486	1	18,568
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			1 4 1 14 14 1
		trustees, key employees, and highest compensated employees.			** \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section	, , ,		112
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		. ,	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	· · · · · · · · · · · · · · · · · · ·		
ţ		organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
Ä	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or	•		, , , , ,
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation	0	10c	0
	11	Investments—publicly traded securities	196,760		280,873
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	237,246		299,441
	17	Accounts payable and accrued expenses	0		0
	18 19	Grants payable	0	18	0
	20	Deferred revenue	0	19	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	20 21	0
w	22	Loans and other payables to current and former officers, directors,		21	0
Liabilities	~~	trustees, key employees, highest compensated employees, and	1		, à
Pil		disqualified persons. Complete Part II of Schedule L	0	22	
멸	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties	0		0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
s		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Signary.	<b>以中心</b> (1年)
S S		complete lines 27 through 29, and lines 33 and 34.	·		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
ā	27	Unrestricted net assets	157,096		180,820
a	28	Temporarily restricted net assets	50,000		50,000
밀	29	Permanently restricted net assets	28,557	29	29,849
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.	, ×	ř <u>,</u> 3	
ţş (	30	Capital stock or trust principal, or current funds	• <u>• • • • • • • • • • • • • • • • • • </u>	30	<del> </del>
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	-	31	-
Ä	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Se	33	Total net assets or fund balances	237,246	33	299,441
	34	Total liabilities and net assets/fund balances	237,246		299,441

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				$\checkmark$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	•	28	 35,712
2	Total expenses (must equal Part IX, column (A), line 25)	2			11,041
3	Revenue less expenses. Subtract line 2 from line 1	3			14,671
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		23	37,246
5	Net unrealized gains (losses) on investments	5			(
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		1	7,344
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				_
	33, column (B))	10		29	9,441
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		<u> </u>		
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990: ✓ Cash ☐ Accrual ☐ Other				<b>138</b>
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ır	) *********		
	Schedule O.		2312	32.22	1 25
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	r j		
	reviewed on a separate basis, consolidated basis, or both:				10.
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		<u> </u>	Ž.	M. 1
b	Were the organization's financial statements audited by an independent accountant?	٠. ٠ ٠	2b	Y 890 Z	<b>√</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ed on a	1		
	'`		14 × 5	i.	ķ.
_	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o		المثلثة		
C	of the audit, review, or compilation of its financial statements and selection of an independent account	versign	1		
	If the organization changed either its oversight process or selection process during the tax year, ex			કઈ ચ્છે સ્	Marian
	Schedule O.	фанти			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	, Isai	<i>@</i> 27	
Ja	the Single Audit Act and OMB Circular A-133?				,
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	້   <sub>3b</sub>		
				n 990	(2012)
			. 0//		,2012

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No 1545-0047 2012

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

•	of the organization							Employer i	dentificatio	n numbei		
	ral Consumers Allia		*							95109		
Par			rity Status (All orga				<u>-</u>		instruction	ons.		
1 2 3 4	A church, con A school desc A hospital or a A medical rese	vention of churce cribed in <b>section</b> a cooperative ho earch organization	ation because it is: (Fo hes, or association of i 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjun	churches ch Sched ation des	s describe ule E.) cribed in :	ed in sec section	etion 170 170(b)(1)	(b)(1)(A)( (A)(iii).		i(iii). Ent	er the	
5	hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
8	☐ A community	trust described i	n section 170(b)(1)(A	<b>)(vi).</b> (Cor	nplete Pa	art II.)						
9	An organization receipts from support from	on that normally activities related gross investme	receives: (1) more that to its exempt functent income and unrelater June 30, 1975. See	an 33¹/₃% :ions—su lated bus	6 of its subject to d siness ta	upport fro certain e xable ind	xceptions come (les	s, and (2) ss sectio	) no more	e than 3	331/3%	of its
10 11	An organization	on organized ar one or more pub	I operated exclusively nd operated exclusive olicly supported organ describes the type of	ely for th	ne benefi describe	t of, to d in sect	perform ion 509(a	the funct a)(1) or se	tions of, ection 50	9(a)(2).		
e		indation manage	II c Type II that the organization ers and other than one	is not co	ntrolled d	lirectly o	r indırectl	y by one		dısqualı	fied pe	rsons
f	organization, o	check this box	a written determination							oe III su 	ipportir	ng - 🗆
g	following pers		he organization acce	pted any	gift or co	ontributio	on from a	iny of the	€			
			ndirectly controls, eithody of the supported								Yes	No
			on described in (i) abo								<del></del>	1
			a person described in								<del></del>	1
h			on about the support								-1	
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis		the orgai	ou notify nization in of your port?	organiza (i) organi	Is the tion in col ized in the S?	(viı) Amo	unt of mo support	onetary
				Yes	No	Yes	No	Yes	No	1		
(A)												
(B)										_		
(C)				-					ļ			
(D)									-			
(E)												
Total												

Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support		<del>,                                     </del>		<del>,</del>		
Calen	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</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.			3+ 3;**			<del></del>
	on B. Total Support		1.5 18.	x, <		*	<del></del>
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
7	Amounts from line 4	(2) 2000	(2) 2000	(0) 2010	(4) 2011	(0) 2012	(i) rotai
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	,	1			iž	
12 13	Gross receipts from related activities, etc First five years. If the Form 990 is for the	•	•	 d, third, fourth	 , or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he			<u></u>			<b>&gt;</b> 🗀
Secti	on C. Computation of Public Suppor						
14 15 16a	Public support percentage for 2012 (line of Public support percentage from 2011 Sci 331/3% support test—2012. If the organization	nedule A, Part zation did not	II, line 14 . check the box	on line 13, and	 d line 14 is 33¹/	14 15 3% or more, ch	% % neck this
b	box and <b>stop here.</b> The organization qua 33 <sup>1</sup> / <sub>3</sub> % support test—2011. If the organ check this box and <b>stop here.</b> The organ	nization did no	t check a box	on line 13 or	16a, and line	15 is 33 <sup>1</sup> /3%	or more,
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	<b>012.</b> If the orga ets the "facts- acts-and-circu	anization did no and-circumsta imstances" tes	ot check a box nces" test, che st. The organiza	on line 13, 16 eck this box an ation qualifies a	d <b>stop here.</b> E as a publicly su	line 14 is xplain in upported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization me supported organization	tion meets the neets the "facts	e "facts-and-ci s-and-circums 	rcumstances" tances" test. T	test, check th he organization	is box and <b>sto</b> n qualifies as a	and line  op here.  publicly .
18	Private foundation. If the organization di	d not check a	box on line 13,	, 16a, 16b, 17a	, or 17b, check	this box and	

### 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.)

C = -4.	if the organization fails to qualify	under the te	sis listed beit	ow, please co	implete Part	1.)	
	on A. Public Support	( ) 6555	4) 6555			1	
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees					İ	
•	received. (Do not include any "unusual grants.")	150,028	130,687	154,525	184,372	189,454	809,066
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	30,499	13,038	31,204	20,665	30,589	125,995
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	o	o	o	o	o	0
4	Tax revenues levied for the				9		
•	organization's benefit and either paid						
	to or expended on its behalf				_		_
_		0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the	1					
	organization without charge	0	0	0	0	0	0
6	<b>Total.</b> Add lines 1 through 5	180,527	143,725	185,729	205,037	220,043	935,061
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	0	0	0	o	•	0
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	o	o	o	o	o	0
С	Add lines 7a and 7b	0	0	0	0	0	
8	Public support (Subtract line 7c from	\$3.34.5		- · · · · · · · · · · · · · · · · · · ·	. , , , , , , , ,	<u>U</u>	
•	line 6.)						005.004
Sacti	on B. Total Support						935,061
		(-) 0000	(I-) 0000	(-) 0040	( 0 0044	( ) 0010	
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d</b> ) 2011	(e) 2012	(f) Total
9	Amounts from line 6	180,527	143,905	185,729	205,037	220,043	935,061
10a	Gross income from interest, dividends,		i				
	payments received on securities loans, rents,						
	royalties and income from similar sources .	8,862	6,872	4,310	1,543	6,177	27,764
b	Unrelated business taxable income (less			ŀ			
	section 511 taxes) from businesses						
	acquired after June 30, 1975	o	o	o	o	o	0
С	Add lines 10a and 10b	8,862	6,872	4,310	1,543	6,177	27,764
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	o	o	o	o	o	0
12	Other income. Do not include gain or			<del>-</del>			
	loss from the sale of capital assets						
	(Explain in Part IV.)		_	_ ا	_ [		
13	Total support. (Add lines 9, 10c, 11,	0	0	0	0	50,000	50,000
10	and 12.)						
4.4	,	189,389	150,777	190,039	206,580	276,220	1,012,525
14	First five years. If the Form 990 is for the				-		501(c)(3)
<del></del>	organization, check this box and stop he		· · · · ·	· · · · ·	· · · · ·	· · · · ·	<u>·</u> · ▶ ⊔
	on C. Computation of Public Suppor					, , , , , , , , , , , , , , , , , , , ,	
15	Public support percentage for 2012 (line 8					15	92 %
16	Public support percentage from 2011 Sch			<u> </u>	<u></u>	16	97 %
	on D. Computation of Investment In						
17	Investment income percentage for 2012 (	line 10c, colum	in (f) divided by	y line 13, colun	nn (f))	17	.55 %
18	Investment income percentage from 2011					18	3 %
19a	331/3% support tests-2012. If the organ						, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2011. If the organiz						
_	line 18 is not more than 331/3%, check this l						
20	Private foundation. If the organization di						
						000 HIGH UC	

Part IV

Part IV	<b>Supplemental Information.</b> 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).
Part B, Line	e 13(e)-The law firm Constantine Cannon made a \$50,000 donation to FCA's general fund, an unexpected and unexpectedly large
gift.	
•	······································
••••	
••••••	

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

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

	ction 501(c)(4), (5), or (6) orga	inizations: Complete Part III			
Name o	of organization			Employer ider	ntification number
	l Consumers Alliance, Inc.				52-1095109
Part		e organization is exempt und			organization.
1	•	the organization's direct and indire	•	•	
2					(
3	Volunteer hours				0
Part		e organization is exempt und			
1	•	excise tax incurred by the organiz			(
2		excise tax incurred by organization	•		·
3	<u> </u>	ed a section 4955 tax, did it file Fo	•		Yes No
4a					L Yes L No
b	If "Yes," describe in Part			a) averation 504	(-)(0)
Part 1	Enter the amount direct	e organization is exempt und ly expended by the filing organiz	er section 50 ((	527 except section 50 i	(C)(3).
'					
2		filing organization's funds contrib			
_		vities			
3		expenditures. Add lines 1 and 2			
	•			· ·	
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes No
5		ses and employer identification nu			<del></del>
	organization made payme	ents. For each organization listed,	enter the amount	paid from the filing organ	zation's funds. Also ente
	the amount of political co	ontributions received that were pro	mptly and directly	delivered to a separate p	oolitical organization, such
	as a separate segregated	fund or a political action committe	ee (PAC). If additio	nal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and
				lunds if none, enter -o-	promptly and directly delivered to a separate
					political organization If none, enter -0-
					The state of the s
(1)			4		
(2)					
<del></del>					
(3)		 	-		
<u></u> _					
(4)					
(5)			4		
(6)					
ν,			I		1

	nedule C (Form 990 or 990-EZ) 2012					Page
Pa	Complete if the organization section 501(h)).	ı is exempt ı	under section 5	01(c)(3) and file	d Form 5768 (ele	ection under
A	Check ▶ ☐ If the filing organization below					oup member's
	name, address, EIN, expen	ses, and sha	re of excess lobl	oying expenditur	es).	•
В٠	Check ► ☐ if the filing organization che	cked box A	and "limited conf	trol" provisions a	apply.	
	Limits on Lobby				(a) Filing	(b) Affiliated
	(The term "expenditures" me	ans amounts	paid or incurred.	)	organization's totals	group totals
-	1a Total lobbying expenditures to influence	public opinion	(grass roots lobby	ring)	0	
	<b>b</b> Total lobbying expenditures to influence a	a legislative bo	dy (direct lobbying	g)	25	
	c Total lobbying expenditures (add lines 1a	and 1b) .			25	
	d Other exempt purpose expenditures				172,487	
	e Total exempt purpose expenditures (add				172,512	1
	f Lobbying nontaxable amount. Enter the	he amount fr	om the following	table in both		
	columns.				34,502	(
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
	Not over \$500,000	20% of the an	nount on line 1e			v Ø. }
	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 o	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000				<u> </u>
	g Grassroots nontaxable amount (enter 259	% of line 1f)			8,626	
	h Subtract line 1g from line 1a. If zero or les	ss, enter -0-			0	
	i Subtract line 1f from line 1c. If zero or les	s, enter -0-			0	
	j If there is an amount other than zero of	on either line	1h or line 1i, did	the organization	file Form 4720	
	reporting section 4911 tax for this year?	<u> </u>	· · · · · ·	<u></u>	<u> </u>	Yes No
	4-Yea (Some organizations that mad columns below. S	de a section 5	Period Under Sec 01(h) election do ctions for lines 2a	not have to com	plete all of the five	•
	Lobbying	Expenditures	During 4-Year Av	eraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) Total

	Lobbyii	ng Expenditures	During 4-Year Av	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	( <b>d)</b> 2012	(e) Total
2a	Lobbying nontaxable amount	35,998	36,141	39,732	34,502	146,373
b	Lobbying ceiling amount (150% of line 2a, column (e))			(1)		219,560
С	Total lobbying expenditures	400	35	75	25	535
d	Grassroots nontaxable amount	7,199	9,035	9,933	8,626	34,793
е	Grassroots ceiling amount (150% of line 2d, column (e))	*; 4	*	À.		52,190
f	Grassroots lobbying expenditures	105	30	50	0	185

Schedule C (Form 990 or 990-EZ) 2012

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768	3	9-
For 4	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(6	3)		(b)	
	iption of the lobbying activity.	Yes	No	Α	moun	it
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:		10 × 10 × 10 × 10 × 10 × 10 × 10 × 10 ×	\$3. Yu	~ ~	
а	Volunteers?					
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			×	m - a ···	** * *******
d	Mailings to members, legislators, or the public?					
e	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?	<b></b>				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?					
i	Total. Add lines 1c through 1i					
2a b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912	, \				nt m
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	%	_41	····	ν.	
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c	1/5)	Vr so	ction		
	501(c)(6).	)(J), (	) 3 <del>C</del>	CHOIT		
					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?			2	<del>                                     </del>	<del>                                     </del>
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	<del> </del>	<del> </del>
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c)				<u> </u>	1
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."	R (b)	Part	III-A,	line	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year	.	2a			
b	Carryover from last year	. 1	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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	the /ing				
_	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par						
Comp list); P	lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; I art II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.	Part II	-A (aff	iliated	grou	р
				<b>-</b> -	·	
Descri	ption of lobbying activity: Funeral Consumers Alliance analyzed a bill in the Michigan legislature and sent	a two	-page	letter e	of	
oppos	ition.			<b></b>		
<b></b>						
	·					

#### **SCHEDULE D** (Form 990)

# **Supplemental Financial Statements**

OMB No 1545-0047 2012

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name o	Funeral (ONSUM	ners Alliance, Inc.	Da - 1095/09
Par	Organizations Maintaining Dono	r Advised Funds or Other Similar Fu	
	organization answered "Yes" to Fo		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	0	0
2	Aggregate contributions to (during year) .	0	<u> </u>
3	Aggregate grants from (during year)	0	0
4	Aggregate value at end of year	0	0
5	Did the organization inform all donors and		<u>.</u>
	funds are the organization's property, subject	· · · · · · · · · · · · · · · · · · ·	
6	Did the organization inform all grantees, dor		
	only for charitable purposes and not for the conferring impermissible private benefit? .		
	Conferring impermissible private benefit? .	late if the agent instead on a ground five	Yes No
	· · · · · · · · · · · · · · · · · · ·	lete if the organization answered "Yes	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held to		af an bistorically important land area
	Preservation of land for public use (e.g., i		
	Protection of natural habitat	☐ Preservation	of a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organiza	tion held a qualified conservation contribu	tion in the form of a conservation
2	easement on the last day of the tax year.	non neid a quanned conservation contribu	tion in the form of a conservation
	oddonion on the last day of the tax year.	•	Held at the End of the Tax Year
а	Total number of conservation easements .		· · · · · · · · · · · · · · · · · · ·
a b	Total acreage restricted by conservation eas		
c	Number of conservation easements on a cer		
d	Number of conservation easements includ	• • • • • • • • • • • • • • • • • • • •	
_	historic structure listed in the National Regis	· · · · ·	1 1
3	Number of conservation easements modified		
	tax year ►		
4	Number of states where property subject to	conservation easement is located ►	
5	Does the organization have a written poli	icy regarding the periodic monitoring, i	nspection, handling of
	violations, and enforcement of the conservat	ion easements it holds?	· · · · · · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monito	ring, inspecting, and enforcing conservation	on easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	sements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported		
	(i) and section 170(h)(4)(B)(ii)?		· · · · · · · · · Yes · No
9	In Part XIII, describe how the organization re		
	balance sheet, and include, if applicable, the	<del>-</del>	financial statements that describes the
	organization's accounting for conservation e		- Otto - Circilar Assats
Part		ctions of Art, Historical Treasures,	
		ered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted und works of art, historical treasures, or other		
	public service, provide, in Part XIII, the text of		
<b>.</b>	If the organization elected, as permitted un		
b	works of art, historical treasures, or other		
	public service, provide the following amount		Caddadon, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII		<b>b</b> \$
	(ii) Assets included in Form 990, Part X	,	• • • • • • • • • • • • • • • • • • •
2	If the organization received or held works	of art historical treasures or other simi	lar assets for financial gain, provide the
_	following amounts required to be reported u		
а	Revenues included in Form 990, Part VIII, lin		
	Assets included in Form 990, Part X		<b>&gt;</b> \$

Par	Organizations Maintaining	Collections of	Art, Historical	Freasures, or (	Other Similar As:	sets (con	tınued)
3	Using the organization's acquisition, collection items (check all that apply):		her records, ched	k any of the foll	owing that are a si	gnificant u	use of its
а	Public exhibition		<b>d</b> $\square$ Loan	or exchange pro	grams		
, b	Scholarly research						
C	Preservation for future generations	S				·	
4	Provide a description of the organiza		and explain how t	hey further the o	rganization's exem	int nurnos	e in Parl
•	XIII.		and explain new t	noy larther the c	rgariization 3 CACII	pr purpos	C III I AII
5	During the year, did the organization	solicit or receive	donations of art	historical traceu	roe or other cimile	r	
Ū	assets to be sold to raise funds rather	r than to be mainta	uned as part of th	e organization's	es, or other simila		
Dar	ESCROW and Custodial Arra						No
- an	line 9, or reported an amour	nt on Form 990, F	Part X, line 21.			·	rant IV,
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian or oth	er intermediary for	or contributions	or other assets no		No
b	If "Yes," explain the arrangement in P						
					An	nount	
С	Beginning balance			1- ·-	c		
d	Additions during the year				d		
е	Distributions during the year			[	е		
f	Ending balance				lf .		
2a	Did the organization include an amount	nt on Form 990, Pa	art X, line 21? .			☐ Yes	□ No
b	If "Yes," explain the arrangement in P	art XIII. Check here	e if the explanatio	n has been provi	ded in Part XIII .		Ē
Par		ete if the organiz	ation answered	"Yes" to Form	990. Part IV. line	10.	_=
		(a) Current year	(b) Prior year	(c) Two years back			ars back
1a	Beginning of year balance	78,557	78,017	76,63	-	<del>                                     </del>	
b	Contributions	0	400	· · · · · · · · · · · · · · · · · · ·		<b>†</b>	68,477
c	Net investment earnings, gains, and		400	33	735	+	625
Ŭ	losses						
		1,292	139	1,05		<del> </del>	4,252
ď	Grants or scholarships	0	0		0	<u> </u>	0
е	Other expenditures for facilities and					1	
_	programs	0	0		0 0	<u> </u>	0
f	Administrative expenses	0	0	-	0		0
g	End of year balance	79,849					73,354
2	Provide the estimated percentage of t	he current year en	d balance (line 1g	, column (a)) held	as:		
а	Board designated or quasi-endowmer	nt ▶6	4%				
b	Permanent endowment >	36%					
С	Temporarily restricted endowment ▶	0%					
	The percentages in lines 2a, 2b, and 2	c should equal 10	0%.				
3a	Are there endowment funds not in the			at are held and a	dministered for the	3	
	organization by:		_			· ·	es No
	(i) unrelated organizations					3a(i)	<del>√</del> √
	(ii) related organizations					3a(ii)	- <del></del>
b	If "Yes" to 3a(ii), are the related organi					3b	<b>-</b>
4	Describe in Part XIII the intended uses					30	_   •
Part							
	Description of property	(a) Cost or oth			Accommendated	/-D1:	
	bescription of property	(investme	' '		Accumulated depreciation	(d) Book v	alue
1a	Land			****	***		
b	Buildings	·	<del></del>	**:	, , >3 [ -		
	Leasehold improvements	•					
C		·		<del></del>			
d	Equipment	·				<del></del>	<del></del>
e T-4-1	Other		20. 0 - 1 / 1	(0) ( ) (0)			
rotal.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	iu. Part X. column	(B) line 10(c) )	<b>▶</b>		

Part VII	Investments - Other Securities	. See Form 990, Part X,	line 12.
(8	Description of security or category     (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	derivatives		
	held equity interests		
(3) Other			
(A)			
(B) (C)			
(D)			
(E)			
····(F)			
(G)			
(H)			
(J)			
	(b) must equal Form 990, Part X, col (B) line 12)		
Part VIII	Investments - Program Related	J. See Form 990, Part X	, line 13.
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(9)			
(10)			
	(b) must equal Form 990, Part X, col. (B) line 13 ) ▶		
Part IX	Other Assets. See Form 990, Pa		
	(a	n) Description	(b) Book value
(1)		<del></del>	
(2)		<del> </del>	
(4)			
(5)		<del></del>	
(6)			
(7)			
(8)			
(9)			
(10)	man (h) marint navel Forms 000. Don't V. a.	-1 (D) I 15 )	
Part X	mn (b) must equal Form 990, Part X, co Other Liabilities. See Form 990,		<u> </u>
1,	(a) Description of liability	(b) Book value	T
	income taxes	(-)	
(2)			<b>†</b>
(3)			
(4)			
(5)			
(6)		<u> </u>	, , , , , , , , , , , , , , , , , , ,
(7)			· * *- · · *
(8)		<del> </del>	
(9) (10)			
(11)			
	(b) must equal Form 990, Part X, col (B) line 25 )		· · · · · · · · · · · · · · · · · · ·
		ext of the footnote to the ord	Liganization's financial statements that reports the organization's
liability for ur	ncertain tax positions under FIN 48 (ASC 7	40). Check here if the text of	the footnote has been provided in Part XIII

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number					
Funeral Consumers Alliance, Inc.	52-1095109					
Listed below are the directors and officers of FCA, Inc., in response to Part VI, Section A, Line 9:						
Laurie Powsner, President 34 Tee Ar. Place Princeton, NJ 08540						
Rodger Ericson Vice President 2312 Giddens Dr. Cedar Park, TX 78613						
Trough Eliosof Floor Colors 2012 Gladelis Di. Octai Tark, TX 70010						
David Morrison, Treasurer 600-A Eden Rd. Lancaster, PA 17601						
Ruth Bennett, Secretary 1449 South Abrego Drive Green Valley, AZ 85614						
John Abraham 9138 N. Palm Brook Drive Tucson, AZ 85743						
Jim Null 69 Grove Circle Brevard, NC 28712-3899						
Nancy Petersen 5510 NE Antioch Road #163 Kansas City, MO 64119						
Barbara Van Droof 11523 Exeter Ave NE Seattle, WA 98125-5911						
Karen Smith 6816 La Christa Way Knoxville, TN 37921						
	······					
	·····					
Part VI, Section B, Line 11B-Josh Slocum, Executive Director, provides a copy of the 990 to the board	prior to filing. The executive committe					
(president, vice-president, treasurer, and secretary) may ask questions or suggest changes.						
Part VI, Section B, Line 15aThe board of directors examines salary data for comparably situated small	all nonprofits as well as the cost of					
Fait VI, Section B, Line 13a. The board of directors examines salary data for comparably situated sm	all nonprofits as well as the cost-of					
living changes, if any, from year to year when determining the executive director's compensation.	·····					
Part VI, Section C, Line 19- FCA regularly shares its bylaws and policies and procedures documents v	vith affiliated member organizations					
both at their request and to solicit suggestions. We also share these documents as examples to affilia	ited organizations for their own					
governance policies. We also provide these documents to any person, regardless of status, on reques	st. We have an open-book policy.					
Similarly we share the organization's Form 990 at the request of any person or organization. We do th	is either by email or by referring					
the requestor to Guidestar.org, whichever is most convenient for the requestor.						
Additionally, FCA's bylaws are posted publicly at our site, www.funerals.org.						
FCA provides its financial statements to any party on request. When such requests are made they near	arly always come from affiliated					
organizations within the ECA federation. Additionally we become which we also be the first test and the	fall addison of summer 1 to 2000					
organizations within the FCA federation. Additionally we began publishing a line-by-line budget in the	rail edition of our newsletter in 2011.					

Name of the organization	Employer identification number
Part XI, Line 9-The \$17,344 is due to increases in the market value of our portfolio over the year.	1
Part XI, Line 3-111e \$17,344 is due to increases in the market value of our portion over the year.	
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