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SCANNED JUN 1 8 2013

For Paperwork Reduction Act Notice, see the separate instructions.

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

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

OMB No 1545-0047

Open to Public

benefit trust or private foundation)

Internal Revenue Service  The organization may have to use a copy of this return to satisfy state reporting requirements.  Inspection							ection						
A	For the 2	2012 cale	ndar year, or tax year beginning		, 2012, ar	nd ending			, 20				
В	Check if a	pplicable	C Name of organization	Le Leuron,	nortee Pol	icy Pro	24		r identification				
	Address c	hange	Doing Business As SEPP			•		54	-1645	<b>4</b> 72			
	Name cha	•	Number and street (or P O box if m	all is not delivered to stre	et address)	Room/suite		E Telephon		<u>*3</u>			
$\bar{\Box}$	Initial retur	-	(600 S. Eads \$+	, Sulte 712-	\$	712-	-5	703	920	2744			
ī	Terminate		City, town or post office, state, and										
ĭ	Amended		Arlington, VA					<b>G</b> Gross red	ceints \$				
$\ddot{\Box}$	Applicatio	4	F Name and address of principal offic		, uddress		H/o) le this		or affiliates?	/as $\square$ No			
ш	Applicatio	n pending	S. Free Sin		as aboot	د)			cluded?				
_						_			list (see instru				
÷	Tax-exem		<u>⊠ 501(c)(3)</u> <u>□ 501(c) (</u>	) (insert no ) L	4947(a)(1) or	527	4						
<u>-</u>	Website:		www. sepp. ore	Пон			<del> </del>	exemption		<del></del>			
_			Corporation Trust Associa	ation	L Year	r of formation	1	M State (	of legal domicil	e			
۲	art I	Summ											
	1 8	Briefly de	escribe the organization's miss	sion or most signific	ant activities:								
é	-	····								•••••			
ă	-	Resignate + Eider cottin of Enviv. 1554=5											
E													
Š			is box ▶☐ if the organization	·					ts net asset	S.			
9			of voting members of the gove										
es			of independent voting membe						3				
Activities & Governance			nber of individuals employed i				<u></u>		19				
Act			nber of volunteers (estimate if					6	6				
•			elated business revenue from	•				7a	<u> </u>				
	1 d	Net unrel	ated business taxable income	from Form 990-T, I	<u>ine 34</u>			7b	عربيل				
							Prior Ye	ear	Curren				
0	8 (	Contribut	tions and grants (Part VIII, line	1h)			606	13	727	<u> </u>			
ž	9 F	Program	service revenue (Part VIII, line	2g)			-						
Revenue	10 I	nvestme	nt income (Part VIII, column (A	A), lines 3, 4, and 7d	)		56 2	.35	62	135			
Œ	11 (	Other rev	venue (Part VIII, column (A), lin	es 5, 6d, 8c, 9c, 10d	c, and 11e) .	$ abla$	60 6	30	24-6	400			
	12	Total reve	enue-add lines 8 thro <u>ugh 11 (r</u>	must equal Part VIII,	column (A), lin	e 12)	159 0	62	154	325 293			
	13 (	Grants ar	nd similar amounts paid (Pa	IX column (A), lines	1–3)								
			paid to or for members (Part.)				_			<u> </u>			
v			other compensation, employee,			5–10)			_				
Expenses			onal fundraising fees (Part IX, d			🗀 🗀	_		1				
per	b	Total fun	draising expenses (Part IX,-ce	lumn (D), line 25)	2280	,			:52 4	424			
Щ	17 (	Other exi	penses (Part IX, column (A),(ii)	68 Ma=41d 11#-24	er .		ાર લક્ક હ	081	360	<del>\$`/</del>			
	18	Total exp	penses. Add lines 13- <del>17-(must</del>	ednar Bart, IX. color	nn (A), line 25)	\`	960		9404	i l			
			less expenses. Subtract line				627		280	42 60 ZUZ			
- S		10101100	rees experieses. Captitaes into		· · · · ·		ginning of Cu		End of				
Net Assets or Fund Balances	20	Total ace	ets (Part X, line 16)					04	1492	724			
Ass	21		ollities (Part X, line 26)			·	<u> </u>	· · · · ·					
Ket	22		ts or fund balances. Subtract	line 21 from line 20		· ·	1607 1	• P	LOBI	174			
	art II		ture Block	inic 21 non inic 20	_ <del></del>	• • •	1000	- •					
_			ry, I declare that I have examined this	return uneluding gegenn	anuna ashadulaa	and stateme	anto and to t	he heet of m	ny kaovilodae	and helief it is			
			lete Declare that I have examined this						ly knowledge	and benci, it is			
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Si.		Sign	ature of officer				Da	<del>5/15/</del>	19	<del></del>			
Sign   Signature of officer   Date /													
пе	ie	Tuna											
_		<del></del>	e or print name and title	Preparer's standard	· -· · · · · · · · · · · · · · · · · ·	Date			PTIN				
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	e Only	Firm's n					Fim	n's ElN ▶					
		Firm's a	ddress ►		<del></del>		Pho	one no		<u> </u>			
			s this return with the preparer		instructions)	· ·_ ·	<u></u>	<u> </u>		Yes No			
For	Paperwa	ork Redu	ction Act Notice, see the separa	ate instructions.		Cat No.	11282Y		For	m <b>990</b> (2012)			

Cat No 11282Y

Part	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 (4.)	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		/
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<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		/
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		/
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		<b>V</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
1.1	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		<b>V</b>
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		/
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		>
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		>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	- 1	<b>✓</b>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		ゝ
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		J
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		J
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>\</b>
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		<b>✓</b>
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		V
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		<b>&gt;</b>
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		*
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		4
20 a		20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		<b>~</b>

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Part	Checklist of Required Schedules (continued)			
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	Yes	No /
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		V
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_		N/1
	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		V
	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		<u>√</u>
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		<u> </u>
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			<b>v</b>
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓
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	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>/</b>
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		<b>√</b>
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</i> "Yes," <i>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		<b>√</b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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? <i>If</i> "Yes," <i>complete Schedule R</i> , <i>Part VI</i>	37		1
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		V
		For	ո 990	(2012)

Part	V . Statements Regarding Other IRS Filings and Tax Compliance	_		
•	Check if Schedule O contains a response to any question in this Part V		<u></u>	<b>X</b>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		ľ	
C	reportable gaming (gambling) winnings to prize winners?	1c		
2a		<del>- "  </del>		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a		l	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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)?			
ь	If "Yes," enter the name of the foreign country:	4a		
b	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	İ		
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		NP
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		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			N/A
	-gifts-were-not-tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		<b>-/</b> -
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		MIA
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			<del>1 -   1</del> -
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		4
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		NV
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	///		<u> </u>
	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		<u></u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 1/h Section 501(c)(12) organizations. Enter:			
''	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		1
	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		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			N
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
ь	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
		Form	990	(2012)

Form 99	<u></u>			Page <b>6</b>
Part				
٠	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			ons.
Socti	Check if Schedule O contains a response to any question in this Part VI	· ·		_ ⊔
Jecu	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   1a	Γ		
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar		:	
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		V
3	Did the organization delegate control over management duties customarily performed by or under the direct			1
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		4
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?. Did the organization have members or stockholders?	6		7
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-	-	
	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	· · ·	-	
	stockholders, or persons other than the governing body?	7b		<b>√</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	/	
b	Each committee with authority to act on behalf of the governing body?	8b	V	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			<b>/</b>
Sooti.	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1	
<u>secu</u>	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		_
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>\</b>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<b>/</b>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		-
13	Did the organization have a written whistleblower policy?	13		1
14 15	Did the organization have a written document retention and destruction policy?	14		•
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		N
b	Other officers or key employees of the organization	15b		(المنت
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1		
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		<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 ► VA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	E01/	0/(3)-	Onles
10	available for public inspection. Indicate how you made these available. Check all that apply.	1 30 1(	၂(၁)S	OHIY)
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or	f inter	est n	olicv
-	and financial statements available to the public during the tax year.		p	J <b>.</b>
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	)	
	organization: > 5 = 5 inper, 1600 5, E. e.ds, # 7125, Arling to 4, VA 22202/703	920	27	44
		Form	990	(2012)

Form 990 (2012)

Part VII	Compensation of Officers, Directors,	Trustees, Key Employees,	Highest Compensated Employees, and
•	Independent Contractors		

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and Title	(B)  Average hours per week (list any hours for related organizations below dotted	dox, condirector	ot ch unles	Posi eck i s pei	tion more	Highest compensated	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	,	stee	ustee		9	ensated				
(1) SFSinger, Chm, 12res Dir	60	~		*				None	None	None
(2) KAHKAZAIL, EXUP, DIT	30	1		✓				· ·		None
(3) T. Speehen Dir	5	<b>√</b>						u(	и	4
(4) D Bethell, Dir	5	<b>V</b>						4	A	H.
(5) M Branadorfer, Scc Trag	5	/		>				Á	n	μ
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)					_					
(13)										
(14)/										

Part	VII . Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees		nd H	lighe	st C	ompensated E	mployees (cont	nued)		
	(A) Name and title		(B) Average hours per Officer and a director/			is both	an	(D) Reportable compensation from	(E) Reportable compensation from related	1	( <b>F)</b> stimate mount o		
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org ar	npensati from the ganization ad relate janization	e on ed
(15)					-								
(16)											<u> </u>		
(17)													
(18)							=						
(19)											<u> </u>		
(20)													
(21)											ļ		
(22)							_						
(23)													
(24)	/												
(25)							-						
1b c d	Sub-total			•	•			<b>&gt; &gt; &gt;</b>					
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	ho received m	ore than \$100,0	00 of	ĸ	Jun 10
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete to	ficer, direc										Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep greater tha	portal an \$1	ole ( 50,0	com 000	per ? <i>If</i>	satio	n a s,"	nd other comp	ensation from t	he ch		-
5	Did any person listed on line 1a receive of for services rendered to the organization	r accrue co	mper	nsat	ion	fror	n any	un	related organiz	ation or individi	Jal		
Section	n B. Independent Contractors								· ·				
1	Complete this table for your five highest compensation from the organization. Repyear.	•									-		tax
	(A) Name and business add	ress							(B) Description of se	ervices		C) nsation	
			M	nt							V	/ pr	
			•								- "		
2	Total number of independent contractor							th	ose listed abo	ove) who			

Form **990** (2012)

P el L		Check if Schedule O contains a response to any ques	tion in this Part V	701		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
3ra	b	Membership dues 1b			}	!
ts, ( Am	С	Fundraising events 1c				
Giff lar	d	Related organizations 1d				
ıs, i	е	Government grants (contributions)				
tior er S	f	All other contributions, gifts, grants,	1			
ibu		and similar amounts not included above 1f 72758				
intr d O	g	Noncash contributions included in lines 1a-1f: \$			ł	
Co	h	Total. Add lines 1a–1f				
		Business Code				
ven	2a					
æ	b					
ice	С					
Sen	d				1	
Ē	е					
Program Service Revenue	f	All other program service revenue .				
Pre	g	Total. Add lines 2a–2f				
	3	Investment income (including dividends, interest,				
		and other similar amounts)	62135			<u> </u>
	_4_	Income_from_investment_of_tax-exempt_bond_proceeds_	_ Ø			
	5	Royalties	24400			
		(i) Real (ii) Personal		_		
	6a	Gross rents				
	b	Less: rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss) ▶			1	
	7a	Gross amount from sales of (i) Secunties (ii) Other				
		assets other than inventory				
	b	Less cost or other basis				
		and sales expenses .				
	С	Gain or (loss)				
	d	Net gain or (loss)				ļ
ø.						
enne	8a	Gross income from fundraising	1			
		events (not including \$				
Other Rev		of contributions reported on line 1c).				
Jer		See Part IV, line 18 a				
ŏ		Less: direct expenses b				<b></b>
		Net income or (loss) from fundraising events .				<del> </del>
	9a	Gross income from gaming activities.				-
		See Part IV, line 19 a	1			
		Less: direct expenses b		<del></del>		
		Net income or (loss) from gaming activities				ļ
	10a	Gross sales of inventory, less	1			
	_	returns and allowances a				
	b	Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code		<u> </u>		<del> </del>
	44	Miscellaneous Revenue Business Code			ļ	<del> </del>
	11a				<del></del>	<del> </del>
	b			<del></del>		<del> </del>
	C	All all and an analysis	<b></b>			<del> </del>
	d	All other revenue		<del></del>		<del> </del>
	е 12	Total. Add lines 11a–11d	120783	<del></del>	ļ - <del> -</del>	<del>                                     </del>

	90 (2012)				Page 10
	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must com	<del></del>			
	Check if Schedule O contains a respons		<del>,</del>		
Do no 8b, 9t	nt 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	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	/			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	/			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	/			
9	Other employee benefits [				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	1436		1436	
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees [	15200		12000	3200
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				_
13	Office expenses	2880	2000	800	80
14	Information technology				
15	Royalties [				
16	Occupancy [	60000	50 and	5000	5000
17	Travel	13 830	13830		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	2540	2540		
20	Interest [	_			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	380		380	
23	Insurance			<u> </u>	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	VA Grafee	25		25	
b	UP Comp Fee	2790	2790		
c d	/ <b>8</b> F	<del> </del>			
е	All other evenence			,	
25	Total functional expenses Add lines 1 through 24e	80 m (1)	71160	181641	0260

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 following SOP 98-2 (ASC 958-720) . . . .

26

ľ	art X	Balance Sneet			
	•	Check if Schedule O contains a response to any question in this Part	<u> </u>		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	321	1	210
	2	Savings and temporary cash investments	سنا	2	0
	3	Pledges and grants receivable, net	<i>b</i>	3	<del>2</del>
	4	Accounts receivable, net	سح	4	- Carrier Control
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	₩	5	
s	6	Loans and other receivables from other disqualified persons (as defined under section 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 organizations (see instructions). Complete Part II of Schedule L	D.	6	9
ě	7	Notes and loans receivable, net	#	7	بع
Assets	8	Inventories for sale or use		8	0
•	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or		-	<del></del>
		other basis. Complete Part VI of Schedule D 10a 5000			
	ь	Less: accumulated depreciation 10b 350		10c	
	(T)	Investments—publicly traded securities	1647104	11	1892774
	12	Investments—other securities. See Part IV, line 11	7	12	
	13	Investments—program-related. See Part IV, line 11		13	6/
	14	Intangible assets	8	14	
	15	Other assets. See Part IV, line 11	9	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1647104	16	1892774
_	17	Accounts payable and accrued expenses		17	
	18	Grants payable	y	18	
	19	Deferred revenue		19	(2)
	20	Tax-exempt bond liabilities	3	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	Ø	21	
s	22	Loans and other payables to current and former officers, directors,	· · · · · · · · · · · · · · · · · · ·		
Liabilities		trustees, key employees, highest compensated employees, and			
Ē		disqualified persons. Complete Part II of Schedule L	6	22	المحري
Ë	23	Secured mortgages and notes payable to unrelated third parties	8	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	_	25	
	26	Total liabilities. Add lines 17 through 25		26	Ø
ĕ		complete lines 27 through 29, and lines 33 and 34.		<u> </u>	
a	27	Unrestricted net assets	1647104	27	1892 774
Bal	28	Temporarily restricted net assets		28	_
Þ	29	Permanently restricted net assets		29	
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
Net Assets or Fund Balances		complete lines 30 through 34.			
its	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ž	33	Total net assets or fund balances	1647104	33	1892 774
	34	Total liabilities and net assets/fund balances		34	5 990 (2016

Page	1	2
rauc		-

Par	XI Reconciliation of Net Assets		/
•	Check if Schedule O contains a response to any question in this Part XI		154 213 .
1	Total revenue (must equal Part VIII, column (A), line 12)	1	60202
2	Total expenses (must equal Part IX, column (A), line 25)	2	99091
3	Revenue less expenses. Subtract line 2 from line 1	3	GO 202
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1647104
5	Net unrealized gains (losses) on investments	5_	
6	Donated services and use of facilities	6	<del></del>
7		7	
8	Prior period adjustments	8	4
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		1000 774
	33, column (B))	10	1892774
Part	XII Financial Statements and Reporting		_
	Check if Schedule O contains a response to any question in this Part XII		<u> </u>
			Yes No
1	Accounting method used to prepare the Form 990: A Cash Accrual Other	.1	
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	pıaın	in last last last
_			
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 compreviewed on a separate basis, consolidated basis, or both.	olled	or San
	·		
	Separate basis Consolidated basis Both consolidated and separate basis		
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited.		. 2b
	separate basis, consolidated basis, or both:	d OII	
_	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 or	oreia.	ht
C	of the audit, review, or compilation of its financial statements and selection of an independent account		
	If the organization changed either its oversight process or selection process during the tax year, ex		
	Schedule O.	Piairi	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın Para
Sd	the Single Audit Act and OMB Circular A-133?		"'   3a     🗸
b		rao ti	
J	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		$\begin{vmatrix} \mathbf{a} \\ \mathbf{a} \end{vmatrix} = \mathbf{N} \mathbf{I} \mathbf{F}$
			Form <b>990</b> (2012)
			101111 330 (2012)

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

Department of the Treasury

Internal Revenue Service

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

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

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 5 cience & Environmental Pulia 54-1645372 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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 An organization organized and operated exclusively to test 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. **c** Type III–Functionally integrated **d** Type III-Non-functionally integrated 🛮 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and 11g(i) (ii) A family member of a person described in (i) above? . . . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . 11g(iu) Provide the following information about the supported organization(s). (ii) EIN (i) Name of supported (iii) Type of organization (IV) Is the organization (vii) Amount of monetary (v) Did you notify (vi) Is the the organization in col (i) of your organization (described on lines 1-9 in col (i) listed in your organization in colsupport governing document? (i) organized in the above or IRC section support? US? (see instructions)) Yes Yes No Yes No (A) (B) (C) (D) (E)

**Total** 

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	le A (FOITH 990 OF 990-EZ) 2012						Page Z
Part	Support Schedule for Organiza (Complete only if you checked the						•
	Part III. If the organization fails to						any artaer
Secti	on A. Public Support	quality and	51 the tests 110	3100 D01011, p	ioaso compi	oto i ait iii.,	
	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.")	(a) 2000	(5) 2000	(0) 2010	(4) 2011	(0) 2012	(t) Foto:
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			NA			
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.						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(£)</b> 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
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 organization, check this box and stop he		n's first, secon	id, third, fourth	i, or fifth tax y	rear as a section	on 501(c)(3) · · · ► □
Secti	on C. Computation of Public Suppor	t Percentag	е				
14	Public support percentage for 2012 (line	6, column (f) d	ivided by line 1	11, column (f))		14	%
15	Public support percentage from 2011 Sch					15	%
16a	331/3% support test—2012. If the organi						
	box and stop here. The organization qua			-			
b	331/3% support test—2011. If the organ						
	check this box and stop here. The organ	•			-		_
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization".	ets the "facts- acts-and-circu	and-circumsta ımstances" te:	inces" test, che st. The organiz	eck this box a ation qualifies	nd <b>stop here.</b> I as a publicly s	Explain 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 m	<b>011.</b> If the orga	anization did n e "facts-and-c	ot check a box ircumstances"	on line 13, 1 test, check t	6a, 16b, or 17a his box and <b>st</b>	, and line op here.
	supported organization				_	•	

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

## 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.)

Calendar year (or fiscal year beginning in)  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")  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	Secti	on A. Public Support	didei tile te	sts listed bei	ow, piease cc	implete i art			
1 Giffs, grants, contributions, and membership fees received, from oil rusular grants? 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the sumshed in any activity that is related to the sumshed in any activity that is related to the sumshed in any activity that is related to the sumshed in any activity that is related to the sumshed in any activity that is related to the sumshed in any activity that is related to the understand that the related is the sumshed in any activity that is related to the corporations benefit and either paid to or expended on its behalf is the organization's benefit and either paid to or expended on its behalf is the organization without charge.  8 Total. Add lines 1 through 5.  9 Amounts included on lines 2 and 3 received from other than disqualified persons.  1 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 c. Add lines 7 arand 70.  8 Public support (Subtract line 7c from line 6).  9 Amounts from line 6  10a Gross receipt from amilar sources.  10 Unrelated business statistic microme (less section 511 taxes) from businesses activities and income from similar sources.  10 Unrelated business statistic microme (less section 511 taxes) from businesses activities and income from similar sources.  11 Total support. (Add lines 9, 10c, 11, and 12).  12 Total of the public support (add lines 9, 10c, 11, and 12).  13 Total support. (Add lines 9, 10c, 11, and 12).  14 First five years. If the Form 990 is for the organization of lox divided by line 13, column (f) 15 SR %.  15 Public support percentage from 2011 Schedule A, Part III, line 15.  16 Public support percentage from 2011 Schedule A, Part III, line 15.  17 In ord more than 331-36, check this box and stop here. The organization qualifies as a publicly supported organization. Part is or form than 31-36, check this box and stop here. The organizati			(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
2 Gross receipts from admessions, merchandes sold or services performed or facilities furnished in any activity that is related to the origination's tax-everity phopose.  3 Gross receipts from activities that are not all included to the origination's tax-everity phopose.  4 Tax revenues leved of or the origination'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 organizations without charge.  6 Total. Add lines 1 through 5		Gifts, grants, contributions, and membership fees						482915	
unrelated trade or business under section 513 4 Tax revenues leveld for the organization's benefit and either pad 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. 7a Amounts included on lines 1, 2, and 3 received from the randingualified persons. b Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on lines 13 of the year of the amount on lines 13 of the year of the amount on line 14 of line 13 of the year of the amount of line 13 of the year of the year of the year beginning in) \( \begin{align*}	2	sold or services performed, or facilities furnished in any activity that is related to the	51750	26750			29.900	194530	
cryanization'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	3			15511	5241			2075	
turnished by a governmental unit to the organization without charge.  6 Total. Add lines 1 through 5	4	organization's benefit and either paid			/			/	
Amounts included on lines 1, 2, and 3 received from disqualified persons  b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year  c Add lines 7a and 7b.  Public support (Subtract line 7c from line 6).  Section B. Total Support  Calendar year (or fiscal year beginning in)   (a) 2008   (b) 2009   (c) 2010   (d) 2011   (e) 2012   (f) Total line 6).  Amounts from line 6.  Amounts from ine 6.  Us 2008   (b) 2009   (c) 2010   (d) 2011   (e) 2012   (f) Total line 6).  Amounts received on securities loans, rents, royalties and income from similar sources.  b Unrelated business taxable income (less section 511 taxes) from businesses activities not included in line 10b, whether or not the business is regularly carried on 10 controlled gain or loos from the sale of capital assets (Explain in Part IV).  13 Total support. (Add lines 9, 10c, 11, and 12).  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501c(x) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  17 Investment income percentage for 2012 (line 8, column (f) divided by line 13, column (f))	5	furnished by a governmental unit to the		/	/	/		/	
received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c. Add-lines 7a and 7b.  Public support (Subtract line 7c from line 6).  Section B. Total Support  Galendar year for fiscal year beginning in)  Amounts from line 6  B. Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  B. Unrelated business taxable income (less section 5.11 taxes) from businesses acquired after June 30, 1975.  C. Add lines 10a and 10b.  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part IV).  13 Total support. (Add lines 9, 10c, 11, and 12).  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)).  16 Public support percentage from 2011 Schedule A, Part III, line 17.  Investment income percentage from 2011 Schedule A, Part III, line 17.  Investment income percentage from 2011 Schedule A, Part III, line 17.  Investment income percentage from 2011 Schedule A, Part III, line 17.  Investment income percentage from 2011 Schedule A, Part III, line 17.  B. 33'% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33'a%, and line 17 is not more than 33'a%, check this box and stop here. The organization qualifies as a publicly supported organization.  B. 33'a% support tests—2011. If the organization did not check the box on line 14, and line 16 is more than 33'a%, and line 18 is not more than 33'a%, check this box and stop here. The organization qualifies as a publicly supported organization.	_	Amounts included on lines 1, 2, and 3	_		11+527		97,58	668197	
8 Public support (Subtract line 7c from line 6)	b	received from other than disqualified persons that exceed the greater of \$5,000			40000	36000		162000	
Inc 6   Section B. Total Support   Saction B. Computation of Public Support Percentage   Saction B. Computation of Public Support Percentage   Saction B. Computation of Investment Income Percentage   Saction B. Computation of Investment Income Percentage   Saction B. Saction B. Computation of Investment Income Percentage   Saction B. Saction B. Computation of Investment Income Percentage   Saction B. Saction B. Saction B. Computation of Investment Income Percentage   Saction B. S			20000	25000	40000	36000	4-1000	162000	
Calendar year (or fiscal year beginning in) Amounts from line 6		line 6.)						536197	
Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part IV.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage from 2011 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2011 Schedule A, Part III, line 17  18 Investment income percentage from 2011 Schedule A, Part III, line 17  19 331-3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 331-3%, and line 18 is not more than 331-3%, check this box and stop here. The organization qualifies as a publicly supported organization in 18 is not more than 331-3%, check this box and stop here. The organization qualifies as a publicly supported organization in 18 is not more than 331-3%, and line 18 is not more than 331-3%, check this box and stop here. The organization qualifies as a publicly supported organization in 19 is not more than 331-3%, and line 18 is not more than 331-3%, check this box and stop here. The organization qualifies as a publicly supported organization in 19 is not more than 331-3%, and line 18 is not more than 331-3%, check this box and stop here. The organization qualifies as a publicly supported organization in 19 is not more than 331-3%, and line 18 is not more than 331-3%, check this box and stop here. The organization qualifies as a publicly supported organi							1 () 22/2		
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Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part IV.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2011 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2011 Schedule A, Part III, line 17  18 Investment income percentage from 2011 Schedule A, Part III, line 17  19 33¹/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33¹/3%, and line 17 is not more than 33¹/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 b 33¹/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹/3%, and line 18 is not more than 33¹/3%, check this box and stop here. The organization qualifies as a publicly supported organization  17 In the organization of the organization publicly supported organization or line 18 is not more than 33¹/3%, check this box and stop here. The organization qualifies as a publicly supported organization or line 18 is not more than 33¹/3%, check this box and stop here. The organization qualifies as a publicly supported organization or line 18 is not more than 33¹/3%, check this box and stop here. The organization qualifies as a publicly supported organization or line 18 is not more than 33¹/3%, check this box and stop here. The organization qualifies as a publicly supported organization organization line 18 is not more than 33¹/3%, check this box and stop here. The organization qualifies as a publ	b	section 511 taxes) from businesses	<i>4</i> ).		/				
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loss from the sale of capital assets (Explain in Part IV.)	11	activities not included in line 10b, whether		•//		/			
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Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	14		ne organization	n's first, secon				<b>.</b> –	
Public support percentage from 2011 Schedule A, Part III, line 15	Secti	on C. Computation of Public Suppor	rt Percentag	е					
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Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))					<u> </u>	<u></u>	16	71 %	
Investment income percentage from 2011 Schedule A, Part III, line 17		<del></del>			v line 12. celus	(f)	17	7 3 0/	
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17 is not more than 33½%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  b 33½% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization									
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	b	331/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and							
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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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#### **SCHEDULE O** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization SEPP	Employer Identification number 54-1645372
Part II 4d	(None)
Part VIII line 5	Advance regally. Tumbalton grant to write a back
Part II line 7	and is a fee paid to brokerage firm
Par II line 3	Reverse exp is deposited throughout the year
Part II enu 5	all the rist is the appreciation in the investment portfolio