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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2012 calendar year, or tax year beginning and ending D Employer identification number Check if applicable. C Name of organization CONSCIENCE INTERNATIONAL INC Address change 58-2385275 Telephone number Number and street (or P.O box if mail is not delivered to street address) Room/suite Name change Initial return 110 MANSELL CIRCLE 101 (678) 513-7565 City, town or post office, state, and ZIP code Terminated G Gross receipts \$ 30075 815.597 ROSWELL Amended return F Name and address of principal officer: Application pending H(a) Is this a group return for affiliates? James E. Jennings, PHD 9305 Cain Circle, Gainesville, GA 30506-4095 H(b) Are all affiliates included? If "No," attach a list. (see instructions) Tax-exempt status X 501(c)(3)) < (insert no) 4947(a)(1) or Website: ► http://www.conscienceinternational.org/ H(c) Group exemption number ▶ I Year of formation: K Form of organization Corporation Trust Association Other > 1992 M State of legal domicile. GA Part I Summary Briefly describe the organization's mission or most significant activities Humanitarian aid, human rights and peacemaking Conscience International Inc. works to alleviate human rights suffering in the Activities & Governance wake of wars and natural disasters by providing medical assistance and refugee relief, and by implementing development and peace education projects Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 4 3 Number of independent voting members of the governing body (Part VI, line 1b). Total number of individuals employed in calendar year 2012 (Part V, line 2a) . 5 0 6 400 Total number of volunteers (estimate if necessary). 0 Total unrelated business revenue from Part VIII, column (C), line 12. 0 Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 815.597 Contributions and grants (Part VIII, line 1h). 617,175 9 Program service revenue (Part VIII, line 2g). 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 617,175 815,597 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 524,800 685,336 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . 0 0 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e). Total fundraising expenses (Part IX, column (D), line 25) ▶ 100,414 120,252 17 Other expenses (Part IX, column (A), lines 11a+11e+ 14f-24e) Total expenses Add lines 13-17 (must equal Part X, column (A), 625,214 805,588 18 19 Revenue less expenses. Subtract line 18 from line 12 10,009 Beginning of Current Year **End of Year** 20 32,237 42,246 Total assets (Part X, line 16) . . 21 Total liabilities (Part X, line 26) . . . Net assets or fund balances. Subtract line 21 from line 20 32,237 42,246 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Check Paid setf-employed Preparer Firm's EIN ▶ Firm's name **Use Only** Phone no Firm's address 🕨 May the IRS discuss this return with the preparer shown above? (see instructions)

Form 9	90 (2012)	CONSCIENCE INTERNATIONAL INC	58-2385275	Page 2
Pa	rt III	Statement of Program Service Accomplishments		l Gil
·····	Deie de	Check if Schedule O contains a response to any question in this Part III	· · · · · ·	х
1		lescribe the organization's mission [.] tarian Aid, Human Rights, Peacemaking		
2		organization undertake any significant program services during the year which were not listed on		
	-	Form 990 or 990-EZ?	Yes	X No
_		describe these new services on Schedule O.		
3	Did the services	organization cease conducting, or make significant changes in how it conducts, any program		□ N ₂
		?	· · L Yes	X No
4		e the organization's program service accomplishments for each of its three largest program services,	as measured by	
•		es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo		
		expenses, and revenue, if any, for each program service reported		,
4a	(Code) (Expenses \$ 534,174 including grants of \$) (Revenue	\$)
	Continu	ation of program for construction of earthquake resistant permanent housing for persons		
	displace	d by the January 12, 2010 earthquake in Grand Goave and other locations near		
	Port-au	Prince, Haiti. Also, construction of a school in Leogane, Haiti, and other humanitarian ities in Croix des Bouquets, Haiti, including delivery of services to orphans in the form		
	of repair	s to damaged housing and provision of food and clothing.		
		o to damages modeling and providen or read and document.		
46	(Codo:	\/\(\Gamma_{\text{conseq}}\)		
4b	(Code:) (Expenses \$ 11,125 including grants of \$) (Revenue ation of programs for relief of flood victims in Punjab and Khyber Pakhtunkhwa, Pakistan,	; Þ)
	includin	g school rehabilitation, water purification installations, and women's economic		
	empowe	rment training		
		*		
			.=	
4c	(Code.) (Expenses \$ 47,035 including grants of \$) (Revenue	\$)
	Continu	ation of program of medical education for two Tanzanian nuns.		
4d		ogram services. (Describe in Schedule O)		
	(Expens		0)	
46	Total pr	ogram service expenses 685 336		

orm 9	990 (2012) CONSCIENCE INTERNATIONAL INC.	58-23852	75	P	age 3
Part	IV Checklist of Required Schedules				,
	•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				1
_	complete Schedule A		1	X	├
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		2	Х	<u> </u>
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_	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,				:
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,				
	Part III		5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1			
	"Yes," complete Schedule D, Part I		6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
	complete Schedule D, Part III		8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	İ			
	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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted				
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	•	10	ļi	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,				
	VII, VIII, IX, or X as applicable		-		1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		44-		
b	Schedule D, Part VI		11a	X	├─
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		11b	1	x
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more		TID		-^
L	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		11c		x
А	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		110	<u> </u>	 ^
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	٠. ·	11e		X
	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		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," comple				
	Schedule D, Parts XI and XII.		12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes	s. <i>"</i>			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a	Х	
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		Х
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	ļ			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		16	L	X
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	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	ļ			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.		18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				
	If "Yes," complete Schedule G, Part III		19		ιX

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H....
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?.

20a 20b

Yes No 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 Χ 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 Х 22 Did the organization answer "Yes" to Part VII. Section A. line 3. 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated Х employees? If "Yes," complete Schedule J. 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. Х 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?. 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. . . . Х 25a 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 Χ 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 ... Х 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 Χ Was the organization a party to a business transaction with one of the following parties (see Schedule L. 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, or key employee? If "Yes." complete Schedule L. Part IV...... Х а A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х 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 Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, Χ b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

Form 9	90 (2012) CONSCIENCE INTERNATIONAL INC. 58-238	5275	Р	age 5
Par				\equiv
	· Check if Schedule O contains a response to any question in this Part V			Щ
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	40		
2a	gaming (gambling) winnings to prize winners?	1c	X	-
b	Statements, filed for the calendar year ending with or within the year covered by this return	2b		-
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
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	40	x	
h	·	4a	 ^	
b	If "Yes," enter the name of the foreign country: Haiti See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .	7 <u>g</u>		
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	1		
	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.	_		
a	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	ł		
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			l
_	against amounts due or received from them.)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	İ	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L	L	L
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.			
b	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	Į .		1
C	Enter the amount of reserves on hand	<u> </u>		<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	

Part VI

CONSCIENCE INTERNATIONAL INC.

58-2385275

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI.

Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt thas the organization provided a complete copy of this Form 990 to all members of its governing body be Describe in Schedule O the process, if any, used by the organization to review this Form 990. Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that council to be organization regularly and consistently monitor and enforce compliance with the policy? describe in Schedule O how this was done. Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and appindependent persons, comparability data, and contemporaneous substantiation of the deliberation as Theorganization's CEO, Executive Director, or top management official Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrawith a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to exparticipation in joint venture arrangements under applicable federal tax law, and take steps to set the organization's exempt status with respect to such arrangements? Section C. Disclosure The interest policy is policy in procedure available Check all that apply of this Form 990 is required to be filed to be filed of public inspection. I		• •	• •	<u> </u>
If there are material differences in voting nghts among members of the governing body, or if the governing body delegated broad authorly to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent. 2 Did any officer, director, trustee, or key employee have a family relationship or a business relation any other officer, director, critisete, or key employee to a management dunes customarily performed by or und supervision of officers, directors, or trustees, or key employees to a management company or of Did the organization make any significant changes to its governing documents since the prior Form 90 to the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders? 7a Did the organization have members or stockholders? 7b Did the organization have members, stockholders, or other persons who had the power to elect one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members otockholders, or persons other than the governing body? b Zid the organization contemporaneously document the meetings held or written actions undertate the year by the following. a The governing body? b Each committee with authority to act on behalf of the governing body? ls there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be at the organization's mailing address? If "Yes," provide the names and addresses in Schedule C Section B. Policies (This Section B requests information about policies not required by the file organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written conflict of interest policy? If "No," go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that out to Did the organization have a written conflict of inter				
If there are material differences in voting nghts among members of the governing body, or if the governing body delegated broad authorly to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent. 2 Did any officer, director, trustee, or key employee have a family relationship or a business relation any other officer, director, critisete, or key employee to a management dunes customarily performed by or und supervision of officers, directors, or trustees, or key employees to a management company or of Did the organization make any significant changes to its governing documents since the prior Form 90 to the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders? 7a Did the organization have members or stockholders? 7b Did the organization have members, stockholders, or other persons who had the power to elect one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members otockholders, or persons other than the governing body? b Zid the organization contemporaneously document the meetings held or written actions undertate the year by the following. a The governing body? b Each committee with authority to act on behalf of the governing body? ls there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be at the organization's mailing address? If "Yes," provide the names and addresses in Schedule C Section B. Policies (This Section B requests information about policies not required by the file organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written conflict of interest policy? If "No," go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that out to Did the organization have a written conflict of inter			Yes	No
the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent. 2 Did any officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or und supervision of officers, directors, or trustees, or key employees to a management company or of the organization make any significant changes to its governing documents since the prior Form 900 to the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization have members of stockholders? 7a Did the organization have members of stockholders, or other persons who had the power to elect one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members otckholders, or persons other than the governing body? b Zech committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be at the organizations mailing address? If "Yes," provide the names and addresses in Schedule C Section B. Policies (This Section B requests information about policies not required by the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt 11a Has the organization have a written organization and enforce compliance with the policy? describe in Schedule O the process, if any, used by th	1a :	3	İ	
committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business relatic any other officer, director, trustee, or key employees? Did the organization delegate control over management duties customarily performed by or und supervision of officers, directors, or trustees, or key employees to a management company or of a public the organization make any significant changes to its governing documents since the prior Form 990 bid the organization have members or stockholders? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect one or more members of the governing body? Did the organization contemporaneously document the meetings held or written actions undertathe year by the following. The governing body? Is a the committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be at the organization mailing address? If "Yes," provide the names and addresses in Schedule C Section B. Policies (This Section B requests information about policies not required by the Hast the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of suca affiliates, and branches to ensure their operations are consistent with the organization's exempt Has the organization provided a complete copy of this Form 990 to all members of its governing body be Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization regularly and consistently monitor and enforce compliance with the policy? Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or fusitess, and key employees required to dis				,
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Part VII	CONSCIENCE INTERNATIONAL I Compensation of Officers, Dire		96 K	A 11	E	nla	wee	e L	lighest Comp	58-23852	.75 Page 7
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	Check if Schedule O contains a re		y que	esti	on i	n th	nis Pa	art '	VII		🔲
Section A.	Officers, Directors, Trustees, Key E	mployees, and	Highe	est	Con	npe	nsate	d E	mployees		
•	his table for all persons required to be l	isted. Report co	mpen	sati	ion f	or ti	he ca	lend	dar year ending v	with or within the	•
organization's	•		(-:	اء دا				andless of small	
of compensati	of the organization's current officers, di on. Enter -0- in columns (D), (E), and (I	F) if no compens	ation	wa	s pa	ııd.					unt
 List the who received it 	of the organization's current key emplo organization's five current highest con reportable compensation (Box 5 of Fon and any related organizations.	pensated emplo	oyees	(ot	her	thar	n an c	office	er, director, trust	ee, or key emplo	yee)
• List all c	of the organization's former officers, ke							ed e	mployees who r	eceived more th	an
	of the organization's former directors o more than \$10,000 of reportable compe										the
	the following order: individual trustees	or directors, ins	titutio	nal	trus	tee	s; offi	cers	; key employees	s, highest	
 '	employees; and former such persons.										
Check this	s box if neither the organization nor any	related organiz	ation	con			ed ar	пу с	urrent officer, dir	ector, or trustee	
						c) nton					
	(A) Name and Title	(B) Average					more than one rson is both an rector/trustee)		(D) Reportable	(E) Reportable	(F) Estimated
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		hours for related	Individual trustee or director	institutional	Officer	Көуө	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
		organizations below dotted	fual t	tiona		employee	st cor	*	(W-2/1099-MISC)	(00 2 1000 111100)	organization and related
		line)	ruste	l trustee		уев	npen				organizations
			0	æ			satec				
(1) John Ma	ark Carpenter	5.00		-	-	-					
Member		5.00	Х								
	E. Jennings, Phd	40.00									
President		40.00		-	X			ļ	36,000		
(3) Charles Freasurer	Drake	5 00 5.00			х						
(4)		5.00			,						
(5)										: 	A "
(6)											
(7)											
(8)											
(9)		*************									
10)										-	
11)											
12)			-								
13)											

	(A) Name and title	(B) Average hours per	box,	unles er and	s pe	ition more rson irecti	than is both	n an lee)	(D) Reportable compensation	(E) Reportable compensation		(F) Estimate	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	on ai	other mpensation the ganization of relation of the ganization of t	e ion ed
(15)													
(16)													
(17)													
(18)													
											ļ. <u>.</u>		
										· · · · · · · · · · · · · · · · · · ·			
						<u> </u>	<u> </u>	<u> </u>					
						ļ					<u> </u>		
(25)											<u> </u>		
1b	Sub-total						l		36,000	C			C
C d	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c).	ection A .							36.000	C			
2	Total number of individuals (including but not lir reportable compensation from the organization	nited to those lis	ted a	bov	e) v						1		
	reportable compensation from the organization				<u> </u>							Yes	No
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched		•	•	oye	e, c	r hig	hest	compensated		3		х
4	For any individual listed on line 1a, is the sum of				n a	nd (other	con	npensation from				
	the organization and related organizations greatest at the companion of th	ter than \$150,00	00? If	"Ye	S, "	соп	nplete	sc.	hedule J for suci	ל			
5	individual	ue compensatio	 n fror	n ar	ıy u	 nrel	 lated	org	 anization or indiv	idual	4		X
	for services rendered to the organization? If "Ye	es," complete So	hedu	le J	for	suc	h pe	rson	<u> </u>	· · · · · · · · · · · · · · · · · · ·	5	<u> </u>	X
1	complete this table for your five highest compector compensation from the organization. Report covers.										tax		
	(A) Name and business add	ress	_						(B) Description of ser	vices		c) nsation	
					-								
								 					
													•

Part VIII Statement of Revenue
Check if Schedule O contains a response to any question in this Part VIII

		Check if Schedule O contains a r	esponse to a	ny question in th	is Part VIII	<u></u>	-	
			-		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns	. 1a	0				<u> </u>
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership dues	1b	0				
Gra	С	Fundraising events	1c	0				
fa A	d	Related organizations		0				İ
D E	_	Government grants (contributions)						,
Sin	e							i '
her	f	<u> </u>		045 507				
E Q	_	similar amounts not included above		815,597				
Contributions, Giffs, Grants and Other Similar Amounts	9	Noncash contributions included in lines	•		045 507			
	h	Total. Add lines 1a-1f	· · · · · · ·	Business Code	815,597			ļ
976	_			Business Code				- '
€	2a				0			ļ
ď	b				0			<u> </u>
Ž.	С	***************************************			0			
Š	d				0		·	
ΕË	е				0			
Program Service Revenue	f	All other program service revenue.			0			
	g	Total. Add lines 2a–2f		<u></u>	0			
	3	Investment income (including divider						
		other similar amounts)			0			
	4	Income from investment of tax-exem	pt bond proc	eeds ►	0	-7		<u> </u>
	5	Royalties			0			
		<u> </u>	(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						,
	С	Rental income or (loss)	0	0		-		_
	d	Net rental income or (loss)	<u> </u>	▶	0			
	7a	and an industry in a control of	(i) Secuntres	(ii) Other				
		assets other than inventory	0	0				
	b	Less cost or other basis						
		and sales expenses	0	0				
	С	Gain or (loss)	0	0	·			
	đ	Net gain or (loss)		· · · •	0	· · · · · · · · · · · · · · · · · · ·		
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		0				
£	ь	Less direct expenses		Ö				
Ō	С	Net income or (loss) from fundraising		•	o			-
		Gross income from gaming activities						
		See Part IV, line 19		o				
	ь	Less direct expenses		0				
		Net income or (loss) from gaming ac		. ▶	ol			
	1	Gross sales of inventory, less				· · · · ·		· · · · · · · · · · · · · · · · · · ·
		returns and allowances	a	ol				
	b	Less cost of goods sold	_	0				
		Net income or (loss) from sales of in		•	o			
		Miscellaneous Revenue		Business Code				
	11a				o			
	b				o		- · · · · ·	
	C				0	· · · · · · · · · · · · · · · · · · ·	" 	
	d	All other revenue		*	0		-	
	е	Total. Add lines 11a-11d			0			
	12	Total revenue. See instructions			815,597	0	0	0

Par	t IX Statement of Functional Expenses	· · · · · · · · · · · · · · · · · · ·			·
Section	on 501(c)(3) and 501(c)(4) organizations must complete all	columns. All other or	ganizations must co	omplete column (A)	
	Check if Schedule O contains a response to any o	question in this Part	X		
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the				
	United States. See Part IV, line 22	l o		İ	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16.	685,336	685,336		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	ol		ļ	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	1			
	persons described in section 4958(c)(3)(B)	l ol			
7	Other salanes and wages	0	······································		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	o			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees).				·······
	Management	86,550	44,550	42,000	
b	Legal	375	77,000	375	
C	Accounting	3,600		3,600	
d	Lobbying	0,000		5,000	
<u>.</u>	Professional fundraising services. See Part IV, line 17	l ol			
f	Investment management fees .	o o			·
g	Other. (If line 11g amount exceeds 10% of line 25, column	· · · · ·			
y	(A) amount, list line 11g expenses on Schedule O.)	l		1	
12	Advertising and promotion				
13	Office expenses	1,533		1,533	
14	Information technology	1,948		1,948	
15	Royalties	1,040		1,070	
16	Occupancy	17,380		17,380	
17	Travel	2,277		2,277	
18	Payments of travel or entertainment expenses	2,2,7			
	for any federal, state, or local public officials	l ol			
19	Conferences, conventions, and meetings	2,931		2,931	
20	Interest	0		2,001	· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,202	0	1,202	0
23	Insurance	0			
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	Printing	484	· · · · · · · · · · · · · · · · · · ·	484	·····
b	Bank Service Charges	1,543		1,543	· · · · · · · · · · · · · · · · · · ·
C	Development Programs	1,0,0		,,,,,,,	· · · · · · · · · · · · · · · · · · ·
d	Lucanaca 9 Domito	20		20	
e	All other expenses	409		409	
25	Total functional expenses. Add lines 1 through 24e	805,588	729,886	75,702	0
26	Joint costs. Complete this line only if the	333,330	. 20,000	15,102	<u>_</u>
	organization reported in column (B) joint costs				
	from a combined educational campaign and	1			
	fundraising solicitation. Check here	j			
	following SOP 98-2 (ASC 958-720)				
		<u> </u>			

Part X Balance 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	30,635	1	41,846
	2	Savings and temporary cash investments		2	
	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,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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			
	ì	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ş	l	organizations (see instructions). Complete Part II of Schedule L.	7	6	
Assets	7	Notes and loans receivable, net	0	7	0
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	400	9	400
	10a	Land, buildings, and equipment: cost or			
	1	other basis Complete Part VI of Schedule D 10a 1,502			
	b	Less: accumulated depreciation 10b 1,502	1,202	10c	0
	11	Investments—publicly traded securities	0	11	0
	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	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	32,237	16	42,246
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	· · · · · · · · · · · · · · · · · · ·	18	
	19	Deferred revenue	······································	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
Ę	ļ	trustees, key employees, highest compensated employees, and			-
lat		disqualified persons Complete Part II of Schedule L	· ·	22	
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete			_
	200	Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
883		Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	· -	27	•
Bal	28	Temporanly restricted net assets		28	
g	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here X and complete lines 30 through 34.			
Sts.	30	Capital stock or trust principal, or current funds		30	
88	31	Paid-in or capital surplus, or land, building, or equipment fund.		31	
Ă	32	Retained earnings, endowment, accumulated income, or other funds	32,237	32	42,246
ž	33	Total net assets or fund balances	32,237	33	42,246
	34	Total liabilities and net assets/fund balances	32,237	34	42,246
			<u> </u>		72,270

Form 9	990 (2012) CONSCIENCE INTERNATIONAL INC.	<u> 58</u>	<u>-2385275</u>	Pag	je 12
Part	XI Reconciliation of Net Assets				
	* Check if Schedule O contains a response to any question in this Part XI			.	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		815	5,597
2	Total expenses (must equal Part IX, column (A), line 25)	2		805	5,588
3	Revenue less expenses. Subtract line 2 from line 1	3		10	0,009
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		32	2,237
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		42	2,246
Part					
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_		
	Schedule O.		l l		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				ĺ
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
•	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	•	20	<u>^</u>	
	separate basis, consolidated basis, or both				'
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
_	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			į	
_	the Single Audit Act and OMB Circular A-133?	•	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		L
			Form 9	990 ((2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

20**12**

Open to Public

Department of the Treasury Internal Revenue Service 4947(a)(1) nonexempt charitable trust.

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

Inspection ployer identification number

		organization							Employe	r identificat	ion numb	er	
CON	SCIE		NATIONAL INC					·	<u> </u>		385275		
Par				arity Status (All org						nstructio	ns.		
_	orgar		•	tion because it is. (For		-		-	-				
1	닏			ches, or association of			in sectio	n 170(b)(1)(A)(I).				
2	닏			n 170(b)(1)(A)(ii). (Atta		-							
3	Ш	A hospital or	a cooperative ho	ospital service organiza	ation desc	ribed in se	ection 17	0(b)(1)(A)	(iii).				
4			search organizat me, city, and stat	ion operated in conjunte:	ction with	a hospital	describe	d in secti	on 170(b) 	(1)(A)(iii) 	. Enter t	he 	
5		-	•	the benefit of a college Complete Part II.)	e or univer	sity owner	d or opera	ated by a	governme	ntal unit o	describe	d	
6		A federal, sta	ate, or local gove	rnment or government	al unit des	scribed in	section 1	70(b)(1)(/	4)(v).				
7	X	_	•	receives a substantial	-	support f	rom a gov	emmenta	al unit or fi	rom the g	eneral p	ublic	
8				in section 170(b)(1)(A		nplete Pa	rt II.)						
9	靣	-		receives: (1) more that		-	-	contribut	ions, men	nbership f	ees, an	d gross	3
		receipts from support from	activities related gross investmen	d to its exempt function nt income and unrelate after June 30, 1975. S	ns—subjed ed busines	ct to certains taxable	in exception income (le	ons, and (ess sectio	(2) no moi n 511 tax)	e than 33	1/3% c	of its	
10		An organizat	ion organized an	d operated exclusively	to test for	r public sa	fety. See	section 5	i09(a)(4).				
11	Ħ	-	•	nd operated exclusively		·	-			to carry o	out the		
е	X	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I											
			section 509(a)(2)	•	from the l	DC that it i	io o Tuno	l Tupo II	or Tupo II	Laupport	00		
f		_	cation received a , check this box .	written determination	mom trie ii	KS that it	ısa ıype	ı, ıype ıı,	or type it	i supporu	ng		
g		-	t 17, 2006, has t	he organization accept	ted any git	ft or contri	bution fro	m any of t	he			•	L
				or indirectly controls, e	ither alone	e or togeth	er with pe	ersons de	scribed in	(ii)		Yes	No
				erning body of the sup							11g(i)		Х
		(ii) A famı	ly member of a p	person described in (i)	above?.						11g(ii)		Х
			-	of a person described							11g(iii)		X
<u>h</u>		Provide the f		tion about the supporte					· · · · · · · · · · · · · · · · · · ·				
(1)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organiza (i) organ	Is the tion in col ized in the S?	(vii) Am	nount of mo support	onetary
					Yes	No	Yes	No	Yes	No	7		
(A)													
(B)													
(C)													
(D)													
(E)													
T_4-													

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and	<u> </u>	(-/				
•	membership fees received. (Do not		1			i	
	include any "unusual grants.") .	112,727	158,486	483,318	617,175	815,597	2,187,303
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on		1				
	ıts behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the					1	
	organization without charge						0
4	Total. Add lines 1 through 3	112,727	158,486	483,318	617,175	815,597	2,187,303
5	The portion of total contributions by each		1				
	person (other than a governmental unit						
	or publicly supported organization)					Ì	
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,	ŀ	1				
_	column (f)						0.407.000
6	Public support. Subtract line 5 from line 4.	J		LJ			2,187,303
	ion B. Total Support	(-) 0000	(h) 0000	(-) 2040 T	(4) 2044	(=) 2040	(6) T-4-1
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	112,727	158,486	483,318	617,175	815,597	2,187,303
8	Gross income from interest, dividends,	İ					
	payments received on securities loans,						
	rents, royalties and income from similar				·		0
_	sources						0
9	Net income from unrelated business						
	activities, whether or not the business is						0
10	regularly carried on						<u></u>
10	loss from the sale of capital assets						
	(Explain in Part IV)						0
11	Total support. Add lines 7 through 10						2,187,303
12	Gross receipts from related activities, etc. (se	e instructions)				12	2,107,000
13	First five years. If the Form 990 is for the org						
••	organization, check this box and stop here	=			-		▶□
Saci	tion C. Computation of Public Support				,		
14	Public support percentage for 2012 (line 6, co		by line 11, co	lumn (fl)		14	100 00%
15	Public support percentage from 2011 Schedu					15	100 00%
16a	33 1/3% support test—2012. If the organizat			ne 13. and line			
	and stop here. The organization qualifies as						
b	33 1/3% support test-2011. If the organizat		-				
	box and stop here. The organization qualifies	s as a publicly s	supported organ	nization			▶ 🔲
17a	10%-facts-and-circumstances test—2012.	If the organizati	on did not ched	ck a box on line	13. 16a. or 16b	o, and line 14	
	is 10% or more, and if the organization meets						n
	Part IV how the organization meets the "facts				_	•	
	organization			•	=		▶□
b	10%-facts-and-circumstances test-2011.					or 17a, and line	
-	15 is 10% or more, and if the organization me						ain ın
	Part IV how the organization meets the "facts						_
	supported organization			-			▶□
18	Private foundation. If the organization did no	ot check a box of	on line 13, 16a.	16b, 17a, or 17	7b, check this b	ox and see	
-	instructions						▶□

20

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2008 **(b)** 2009 (c) 2010 (e) 2012 (f) Total Gifts, grants, contributions, and membership fees 0 received. (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 0 Gross receipts from activities that are not an 3 unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . The value of services or facilities 5 furnished by a governmental unit to the organization without charge. 0 0 0 0 6 Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 0 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 0 0 0 0 0 0 c Add lines 7a and 7b . . . Public support (Subtract line 7c from 0 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 0 0 0 0 Amounts from line 6 10a Gross income from interest, dividends. payments received on securities loans, 0 rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 0 0 0 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether 0 or not the business is regularly carned on . . . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . Total support. (Add lines 9, 10c, 11, 0 0 and 12.). 0 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 0 00% 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) Public support percentage from 2011 Schedule A, Part III, line 15 0 00% 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) . . . 17 17 0.00% Investment income percentage from 2011 Schedule A, Part III, line 17 18 19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests-2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . .

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .

Schedule A (Form !	990 or 990-EZ) 2012	CONSCIENCE INTERNATIONAL INC.	58-2385275	Page 4
	Supplemental Part II, line 17a	Information. Complete this part to provide the explanations required or 17b; and Part III, line 12. Also complete this part for any additional	d by Part II, line	10;
	instructions).			
		,		
	,			
	_ _			

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. See separate instructions. Employer identification number Name of the organization CONSCIENCE INTERNATIONAL INC 58-2385275 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) . . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements . . . b 2b C Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?. In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. Revenues included in Form 990, Part VIII, line 1.

Assets included in Form 990, Part X.

	,									_
	dule D (Form 990) 2012 CONSCIENCE INTER				.	-	58-2385			Page 2
Par								ts (con	tinuec	<u>"</u>
3	Using the organization's acquisition, acce		records, o	check any	of the following	ng that a	are a significant			
_	use of its collection items (check all that a	appiy):	- F	Loon	or exchange p	roam	•			
а	Public exhibition		°	1	or exchange p	rogram	5			
þ	Scholarly research		е	Other						
C	Preservation for future generations	3								
4	Provide a description of the organization Part XIII	s collections and	explain h	ow they fu	ırther the orga	ınızatıor	n's exempt purpo	se in		
5	During the year, did the organization solid	cit or receive don	ations of a	art, historic	cal treasures,	or other	r similar			
	assets to be sold to raise funds rather that	an to be maintain	ed as pari	t of the ore	ganization's co	ollection	12	Y	es []	No
Par	IV Escrow and Custodial Arran IV, line 9, or reported an amou	_	•	_	nization ansv	vered '	Yes" to Form	990, Pa	ırt	
1a	Is the organization an agent, trustee, cus				ributions or otl	her asso	ets not			
	included on Form 990, Part X?							Y	es 🔲	No
b	If "Yes," explain the arrangement in Part 2	XIII and complete	the follow	wing table						
							1	Amount		
C	Beginning balance					1c				0
đ	Additions during the year					1d				
e	Distributions during the year					1e	ļ			
f	Ending balance					1f				0
2a	Did the organization include an amount of	n Form 990, Par	t X, line 2	17.				<u></u>	es 🔀	No
b	If "Yes," explain the arrangement in Part 2	XIII Check here i	if the expl	anation ha	as been provid	ted in P	art XIII			
Pari	V Endowment Funds. Complete	e if the organization	ation ans	swered "	Yes" to Form	1 990, I	Part IV, line 10			
		(a) Current year		ог уеаг	(c) Two years I		(d) Three years back	_	our years	back
1a	Beginning of year balance	0						I		
b	Contributions									
C	Net investment earnings, gains,					[1		
	and losses						· · · · · · · · · · · · · · · · · · ·			
d	Grants or scholarships							 		
e	Other expenditures for facilities					ŀ		1		
	and programs	. ,			.					
f	Administrative expenses									
g	End of year balance	0	<u> </u>	0		<u> </u>		0]		0
2	Provide the estimated percentage of the	current year end		line 1g, co	olumn (a)) nelo	as.				
a	Board designated or quasi-endowment		<u>%</u> .							
b	Permanent endowment Temporarily restricted endowment	<u>%</u> %								
С	The percentages in lines 2a, 2b, and 2c s		0 Z							
За	Are there endowment funds not in the po	·		n that are	held and adn	ninıster	ed for the			
Ja	organization by:	336331011 01 010 0	n garnzauc	m triat are	. ricia aria adri	illi iistor	Su for alc		Yes	No
	(i) unrelated organizations							3a(i)	1.55	
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	tions listed as rec						3b		
4	Describe in Part XIII the intended uses of		•							
Par										
	Description of property	(a) Cost or ot (investre			ost or other is (other)		Accumulated epreciation	(d) B	ook value	,
1a	Land		0	<u> </u>	0					0
b	Buildings		0		. 0		0			0
C	Leasehold improvements		0		0		0			0
d	Equipment		0		1,502		1,502			0
e	Other	. [0	1	0		0			0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

0

▶

Part A	Other Liabilities. See Form 990	, Part X, line 25.	
1.	(a) Description of liability	(b) Book value	
(1) Fede	ral income taxes		0
(2)			
(3)			
(4)			
(5)			
(6)	,		
(7)		·	
(8)			
(9)			
(10)			
(11)			
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.)		0

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability

for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

ched	ule D (Form 990) 2012 CONSCIENCE IN LERNALIONAL INC		58-2385275	Page 4
Par	Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per	Return	
	Total revenue, gains, and other support per audited financial statements		1	815,597
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a]	
b	Donated services and use of facilities	2b]	
C	Recovenes of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d	•	2e	0
3	Subtract line 2e from line 1		3	815,597
ļ.	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a]]	
b	Other (Describe in Part XIII)	4b]	
C	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).		5	815,597
Par	Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses p	er Return	
	Total expenses and losses per audited financial statements		1	805,588
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a]	
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	805,588
1	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u> </u>	
b	Other (Describe in Part XIII.)	4b	<u> </u>	
C	Add lines 4a and 4b	•	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	805,588
⊃ar	XIII Supplemental Information			
art '	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also ional information.			lb;

Schedule D (Form 990) 2012	CONSCIENCE INTERNATIONAL INC.	58-2385275 Page 5
Part XIII · Supple	emental Information (continued)	-
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#### Schedule F (Form 990)

### **Statement of Activities Outside the United States**

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990. ► See separate instructions

Name of the organ	zation		Attach to roini	550. P See Separate ins	<del></del>	Employer identification number
CONSCIENCE				, <u>, , , , , , , , , , , , , , , , , , ,</u>		58-2385275
		ormation on A 990, Part IV, line		side the United States.	Complete if the organization	n answered
assistan the gran	ce, the granted ts or assistanc	es' eligibility for the e?	he grants or ass	ords to substantiate the amo istance, and the selection co procedures for monitoring the	riteria used to award	. Yes No
3 Activities	per Region. (T	he following Par	t I, line 3 table c	an be duplicated if additiona	al space is needed.)	
(a) Ro		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) if activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Africa	ast and North			Program Services	Medical aid, economic d	level
South Asi	а		2	Program Services	Refugee relief, medical a	aid
<del></del>	merica and the	1		Program Services	Shelter for IDPs, aid to c	
(4)						
(5)						
(6)						
_(7)	<del> </del>		<u>.</u>			
(8)						
(9)						
(10)	····					
(11)						
(12)	<del></del>					
(13)						
(14)					<del></del>	
(15)						
(16)						
(17)						
3a Sub-total. b Total from		1	32			C

32

0

0

sheets to Part I .

c Totals (add lines 3a and 3b)

58-2385275

Schedule F (Form 980) 2012 CONSCIENCE INTERNATIONAL INC.

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed

(i) Method of valuation (book, FMA, appraisal, other) (h) Description of non-cash assistance (g) Amount of non-cash assistance (f) Manner of cash disbursement (e) Amount of cash grant (d) Purpose of grant (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization € 2 3 **3** 9 9 8 6 (10) (11) (12) (13) (14) (15) (16) 6

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³ Enter total number of other organizations or entities.

Schedule F (Form 990) 2012 CONSCIENCE INTERNATIONAL INC.

Part III

Page 3 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

58-2385275

	7	- 00 200	
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	☐ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	No No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865).	Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	☐ No

Schedule F (Fo	m 990) 2012	CONSCIENCE INTERNATIONAL INC.	58-2385275	Page 5
Part V	Complete this placeounting mediaccounting Information part to provide the information required by Part I, line 2 (monitoring of funds); P ethod; amounts of investments vs. expenditures per region); Part II, line 1 (account and Part III, column (c) (estimated number of recipients), as applicable. ditional information (see instructions).	eart I, line 3, column (f) ounting method), Part III Also complete this part to	<b>o</b>	
	• • • • • • • • • • • • • • • • • • • •			- <b></b>
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#### SCHEDULE M (Form 990)

#### **Noncash Contributions**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Open To Public Inspection

Name of the organization

Employer identification number

ONSCIE	NCE INTERNATIONAL INC				.75
Part I	Types of Property				
		(2)	(b)	(c)	(d)

		(a) Check if applicable	(b) Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co	(d) of detentribution	mining on amo	g ounts
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests .			<u> </u>				
4	Books and publications .							
5	Clothing and household							
	goods							
6	Cars and other vehicles .							
7	Boats and planes .							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution—Other	ļ						
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other					<del></del>		
18	Collectibles			<u> </u>				
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy				ļ <u>.</u>			
22	Historical artifacts							
23	Scientific specimens		<del></del>					
24	Archeological artifacts							
25	Other ► ( Airplane tickets - H)	X	425		Based upon			
26	Other ► ( Value of labor dons)	Х	425		based upon			
27	Other ► ( Medical supplies - )	Х	75		FMV of sup			
28	Other ► ( Donated services/s)	X	50	<del></del>	FMV of item	s dona	ited	
29	Number of Forms 8283 received to							
	which the organization completed	Form 8283	s, Paπ IV, Donee Acknowled	gment	29	<del></del>	1	
					•		Yes	No
30a	3 ,			•	8	1		
	that it must hold for at least three	•			ļ			v
	required to be used for exempt pu	•	the entire holding period?.	• • • • • • • •	•	30a		<u> </u>
	If "Yes," describe the arrangemen				ļ	1		
31	Does the organization have a gift				ļ	_	1	- 📜 -
						31		<u> </u>
32a	· ·	-	_	•			ĺ	v
_	noncash contributions?					32a		<u> </u>
	If "Yes," describe in Part II.			ana da Barandara e e e e e e e e e e	_			
33	If the organization did not report a checked, describe in Part II.	ın amount ı	n column (c) for a type of pro	operty for which column (a) ι	S			

Schedule M (Fo	om 990) (2012) CO	INSCIENCE INTER	RNATIONAL INC.				58-2385	275 Page <b>2</b>
Part II	32b, and 33, a	I Information. and whether the	e organization	is reporting in	n Part I, colum	n (b), the num	ber of contribu	itions, the
	number of iter	ns received, or	a combination	n of both. Also	complete this	part for any a	additional infor	mation.
					~			
				*				
				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
					*			
			+- -					

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047
2012

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

CONSCIENCE INTERNATIONAL INC	58-2385275							
Form 990, Part III, Line 4d: Program Service Expenses: 44,162, Grants and allocations: 0,								
Revenue 0 Ethiopia (Somalia refugees & crippled children's surgery efforts)								
Form 990, Part III, Line 4d Program Service Expenses: 48,840, Grants and allocations: 0,								
Revenue 0 Other Charitable activities in line with organization objectives.								
Form 990 Part III Section 4a Significant work was undertaken in several areas. A multi-faceted								
relief effort was put into action once the disastrous earthquake took place in Haiti. The								
efforts included work to help displaced residents who had lost their home as well as focusing								
on other aspects of Haiti citizens' quality of life. A siginificant focus has been the design								
and building of economical housing for displaced residents. This has been undertaken with the								
help of volunteer teams who have to help build and re-settle as many lives as possible								
Form 990 Part III Section 4b Continuation of programs for relief of flood victims in Punjab								
and Khyber Pakhtunkhwa, Pakistan, including school rehabilitation, water purification								
ınstallations, and women's economic	ınstallations, and women's economic							
·								

Schedule O (Form 990 or 990-E2) (2012)	Page 2
Name of the organization	Employer identification number
CONSCIENCE INTERNATIONAL INC.	58-2385275
***************************************	·

Form **8868**

(Rev. January 2013)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

	e filing for an Automatic 3-Month Extension e filing for an Additional (Not Automatic) 3					▶ X		
•	nplete Part II unless you have already bee		• • • •	. •	•	}		
	,	_		•				
	filing (e-file). You can electronically file For	-			•			
	n required to file Form 990-T), or an additiouest an extension of time to file any of the fo					וזוזע		
	ransfers Associated With Certain Personal							
). For more details on the electronic filing of					s		
Part I	Automatic 3-Month Extension of							
	on required to file Form 990-T and requesting					 		
Part I only .				· · ·		. ▶ 🗍		
All other cor	porations (including 1120-C filers), partners	hips, REM	ICs, and trusts must use Form 7004	to request an ext	ension of			
time to file in	ncome tax returns			·				
			Enter filer's	s identifying numl	oer, see ins	tructions		
Type or						er identification number (EIN) or		
print					58-2385275			
File by the	Number, street, and room or suite no If a P.O.	box, see in	structions	Social security number (SSN)				
due date for filing your	110 MANSELL CIRCLE, Room 101	CIRCLE, Room 101						
return See	City, town or post office, state, and ZIP code.	For a foreigr	n address, see instructions.					
instructions	ROSWELL			GA 30	GA 30075			
Enter the Re	eturn code for the return that this application	is for (file	a separate application for each retu	m)		01		
Application	n	Return	Application			Return		
is For		Code	is For		Code			
Form 990 o	r Form 990-EZ	01	Form 990-T (corporation)					
Form 990-E		02	Form 1041-A (
Form 4720		03	Form 4720 09					
Form 990-F		04	Form 5227 1					
	(sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-1	(trust other than above)	06	Form 8870			12		
The book	ks are in the care of Kurt Giebel				_			
Tolonhom	No. No. N. (404) 620 7406		FAV No. 8					
	ne No. ► (404) 630-7196 anization does not have an office or place o	f hucinese	FAX No. In the United States, check this how		-	- □		
	for a Group Return, enter the organization's				. If this			
	e group, check this box \X .	•	• • •		_ .			
	names and EINs of all members the extensi		alt of the group, check this box			attach a		
	lest an automatic 3-month (6 months for a c		required to file Form 990-T) extension	on of time				
until	•	•	ganization return for the organization		he extensio	on		
is for	the organization's return for:							
	calendar year 2012 or							
_								
tax year beginning , and ending								
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return								
c	hange in accounting period	·						
	application is for Form 990-BL, 990-PF, 990	D-T, 4720, (or 6069, enter the tentative tax, less	1				
nonrefundable credits. See instructions.						0		
	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					-		
	ated tax payments made Include any prior			3b	\$	0		
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$						^		
	ou are going to make an electronic fund withdra					U O		