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## Form **990**

Department of the Treasury Internal Revenue Service

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

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

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

2012
Open to Public Inspection

| _                                     | _                         |                                                                                                       | <del></del>              |                                                          |                            |  |  |
|---------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------|----------------------------|--|--|
| <u>A</u>                              | For the                   | 2012 calendar year, or tax year beginning and ending                                                  |                          |                                                          |                            |  |  |
| В                                     | Check if applicable       | C Name of organization                                                                                | D Employer ider          | ntificati                                                | ion number                 |  |  |
|                                       | Addres<br>change          | WEBCO FOUNDATION                                                                                      |                          |                                                          |                            |  |  |
| Ē                                     | Name<br>change            | Doing Business As                                                                                     | 71                       | -094                                                     | 4147                       |  |  |
| ┌                                     | Initial                   | Number and street (or P.O. box if mail is not delivered to street address)  Room/su                   |                          |                                                          |                            |  |  |
| -                                     | return<br>Termin-         | 1                                                                                                     | ,                        |                                                          | 0 4551                     |  |  |
| F                                     | lated<br> Amend           | 2840 MOKUMOA STREET                                                                                   |                          | 0-03                                                     | 9-4551                     |  |  |
| <br> -                                | return<br>Applica<br>tion | City, town, or post onice, state, and ZIP code                                                        | G Gross receipts \$      | G Gross receipts \$ 266,304  H(a) Is this a group return |                            |  |  |
|                                       | pendin                    |                                                                                                       | for affiliates?          |                                                          | Yes X No                   |  |  |
|                                       |                           |                                                                                                       |                          |                                                          |                            |  |  |
|                                       |                           | 2840 MOKUMOA STREET, HONOLULU, HI 96819                                                               | H(b) Are all affiliate   |                                                          |                            |  |  |
|                                       |                           |                                                                                                       |                          |                                                          | . (see instructions)       |  |  |
|                                       |                           | e: ► N/A                                                                                              | H(c) Group exem          |                                                          |                            |  |  |
|                                       |                           | organization: X Corporation Trust Association Other ► L Ye                                            | ear of formation: 200    | 3 M St                                                   | ate of legal domicile: HI  |  |  |
| <b>₽</b>                              | art I                     | Summary                                                                                               |                          |                                                          |                            |  |  |
|                                       | 1 1                       | Briefly describe the organization's mission or most significant activities. TO PROVII                 | DE FUNDS FO              | R CH                                                     | ARITABLE,                  |  |  |
| ဋ                                     |                           | RELIGIOUS, SCIENTIFIC, LITERARY OR EDUCATION                                                          |                          |                                                          |                            |  |  |
| i I / LU/3<br>Activities & Governance | 2                         | Check this box   if the organization discontinued its operations or disposed of m                     |                          |                                                          |                            |  |  |
| _ §                                   | 3 1                       | Number of voting members of the governing body (Part VI, line 1a)                                     |                          | 3                                                        | 3                          |  |  |
| <b>∑</b> 8                            | "                         |                                                                                                       | ŀ                        |                                                          | 3                          |  |  |
| ე ფ                                   | 4 '                       | lumber of independent voting members of the governing body (Part VI, line 1b)                         | }                        | 4                                                        |                            |  |  |
| ies                                   | 5                         | otal number of individuals employed in calendar year 2012 (Part V, line 2a)                           | }                        | 5                                                        | 0                          |  |  |
| 1 / CU/J<br>tivities & Go             | 6                         | otal number of volunteers (estimate if necessary)                                                     |                          | 6                                                        | 10                         |  |  |
| _ 5                                   | 7 a <sup>-</sup>          | otal unrelated business revenue from Part VIII, column (C), line 12                                   | ]                        | 7a                                                       | 0.                         |  |  |
| Ĭ -                                   | ы                         | Net unrelated business taxable income from Form 990-T, line 34                                        |                          | 7b                                                       | 0.                         |  |  |
| ≥                                     | 1                         |                                                                                                       | Prior Year               |                                                          | Current Year               |  |  |
| <b>)</b> "                            | 8 (                       | Contributions and grants (Part VIII, line 1h)                                                         | 184,56                   | 6.                                                       | 104,497.                   |  |  |
| Revenue                               | 9 1                       | Program service revenue (Part VIII, line 2g)                                                          |                          | 0.                                                       | 0.                         |  |  |
| Š Š                                   | 10                        | nvestment income (Part VIII, column (A), lines 3, 4, and 7d)                                          |                          | 4.                                                       | 65.                        |  |  |
| ֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ | 10                        |                                                                                                       | -29,61                   | $\overline{}$                                            | 33,186.                    |  |  |
| Revenue                               |                           | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                              |                          |                                                          |                            |  |  |
| ' —                                   |                           | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                    | <u>155,03</u>            |                                                          | 137,748.                   |  |  |
|                                       | 13 (                      | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                      | 93,34                    |                                                          | 75,000.                    |  |  |
|                                       | 14                        | Benefits paid to or for members (Part IX, column (A), line 4)                                         |                          | 0.                                                       | <u> </u>                   |  |  |
| S)                                    | 15                        | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                     |                          | 0.                                                       | 0.                         |  |  |
| Š                                     | 16a l                     | Professional fundraising fees (Part IX, column (A), line 11e)                                         |                          | 0.                                                       | 0.                         |  |  |
| Expenses                              | . Б                       | Total fundraising expenses (Part IX, column (D), line 25)                                             |                          |                                                          |                            |  |  |
| û                                     | 17                        | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                          | 1,80                     | 0.                                                       | 1,418.                     |  |  |
|                                       | 1                         | Total expenses. Add lines 13-17 (must equal Part IX, column (A) Tine 25)                              | 95,14                    |                                                          | 76,418.                    |  |  |
|                                       |                           | Revenue less expenses Subtract line 18 from line 12                                                   | 59,89                    |                                                          | 61,330.                    |  |  |
| <u> </u>                              | 3                         | November 1888 expenses educate linio 18 front linio 12                                                | ) i                      |                                                          | ·-                         |  |  |
| Sign C                                | i .                       | 1 1111 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                                                                | Beginning of Current Yo  |                                                          | End of Year                |  |  |
| SSC                                   | 20                        |                                                                                                       | 566,36                   |                                                          | <u>627,692.</u>            |  |  |
| Net Assets or                         | 21                        | otal liabilities (Part X, line 26)                                                                    | <u> </u>                 | 0.                                                       | 0.                         |  |  |
| 2                                     | 22                        | Net assets or fund balances. Subtract line 21 from line 20                                            | <u>566,36</u>            | ۷.                                                       | 627,692.                   |  |  |
|                                       | art II                    | 1 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -                                                               |                          |                                                          |                            |  |  |
| Un                                    | der pena                  | ties of perjury, I declare that I have examined this return, including accompanying schedules and sta | tements, and to the best | of my kr                                                 | nowledge and belief, it is |  |  |
| tru                                   | e, correc                 | , and complete Deplaration of preparer (other than officer) is based on all information of which prep | arer has any knowledge.  |                                                          | <u> </u>                   |  |  |
|                                       | 7                         | Vlance Ty Char                                                                                        | ح- ا                     | 7.                                                       | 13                         |  |  |
| Sig                                   | gn                        | Signature of officer                                                                                  | Date                     |                                                          |                            |  |  |
| He                                    |                           | NONALD T Y CHOO, TREASURER                                                                            |                          |                                                          |                            |  |  |
| •                                     | -                         | Type or print name and title                                                                          | <del></del>              |                                                          |                            |  |  |
|                                       |                           | Print/Type preparer's name Preparer's signature                                                       | Date Chec                | k                                                        | PTIN                       |  |  |
| Pa                                    | ia İ                      | Tring Type property of name                                                                           | if "                     | <u> </u>                                                 |                            |  |  |
|                                       |                           | Fumile come                                                                                           | <del></del>              | mployed                                                  |                            |  |  |
|                                       | eparer<br>- O-1-          | Firm's name                                                                                           | Fırm's EIN               | <b>.</b>                                                 |                            |  |  |
| U8                                    | e Only                    | Firm's address                                                                                        |                          |                                                          |                            |  |  |
| _                                     |                           |                                                                                                       | Phone no.                |                                                          |                            |  |  |
| Ma                                    | ay the IF                 | S discuss this return with the preparer shown above? (see instructions)                               |                          |                                                          | Yes X No                   |  |  |
|                                       |                           |                                                                                                       |                          |                                                          | Form 990 (2012)            |  |  |

2-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

|     | 990 (2012) WEBCO FOUNDATION                                                                                        | 71-0944147                 | Page 2         |
|-----|--------------------------------------------------------------------------------------------------------------------|----------------------------|----------------|
| Par | t III Statement of Program Service Accomplishments                                                                 |                            |                |
|     | Check if Schedule O contains a response to any question in this Part III                                           |                            |                |
| 1   | Briefly describe the organization's mission:                                                                       |                            |                |
|     | TO ASSIST OTHER 501(C)(3) ORGANIZATIONS THRU CONTRIBUTI                                                            | ONS TO THESE               |                |
|     | ORGANIZATIONS TO ASSIST THEM IN FULFILLING THEIR CHARIT                                                            |                            |                |
|     |                                                                                                                    |                            |                |
|     |                                                                                                                    |                            |                |
| 2   | Did the organization undertake any significant program services during the year which were not listed on           |                            |                |
| _   | the prior Form 990 or 990-EZ?                                                                                      | Yes                        | ₩.             |
|     | If "Yes," describe these new services on Schedule O.                                                               | L res                      | רשרן אס        |
| _   |                                                                                                                    | Yes                        | <b>₩</b>       |
| 3   | Did the organization cease conducting, or make significant changes in how it conducts, any program services?       | L Yes                      | L <b>∆</b> ∟No |
|     | If "Yes," describe these changes on Schedule O.                                                                    |                            |                |
| 4   | Describe the organization's program service accomplishments for each of its three largest program services, as     |                            |                |
|     | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | ers, the total expenses, a | and            |
|     | revenue, if any, for each program service reported.                                                                | <u></u> _                  |                |
| 4a  | (Code) (Expenses \$                                                                                                | nue \$                     | )              |
|     | GRANTS GIVEN TO OTHER 501(C)(3) ORGANIZATIONS                                                                      |                            |                |
|     |                                                                                                                    |                            |                |
|     |                                                                                                                    |                            |                |
|     |                                                                                                                    |                            |                |
|     |                                                                                                                    | •                          |                |
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|     |                                                                                                                    |                            |                |
|     |                                                                                                                    |                            |                |
|     |                                                                                                                    |                            |                |
|     |                                                                                                                    | <del></del>                | <del></del>    |
| 4b  | (Code) (Expenses \$) (Rever                                                                                        | nue \$                     | )              |
|     |                                                                                                                    |                            |                |
|     |                                                                                                                    |                            |                |
|     |                                                                                                                    |                            |                |
|     |                                                                                                                    |                            |                |
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|     |                                                                                                                    | <u> </u>                   |                |
|     |                                                                                                                    |                            |                |
|     |                                                                                                                    |                            |                |
|     |                                                                                                                    |                            |                |
| 40  | (Code) (Expenses \$                                                                                                |                            | ``             |
| -+- | (Code) (Expenses \$) (Hever                                                                                        | 1ue \$                     |                |
|     |                                                                                                                    |                            |                |
|     |                                                                                                                    | <u> </u>                   |                |
|     |                                                                                                                    |                            |                |
|     |                                                                                                                    |                            |                |
|     |                                                                                                                    | <u> </u>                   |                |
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|     |                                                                                                                    |                            |                |
|     |                                                                                                                    |                            |                |
|     |                                                                                                                    |                            |                |
|     |                                                                                                                    |                            |                |
|     |                                                                                                                    |                            |                |
|     |                                                                                                                    |                            |                |
|     | Other program services (Describe in Schedule O.)                                                                   |                            |                |
| -ru |                                                                                                                    | 1                          |                |
| 4-  | (Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ► 75,000.                        |                            |                |
| 40  | Total program service expenses ► 75,000.                                                                           |                            |                |

# Form 990 (2012) WEBCO FOUNDATION Part IV Checklist of Required Schedules

|            |                                                                                                                                                                                                                       |      | Yes | No       |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----|----------|
| 1          | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                                                                                                                   |      |     |          |
|            | If "Yes," complete Schedule A                                                                                                                                                                                         | _1   | X   |          |
| 2          | Is the organization required to complete Schedule B, Schedule of Contributors?                                                                                                                                        | _2   | X   |          |
| 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    |     | 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? If "Yes," complete Schedule C, Part II                                                                                                                                                           | 4    |     | X        |
| 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 "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 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   |     | 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.                                                                                                                                                                                                        |      |     |          |
| 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  |     | <u> </u> |
| þ          | 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  |     | X        |
| C          | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total                                                                                            |      |     |          |
|            | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                                                                                                          | _11c |     | X        |
| 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  |     | X        |
|            | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                 | 11e  |     | X        |
| 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  |     | X        |
| 12a        | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                                                                                                   |      |     |          |
|            | Schedule D, Parts XI and XII                                                                                                                                                                                          | 12a  |     | X        |
| 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  |     | X        |
| 13         | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                     | 13   |     | X        |
| 14a        |                                                                                                                                                                                                                       | 14a  |     | X        |
| D          | 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 "You " complete School to E. Porte Land IV                                     |      |     | v        |
| 4 <i>E</i> | or more? If "Yes," complete Schedule F, Parts I and IV                                                                                                                                                                | 14b  |     | X        |
| 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 |      |     | v        |
| 40         | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals                                                                                        | 15   |     | X        |
| 16         | located outside the United States? If "Yes," complete Schedule F, Parts III and IV                                                                                                                                    | 40   |     | v        |
| 17         | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,                                                                                               | 16   |     | X        |
| "          | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I                                                                                                                                                    |      |     | х        |
| 18         | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines                                                                                          | 17   |     | _        |
| 10         | 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                                                                                     | 40   | х   |          |
| 19         | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"                                                                                                | 18   | _ ^ |          |
|            | complete Schedule G, Part III                                                                                                                                                                                         | 40   |     | X        |
| 20a        | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                           | 202  |     | X        |
|            | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                          | 20a  |     |          |
| U          | 155 to the Dod, one the organization attach a copy of its addition mindicial statements to this feturn?                                                                                                               | 20b  |     | (0040)   |

Form 990 (2012) WEBCO FOUNDATION

Part IV Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                               |      | Yes          | No_      |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------|----------|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the                                                                         |      |              |          |
|     | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                                                                                   | 21   | _ X          |          |
| 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   |              | <u>X</u> |
| 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   |              | <u>X</u> |
| 24a |                                                                                                                                                                                               |      |              |          |
|     | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete                                                                            |      |              | 77       |
|     | Schedule K. If "No", go to line 25                                                                                                                                                            | 24a  |              | _X_      |
|     | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                             | 24b  |              |          |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease                                                                          | 04-  |              |          |
|     | any tax-exempt bonds?                                                                                                                                                                         | 24c  |              |          |
|     | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                       | 24d  |              |          |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a  |              | x        |
| _   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and                                                                    | ZJA  |              |          |
| D   | 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  |              | x        |
| 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   |              | х        |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial                                                                          |      |              |          |
|     | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member                                                                           |      |              |          |
|     | of any of these persons? If "Yes," complete Schedule L, Part III                                                                                                                              | 27   |              | X_       |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV                                                                             |      |              |          |
|     | instructions for applicable filing thresholds, conditions, and exceptions).                                                                                                                   |      |              |          |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                                                                                       | 28a  |              | X        |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                                                                    | 28b  | <u> </u>     | X        |
| C   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,                                                               |      |              |          |
|     | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV                                                                                                        | 28c  |              | X        |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                                                                                      | 29   |              | X        |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation                                                                   |      |              |          |
|     | contributions? If "Yes," complete Schedule M                                                                                                                                                  | 30   |              | X        |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?                                                                                                                  |      |              |          |
|     | If "Yes," complete Schedule N, Part I                                                                                                                                                         | 31   | <del> </del> | <u> </u> |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete Schedule N, Part II                                                         | 32   |              | x        |
| 22  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                                                                                    | 32   |              | A_       |
| 33  | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I                                                                                                                     | 33   |              | x        |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and                                                                     |      | ļ · ·        |          |
| •   | Part V, line 1                                                                                                                                                                                | 34   |              | Х        |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                       | 35a  |              | Х        |
| b   |                                                                                                                                                                                               |      |              |          |
| _   | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2                                                                                                       | 35b  | <u> </u>     |          |
| 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   |              | Х        |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                                                                              |      |              |          |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                                                                                  | 37   | <u> </u>     | X        |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?                                                                                |      |              |          |
|     | Note. All Form 990 filers are required to complete Schedule O                                                                                                                                 | 38   | X            | L        |
|     |                                                                                                                                                                                               | Form | 1 990        | (2012)   |

Form 990 (2012) WEBCO FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

| Tale 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  c Dot the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) withouting rules for reportable payments to vendors and reportable gaming (gambing) withouting rules for reportable payments to vendors and reportable gaming (gambing) withouting rules for reportable payments to vendors and reportable gaming (gambing) withouting to prevent withouting rules for reportable payments to vendors and reportable gaming (gambing) withouting to the vendors and rules and     |        | Check if Schedule O contains a response to any question in this Part V                                                                    |     |     |     |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|--|--|--|--|--|--|
| 16 Enter the number reported in Box 3 of Form 1096. Enter C- if not applicable be first the number of Forms W30 floududed in the 18. Enter C- if not applicable (an included in the 18. Enter C- if not applicable)  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) withings to prize with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) withings to prize with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) withings to prize with backup with a complete the rules of the rules     |        |                                                                                                                                           |     | Vac | No  |  |  |  |  |  |  |
| be Enter the number of Forms W.SG included in the 1s. Enter 0-bit not applicable   1b   0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1a     | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable                                                              |     | 163 | 140 |  |  |  |  |  |  |
| Description of the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambing) winnings to prize winners?  2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this roturn  by If at least one is reported on line 28, dot the organization file all required federal employment tax returns?  Note, If the sum of lines 1a and 2 as greater than 250, you may be required to e-/lee (see instructions)  3a. Variable of the companization have unless than 2 as greater than 250, you may be required to e-/lee (see instructions)  3b. Unit organization have unless do unless than 2 as greater than 250, you may be required to e-/lee (see instructions)  3c. Variable of the companization than 3 and 3 as a see in a state of the companization and a see in a state of the companization and a see in a state of the companization and a see in a state of the companization and a see in a state of the companization and a see in a state of the companization and a see in a state of the companization and a see in a state of the companization and a see in a state of the companization and a see in a state of the companization and a see in a state of the companization and a see in a state of the companization and a see in a state of the companization and a see in a state of the companization and a see in a state of the companization and a see in a state of the companization and a see in a state of the companization and and a see in a state of the companization and and a see in a state of the see in a state of the companization and and a state of the see in       | -      |                                                                                                                                           |     |     |     |  |  |  |  |  |  |
| (agambling) winnings to prize winners?  2e Tenter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  b If at least one is reported on line 2a, did the organization file all inequired federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-five gee instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  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?  4b If "Yes," and if the Ario M300 or to this year? If "Yos," provide an explanation or Schedule O  5b If "Yes," and the man of the foreign country, leven as a bank account, securities account, or other financial account?  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charnable contributions?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charnable contributions?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charnable contributions?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charnable contributions?  5c If "Yes," did the organization shall may receive deductible contributions under section 170(c).  6c Did the organization section with the expression of the promise of the property of the programization section   | _      | · · · · · · · · · · · · · · · · · · ·                                                                                                     |     |     |     |  |  |  |  |  |  |
| 22 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, Med for the calendary year ending with or within the year covered by this return.  1 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required for e-file (see instructions)  3 Did the organization have unrealed business gross income of \$10,000 or more during the year?  3 B Us the organization have unrealed business gross income of \$10,000 or more during the year of the year?  4 At any time during the calendary year, did the organization an enterest 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)?  5 B Was the organization for form TD F 90 22.1. Report of Foreign Bank and Financial Accounts.  5 Was the organization a party to a prohibited tax sheller transaction?  5 B Was 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 charatible contributions?  6 B Y**  1 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charatible contributions under section 170(c).  1 If "Yes," did the organization normal processes of tangible personal property for which it was required to file form 88282?  1 If "Yes," did the organization necesses a payment in excess of \$75 made party as contribution and party for goods and services provided to the payor?  5 D Id the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 88282?  1 If "Yes," did the organization necesses any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 To Was a special property for which it was required to the form 8282?  8 Does the org  | Ĭ      |                                                                                                                                           | 10  | x   |     |  |  |  |  |  |  |
| field for the calendary year ending with or within the year covered by this return  Note. If the sum of lines 1s and 2s is greater than 250, you may be required federal employment tax returns?  Note. If the sum of lines 1s and 2s 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?  4b. At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. If "No," provide an explanation is Schedule 0  5c. Was the organization and the foreign country. Image is a bank account, so control or other financial accounts.  5c. Was the organization and party to a prohibited tax shelter transaction at any time during the tax year?  5c. Was 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?  6c. If "Yes," to line 5a or 5b, did the organization file Form 886.F."  7c. Organizations hat may receive deductible contributions under section 170(c).  8d. If "Yes," indicate the number of forms 88.67 indicates the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c. Organizations that may receive deductible contributions under section 170(c).  8d. If "Yes," indicate the number of forms 88.82 filed during the year  7d. If "Yes," indicate the number of Forms 88.82 filed during the year  9d. If "Yes," indicate the number of Forms 88.82 filed during the year  9d. If the organization received a contribution of qualified intellectual property, did the organization file form 1908.C.?  8 Spensoring organizations maintaining donor advised funds, and section 50(e)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  9d. Did the organization members or shareholders  10b. If the organization members or shareh    | 2a     |                                                                                                                                           |     |     |     |  |  |  |  |  |  |
| b If all least one is reported on line 2a, did the organization file all required dederal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Dd the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yes, * has it filed a Form 990.1 for this year? If YNo, * provide an explanation in Schedule 0  3c A tary time during the calendaryear, 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)?  4c A tary time the name of the foreign country. See instructions for filing requirements for Form 10 Po 202.1, Report of Foreign Bank and Financial Accounts.  5c Was the organization flavor to prohibited the shelter transaction at any time during the tax year?  5c If Yes, * to line Sa or 55, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes, * to line Sa or 55, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes, * to line Sa or 55, did the organization file Form 8886-17?  5d Does the organization and properties that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5c If Yes, * to line so or 55, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d Organizations that may receive deductible contributions under section 170(c).  6d If Yes, * did the organization enough were solicitation and partly for goods and services provided to the payor?  7d Organizations that may receive deductible contributions or ordanization and partly for goods and services provided to the payor?  7d If Yes, * did the organization enough to the value of the goods or sensors provided?  7d Organizations that may receive ded    |        |                                                                                                                                           |     |     |     |  |  |  |  |  |  |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | b      |                                                                                                                                           | 2b  |     |     |  |  |  |  |  |  |
| 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year?  b if "Yes," has it filed a Form 990-T for this year? if "No," provide an explanation in Schedule O  A tarry 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 accountry.)  See instructions for filing requirements for Form TD F 9022.1. Report of Foreign Bank and Financial Accounts.  See Was the organization rate of the foreign country (such as a bank account, securities account, or other financial accountry.)  See instructions for filing requirements for Form TD F 9022.1. Report of Foreign Bank and Financial Accounts.  See Was the organization stop an entire of the foreign state in a property to a prohibited tax shelter transaction?  b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  b If "Yes," to line 5a or 5b, did the organization include with every solicitation and party for goods and services provided to any contributions that may receive deductible as charitable contributions under section 170(c).  b If the organization stat may receive deductible contributions under section 170(c).  b Id the organization relieve a payment in exists of \$5 made party is as contribution and party for goods and services provided to the payor?  b If "Yes," indicate the number of Forms 8282 filed during the year  b Id the organization relieved a contribution of qualified mileterius property, did the organization file Form 8893 as required?  If the organization relieved a contribution of qualified mileterius property, did the organization in file Form 1098-C?  If the organization relieved a contribution of qualified mileterius property, did the organization file Form 1098-C?  Section 497(c)    |        | · · · · · · · · · · · · · · · · · · ·                                                                                                     |     |     |     |  |  |  |  |  |  |
| b if "Yes," has it filed a Form 990-T for this year? If "No," provide an explenation in Schedule O  4a At any time during the calendary 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?)  5b If "Yes," enter the name of the foreign country, IND  5ce instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5ce Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Id any taxable party nority the organization file Form 8886-T?  5c Dos the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  5c Dos 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 chantable contributions?  5d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chantable contributions?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization shall may receive deductible contributions under section 170(c).  9 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible.  9 Did the organization notify the donor of the value of the goods or services provided?  10 Did the organization notify the donor of the value of the goods or services provided?  11 Did the organization received a contribution of the value of the goods or services provided?  12 Did the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization flee a Form 1094-C?  13 Sponsoring organizations maintaining donor advised fund and section 59(e)(3) supporting organi    | 3a     |                                                                                                                                           | За  |     | Х   |  |  |  |  |  |  |
| financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country. ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form B886-77  B D Gost for Sea for See in      | b      |                                                                                                                                           |     |     |     |  |  |  |  |  |  |
| b if "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.  58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  59 Dod any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  50 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?  50 If "Yes," fid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  50 Organizations that may receive deductible contributions under section 170(c).  51 If "Yes," did the organization nective with every solicitation and partly for goods and services provided to the payor?  52 Organizations that may receive deductible contributions under section 170(c).  52 If "Yes," indicate the number of Forms 8282 filed during the year or bid the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  53 Organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file Form 8899 as required?  54 If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file Form 198-C7  54 Sponsoring organizations maintaining donor advised funds.  55 Dot the organization make any taxable distributions under section 4986?  56 Dot the organization make any taxable distributions under section 4986?  57 Dot the organization make any taxable distributions under section 4986?  58 Sponsoring organizations maintaining donor advised funds.  59 Dot the organization make any taxable distributions under section 4986?  50 Dot the organization make any taxable distributions under section 4986?  50 Dot the organization make any taxable distributions under section    | 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a                 |     |     |     |  |  |  |  |  |  |
| See instructions for filing requirements for Form TD F0022.1, Report of Foreign Bank and Financial Accounts.  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Was the organization aparty to a prohibited tax shelter transaction?  5 Was the organization aparty to a prohibited tax shelter transaction?  5 Was the organization aparty to a prohibited tax shelter transaction?  5 Was the organization aparty to a prohibited tax shelter transaction?  5 Was to line \$6 or 5 B, did the organization file Form 8868-17  5 Organization that were not tax deductible on the property of the property of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible.  6 Was the organization receive an apayment in excess of \$75 made party as a confribition and partly for goods and services provided to the payor?  7 Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," did the organization notify the donor of the value of the goods or services provided?  9 If "Yes," indicate the number of Forms 8282 filed during the year  10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization receive any funds, directly or indirectly, on a personal benefit contract?  11 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  12 If the organization received a contribution of cars, boats, anglines, or other vehicles, did the organization file a Form 1098-07  13 Section 501(c)(7) organizations maintaining donor advised funds.  14 Did the organization make any taxable distributions under section 4966?  15 Did the organization make any taxable distributions under section 4966?  16 Gross receives, included on Form 990, Part VIII, line 12, for public use of club facilities  16 Gross receives from them.)  17 Section 501(c)(7) organizations. Enter:  2   |        | financial account in a foreign country (such as a bank account, securities account, or other financial account)?                          | 4a_ |     | _X  |  |  |  |  |  |  |
| Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  b 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 chantable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  c Organizations that may receive deductible contributions under section 170(c).  a Did the organization sell, exchange, or other value of the goods or services provided?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  b If "Yes," indicate the number of Forms 8282 filed during the year  c Id If "Yes," indicate the number of Forms 8282 filed during the year  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  s possoring organization maintaining doner advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations in a distribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  sponsoring organizations maintaining doner advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a denor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Section 501(c)(7) organizations. Enter  indiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  C accident 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 i    | b      | If "Yes," enter the name of the foreign country. ▶                                                                                        |     |     |     |  |  |  |  |  |  |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  8 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?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  8 If "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization receive any funds, directly or indirectly, to pay premiums, directly, on a personal benefit contract?  9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  10 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  10 Did the organization make any taxable distributions under section 4966?  10 Section 501(x)(2) organizations. Enter:  10 Gross receipts, included on Form 990, Part VIII, line 12.  10 Fors income from themselves or shareholders  11 July 10 July 1    |        | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                            |     |     |     |  |  |  |  |  |  |
| the section of the section of the section file Form 8886-TP.  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 deductable as charitable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable?  7 Organizations that may receive deductible contributions under section 170(c).  a 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?  7 If "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$282?  If "Yes," indicate the number of Forms \$282 filed during the year  P Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file supporting organization, or a donor advised fund maintained by a sponsoring organizations. Did the supporting organizations maintaining donor advised funds.  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  B Did the organizations maintaining donor advised funds.  Did the organization make any taxable distribution of their sections of the supporting organizations are propertied to the supporting organization make any taxable distribution of their sections of the supporting organization make a distribution of their sections of the supporting organization make a distribution to a donor, donor advised funds.  Section 501(c)(7) organizations. Enter:  Gross income from | 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                     | 5a  |     |     |  |  |  |  |  |  |
| 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?    If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?    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?   Tax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                          | 5b  |     | X   |  |  |  |  |  |  |
| any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a 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?  7 To b If "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 To X  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 To X  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations programizations maintaining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  2 Did the organization make any taxable distributions under section 4966?  9 Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a fross income from them a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(12) organizations. Enter:  a fross income from members or shareholders  b fryes, "enter the amount of tax-exempt interest received or accrued during the year  10 Section 501(c)(12) organizations. Enter:  a fross income from members or shareholders  b fryes, "enter the amount of tax-exempt interest     |        | ·                                                                                                                                         | 5c  |     |     |  |  |  |  |  |  |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?  7a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit               |     |     |     |  |  |  |  |  |  |
| were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c). a Did the organization set hat may receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 The contract of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 The contract of the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 The X Seponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations are initiation for advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advised funds.  Section 501(c)(7) organizations. Enter:  a Gross income from members or shareholders  b Gross income from members or shareholders  b Gross income from members or shareholders  c Gross income from members or shareholders  b Gross income from members or shareholders  b Gross income from members or shareh    |        | •                                                                                                                                         | 6a  |     | X   |  |  |  |  |  |  |
| 7 Organizations that may receive deductible contributions under section 170(c). a 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? 7 Ta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | b      | ·                                                                                                                                         |     |     |     |  |  |  |  |  |  |
| a 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?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                                                                                                                           | 6b_ |     |     |  |  |  |  |  |  |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(3)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12  for oss income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources 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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13b If "Yes," 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 in more than one state?  Note, See the instructions for additional information the organization must report on Schedule O  b Enter the amount      |        | • • • • • • • • • • • • • • • • • • • •                                                                                                   | _   |     |     |  |  |  |  |  |  |
| to file Form 8282?  7c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _      |                                                                                                                                           |     |     |     |  |  |  |  |  |  |
| to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        | ·                                                                                                                                         | /D  |     |     |  |  |  |  |  |  |
| d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To the organization during the year, pay premiums, directly or indirectly, to pay personal benefit contract?  To the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Soponoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Did Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note, See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the      | C      |                                                                                                                                           | 70  |     | Y   |  |  |  |  |  |  |
| be Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  h If the organization maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Did the organization make and staribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources 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?  12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b If "Yes," 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 in more than one state?  Note, See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserv     | d      | $\hat{L}=L$                                                                                                                               | 10  |     |     |  |  |  |  |  |  |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. a Did the organization make a distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  15a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note, See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand  13b Little Trust State of the state of the state of the plans of the p     |        | · · · · · · · · · · · · · · · · · · ·                                                                                                     | 7e  |     | x   |  |  |  |  |  |  |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  5 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  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 against amounts due or received from them.)  12a  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves on hand  c Enter the amount of reserves on hand  10d the organization received any payments for indoor tanning services during the tax year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _      |                                                                                                                                           |     |     |     |  |  |  |  |  |  |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 10 10 10 10 10 10 10 10 10 10 10 10 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | g      |                                                                                                                                           | 7g  |     |     |  |  |  |  |  |  |
| organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | h      |                                                                                                                                           |     |     |     |  |  |  |  |  |  |
| 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Gross income from members or shareholders a Gross income from other sources (Do not net amounts due or paid to other sources 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13c Late Interval Inter     | 8      | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting               |     |     |     |  |  |  |  |  |  |
| a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b 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 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand  13a  14a  X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8   |     |     |  |  |  |  |  |  |
| b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  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 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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  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  c Enter the amount of reserves on hand  13b  14a X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 9      | Sponsoring organizations maintaining donor advised funds.                                                                                 |     |     | 1   |  |  |  |  |  |  |
| 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 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 against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13b 13b 14a X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | а      | Did the organization make any taxable distributions under section 4966?                                                                   | 9a  |     |     |  |  |  |  |  |  |
| a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b 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 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? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13b 13c  14a X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | b      |                                                                                                                                           | 9b  |     | ļ   |  |  |  |  |  |  |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  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 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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  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  c Enter the amount of reserves on hand  13b  13c  14a X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 10     | 1 1                                                                                                                                       |     |     |     |  |  |  |  |  |  |
| 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 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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  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  c Enter the amount of reserves on hand  13b  13c  14a X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                                                                                                                           | ļ   |     |     |  |  |  |  |  |  |
| a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 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? 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. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  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 c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                           | 1   |     |     |  |  |  |  |  |  |
| b Gross income from other sources (Do not net amounts due or paid to other sources 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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  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  c Enter the amount of reserves on hand  13b  14a X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                                                                                                                                           |     |     |     |  |  |  |  |  |  |
| 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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  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  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  11b  12a  12a  12b  13a  13a  13a  13b  13c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |                                                                                                                                           | •   |     |     |  |  |  |  |  |  |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  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  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  12a  12b  13a  13a  13a  13b  13b  13c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D      |                                                                                                                                           |     |     |     |  |  |  |  |  |  |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  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  c Enter the amount of reserves on hand  13c  14a X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 122    | , · · · · · · · · · · · · · · · · · · ·                                                                                                   | 122 |     |     |  |  |  |  |  |  |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  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  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  13a  13b  13b  13c  14a  X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |                                                                                                                                           | 120 |     |     |  |  |  |  |  |  |
| a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  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  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  13a  13b  13b  13c  14a  X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |                                                                                                                                           | 1   |     |     |  |  |  |  |  |  |
| 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  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  14a X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ······ |                                                                                                                                           |     |     |     |  |  |  |  |  |  |
| 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 c Enter the amount of reserves on hand 13c 14a  X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _      |                                                                                                                                           |     |     |     |  |  |  |  |  |  |
| organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13c  14a  X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | b      | - · · · · · · · · · · · · · · · · · · ·                                                                                                   | ļ   |     |     |  |  |  |  |  |  |
| c Enter the amount of reserves on hand  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  14a  X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |                                                                                                                                           |     |     |     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | С      |                                                                                                                                           |     |     |     |  |  |  |  |  |  |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 14b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 14a    | Did the organization receive any payments for indoor tanning services during the tax year?                                                | 14a |     | X   |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | b      | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                 | 14b |     |     |  |  |  |  |  |  |

WEBCO FOUNDATION 71-0944147 Form 990 (2012) Part VI | 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 Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 3 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Яa a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 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 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 12b X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed >HI Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

12-10-12

20

96819

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

RONALD T. Y. CHOO - 808-839-4551

2840 MOKUMOA STREET, HONOLULU, HI

#### Part VIII 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

#### 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

| (A)                        | organization compensat (C)            |                                         |                       |         |                                                  |                                                  | (D)                                              | (E)             | (F)             |                                       |  |  |
|----------------------------|---------------------------------------|-----------------------------------------|-----------------------|---------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|-----------------|-----------------|---------------------------------------|--|--|
| Name and Title             | Average                               | Position<br>(do not check more than one |                       |         |                                                  |                                                  |                                                  | Reportable      | Reportable      | Estimated                             |  |  |
|                            | hours per                             | box                                     | oox, unless pe        |         | person is both ar<br>a director/trustee)         |                                                  | n an                                             | compensation    | compensation    | amount of                             |  |  |
|                            | week                                  | -                                       | ceran                 | dad     | irecto                                           | r/trus                                           | (ee)                                             | from            | from related    | other                                 |  |  |
|                            | (list any                             | recto                                   |                       |         |                                                  |                                                  |                                                  | the             | organizations   | compensation                          |  |  |
|                            | hours for                             | or d                                    | _ gg                  |         |                                                  | ated                                             |                                                  | organization    | (W-2/1099-MISC) | from the                              |  |  |
|                            | related organizations                 | nstee                                   | Fusi                  |         | <br>  8                                          | inen                                             |                                                  | (W-2/1099-MISC) |                 | organization<br>and related           |  |  |
|                            | below                                 | lan<br>t                                | tona                  |         | 흝                                                | yee                                              | _                                                |                 |                 | organizations                         |  |  |
|                            | line)                                 | Individual trustee or director          | Institutional trustee | Officer | Key er                                           | Highest compensated employee                     | Богтег                                           |                 |                 | 0.ga <u>2</u> 0                       |  |  |
| (1) GREGORY R. GOMES       | 4.00                                  |                                         |                       |         |                                                  |                                                  |                                                  | _               |                 |                                       |  |  |
| PRESIDENT/DIRECTOR         |                                       | X                                       |                       | X       |                                                  | ļ                                                |                                                  | 0.              | 0.              | 0.                                    |  |  |
| (2) JANE TAKAYESU          | 1.00                                  |                                         |                       |         |                                                  |                                                  |                                                  |                 |                 |                                       |  |  |
| SEC./DIRECTOR              |                                       | X                                       |                       | X       |                                                  |                                                  |                                                  | 0.              | 0.              | 0.                                    |  |  |
| (3) RONALD T. Y. CHOO      | 1.00                                  |                                         |                       |         |                                                  |                                                  |                                                  |                 |                 |                                       |  |  |
| VICE PRES./TREASURER/DIREC |                                       | X                                       |                       | X       |                                                  |                                                  |                                                  | 0.              | 0.              | 0.                                    |  |  |
|                            |                                       |                                         | 1                     |         |                                                  |                                                  |                                                  |                 |                 |                                       |  |  |
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|                            | · · · · · · · · · · · · · · · · · · · | 1                                       |                       |         |                                                  |                                                  |                                                  |                 |                 |                                       |  |  |
|                            |                                       |                                         | ┢                     | ├─      | <del>                                     </del> | <del>                                     </del> | _                                                |                 |                 | · · · · · · · · · · · · · · · · · · · |  |  |
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|                            | <del></del>                           | 1                                       |                       |         |                                                  |                                                  |                                                  |                 |                 |                                       |  |  |
|                            |                                       | T                                       | T                     | 1       | 1                                                | <u> </u>                                         | <del>                                     </del> |                 |                 | -                                     |  |  |
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|                            | -                                     | 1                                       |                       |         |                                                  |                                                  |                                                  |                 |                 | }                                     |  |  |

| Par | T V.II   Section A. Officers, Directors, Tru (A) Name and title                        | stees, Key Em<br>(B)<br>Average                                                           |                                                               |             | (C<br>Pos      | C)<br>ition | ı                                                |                             | Compensated Employe (D) Reportable                             | es (continued)<br>(E)<br>Reportable |                    | (F)<br>Estimated |         |         |
|-----|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------|----------------|-------------|--------------------------------------------------|-----------------------------|----------------------------------------------------------------|-------------------------------------|--------------------|------------------|---------|---------|
|     | Name and this                                                                          | hours per<br>week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | box, unless person is both an officer and a director/trustee) |             |                | or/trus     | han<br>tee)                                      | compensation<br>from<br>the | compensation<br>from related<br>organizations<br>(W-2/1099-MIS | s                                   | other compensation |                  |         |         |
|     |                                                                                        |                                                                                           |                                                               |             |                |             |                                                  |                             |                                                                |                                     |                    |                  |         |         |
|     |                                                                                        |                                                                                           |                                                               |             |                |             |                                                  |                             |                                                                |                                     |                    |                  |         |         |
|     |                                                                                        |                                                                                           |                                                               |             |                |             |                                                  |                             |                                                                |                                     | ·                  | _                |         |         |
|     |                                                                                        |                                                                                           | -                                                             |             |                |             |                                                  |                             |                                                                |                                     |                    |                  |         |         |
|     |                                                                                        |                                                                                           |                                                               |             |                |             |                                                  |                             |                                                                |                                     |                    |                  |         |         |
|     |                                                                                        |                                                                                           |                                                               | -           |                |             | -                                                |                             |                                                                |                                     |                    |                  |         |         |
|     |                                                                                        |                                                                                           |                                                               | <u> </u>    |                |             | _                                                |                             |                                                                |                                     |                    |                  |         |         |
|     |                                                                                        |                                                                                           |                                                               |             |                |             |                                                  |                             |                                                                |                                     |                    |                  |         |         |
|     |                                                                                        |                                                                                           |                                                               |             |                |             |                                                  |                             |                                                                |                                     |                    |                  |         |         |
|     |                                                                                        |                                                                                           |                                                               | <u> </u>    | <del>  -</del> |             | <del>                                     </del> |                             |                                                                |                                     |                    |                  |         |         |
| 1b  | Sub-total Sub-total                                                                    |                                                                                           | <u>L.</u> .                                                   | <u>L.</u> . | <u></u>        | L           | <u> </u>                                         | <u> </u>                    | 0.                                                             |                                     | 0.                 |                  |         | 0.      |
|     | Total from continuation sheets to Part Total (add lines 1b and 1c)                     | VII, Section A                                                                            |                                                               |             |                |             |                                                  |                             | 0.                                                             |                                     | 0.                 |                  |         | 0.      |
| 2   | Total number of individuals (including but                                             | not limited to th                                                                         | nose                                                          | liste       | ed a           | bov         | e) w                                             | no r                        | ·                                                              | ,000 of reportabl                   |                    |                  |         |         |
|     | compensation from the organization                                                     |                                                                                           |                                                               |             |                |             |                                                  |                             |                                                                | <del>-</del>                        |                    |                  | Yes     | 0<br>No |
| 3   | Did the organization list any former office line 1a? If "Yes," complete Schedule J for |                                                                                           |                                                               | e, kε       | эу өг          | mple        | руее                                             | , or                        | highest compensated e                                          | mployee on                          |                    | •                |         | х       |
| 4   | For any individual listed on line 1a, is the                                           | sum of reportab                                                                           | le c                                                          |             |                |             |                                                  |                             | •                                                              | the organization                    |                    | 3_               |         |         |
| 5   | and related organizations greater than \$1 Did any person listed on line 1a receive or |                                                                                           |                                                               |             |                |             |                                                  |                             |                                                                | dual for services                   |                    | 4                |         | X       |
| Sec | rendered to the organization? If "Yes," co                                             |                                                                                           |                                                               |             |                |             |                                                  |                             |                                                                |                                     |                    | 5                |         | X       |
| 1   | Complete this table for your five highest of                                           |                                                                                           |                                                               |             |                |             |                                                  |                             |                                                                |                                     | pens               | ation 1          | from    |         |
|     | the organization. Report compensation for                                              | r the calendar y                                                                          | ear                                                           | end         | ing v          | <u>vith</u> | or w                                             | <u>rithii</u>               | n the organization's tax (B)                                   | year                                |                    | (0               | <b></b> |         |
|     | Name and busines                                                                       | s address                                                                                 | N                                                             | ON          | E              |             |                                                  |                             | Description of s                                               | ervices                             | C                  |                  | nsatio  | n       |
|     |                                                                                        |                                                                                           |                                                               |             |                |             |                                                  |                             |                                                                |                                     |                    |                  |         |         |
|     |                                                                                        |                                                                                           |                                                               |             |                |             |                                                  |                             |                                                                |                                     |                    |                  |         |         |
|     |                                                                                        |                                                                                           |                                                               |             |                |             |                                                  | - 3                         |                                                                |                                     |                    |                  |         |         |
|     |                                                                                        |                                                                                           |                                                               |             |                |             |                                                  |                             |                                                                |                                     |                    |                  |         |         |
|     |                                                                                        |                                                                                           |                                                               |             |                |             |                                                  |                             |                                                                |                                     |                    |                  |         |         |
|     | Total number of independent contractors                                                | (including but                                                                            | not !                                                         | ımıta       | ad to          | the         |                                                  | eter                        | d above) who received a                                        | ore than                            |                    |                  |         |         |
| ~   | \$100,000 of compensation from the orga                                                |                                                                                           | iot I                                                         | te          | iu lu          |             | 0<br>0                                           | 31 <del>6</del> (           | above, who received h                                          | iore urair                          |                    |                  |         |         |

Form 990 (2012) WEBCO FOUNDATION
Part VIII Statement of Revenue

|                                                        |          | Check if Schedule O conta                           | ains a response   | to any question ii | n this Part VIII            |                                        |                                         | . [                                                           |
|--------------------------------------------------------|----------|-----------------------------------------------------|-------------------|--------------------|-----------------------------|----------------------------------------|-----------------------------------------|---------------------------------------------------------------|
|                                                        |          |                                                     |                   |                    | <b>(A)</b><br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| nts                                                    | 1 a      | Federated campaigns                                 | 1a                |                    | _                           |                                        |                                         |                                                               |
| e a                                                    | b        | Membership dues                                     | 1b                |                    |                             |                                        |                                         |                                                               |
| S, (                                                   | С        | Fundraising events                                  | 1c                | 93,855.            |                             |                                        |                                         |                                                               |
|                                                        | d        | Related organizations                               | 1d                |                    |                             |                                        |                                         |                                                               |
| S,E                                                    | е        | Government grants (contributi                       | ons) 1e           |                    |                             |                                        |                                         |                                                               |
| PS                                                     | f        | All other contributions, gifts, grant               |                   |                    |                             |                                        |                                         |                                                               |
| 돌                                                      |          | similar amounts not included above                  |                   | 10,642.            |                             |                                        |                                         |                                                               |
| 들임                                                     | g        | Noncash contributions included in lines             | 1a-1f \$          |                    |                             |                                        |                                         |                                                               |
| Contributions, Gifts, Grants and Other Similar Amounts | h        | Total. Add lines 1a-1f                              |                   | <b>•</b>           | 104,497.                    |                                        |                                         |                                                               |
|                                                        |          |                                                     |                   | Business Code      |                             |                                        |                                         |                                                               |
| 8                                                      | 2 a      |                                                     |                   |                    |                             |                                        |                                         |                                                               |
| او ڇَ                                                  | b        |                                                     |                   |                    |                             |                                        |                                         |                                                               |
| Program Service<br>Revenue                             | С        |                                                     |                   |                    |                             |                                        |                                         |                                                               |
| e a                                                    | d        | ·                                                   |                   |                    |                             |                                        |                                         |                                                               |
| <u> </u>                                               | е        |                                                     |                   |                    |                             |                                        |                                         |                                                               |
| ਕ                                                      | f        | All other program service reve                      | nue               |                    |                             |                                        |                                         |                                                               |
| $\longrightarrow$                                      | g        | Total. Add lines 2a-2f                              |                   | ▶                  | <del></del>                 |                                        |                                         |                                                               |
|                                                        | 3        | Investment income (including                        | dıvıdends, ıntere | est, and           |                             |                                        |                                         |                                                               |
|                                                        |          | other similar amounts)                              |                   | ▶                  | 65.                         | 65.                                    |                                         |                                                               |
|                                                        | 4        | Income from investment of tax                       | k-exempt bond p   | roceeds 🕨          |                             |                                        |                                         |                                                               |
|                                                        | 5        | Royalties                                           |                   | <b>&gt;</b>        |                             |                                        |                                         |                                                               |
|                                                        |          |                                                     | (i) Real          | (ıı) Personal      |                             |                                        |                                         |                                                               |
|                                                        | 6 a      | Gross rents                                         |                   |                    |                             |                                        |                                         |                                                               |
| ļ                                                      | b        | Less: rental expenses                               |                   |                    |                             |                                        |                                         |                                                               |
|                                                        | С        | Rental income or (loss)                             |                   | 1                  |                             |                                        |                                         |                                                               |
|                                                        | d        | Net rental income or (loss)                         |                   | ▶                  |                             |                                        |                                         |                                                               |
|                                                        | 7 a      | Gross amount from sales of                          | (i) Securities    | (ii) Other         |                             |                                        |                                         |                                                               |
|                                                        |          | assets other than inventory                         |                   |                    |                             |                                        |                                         |                                                               |
|                                                        | b        | Less cost or other basis                            |                   |                    |                             |                                        |                                         |                                                               |
|                                                        |          | and sales expenses                                  |                   |                    |                             |                                        |                                         |                                                               |
|                                                        | C        | , ,                                                 |                   |                    |                             |                                        |                                         |                                                               |
|                                                        | d        | . ,                                                 |                   | <b>&gt;</b>        |                             |                                        |                                         |                                                               |
| e l                                                    | 8 a      | Gross income from fundraising                       |                   |                    |                             |                                        |                                         |                                                               |
|                                                        |          | including \$ 93,8                                   |                   |                    |                             |                                        |                                         |                                                               |
| Other Reven                                            |          | contributions reported on line                      |                   |                    |                             |                                        |                                         |                                                               |
| ĕ                                                      |          | Part IV, line 18                                    | а                 | 161,742.           |                             |                                        |                                         |                                                               |
| ₹                                                      |          | Less direct expenses                                |                   | 128,556.           | 22 106                      |                                        |                                         | 22 426                                                        |
|                                                        |          | Net income or (loss) from fund                      | -                 | <b>P</b>           | 33,186.                     |                                        |                                         | 33,186.                                                       |
|                                                        | 9 a      | Gross income from gaming ac                         |                   |                    |                             |                                        |                                         |                                                               |
|                                                        |          | Part IV, line 19                                    | a                 |                    |                             |                                        |                                         |                                                               |
|                                                        |          | Less direct expenses                                | b                 | L                  |                             |                                        |                                         |                                                               |
|                                                        |          | Net income or (loss) from gam                       | -                 |                    |                             |                                        |                                         |                                                               |
|                                                        | и а      | Gross sales of inventory, less                      |                   |                    |                             |                                        |                                         |                                                               |
|                                                        |          | and allowances                                      | а                 |                    |                             |                                        |                                         |                                                               |
|                                                        |          | Less cost of goods sold .                           | b                 |                    |                             |                                        |                                         |                                                               |
|                                                        | <u> </u> | Net income or (loss) from sale Miscellaneous Revenu |                   | Business Code      |                             |                                        |                                         |                                                               |
|                                                        | 11.0     |                                                     | •                 | Business Code      |                             |                                        |                                         |                                                               |
|                                                        | 11 a     |                                                     |                   | <del></del>        |                             | <del>-</del>                           |                                         |                                                               |
|                                                        | b        |                                                     |                   |                    |                             |                                        |                                         |                                                               |
|                                                        | c<br>d   | - All                                               |                   |                    |                             |                                        |                                         |                                                               |
|                                                        | _        | Total. Add lines 11a-11d                            |                   |                    |                             |                                        |                                         |                                                               |
|                                                        | 12       | Total revenue. See instructions.                    |                   |                    | 137,748.                    | 65.                                    | 0.                                      | 33,186.                                                       |
| 23200<br>12-10                                         |          |                                                     |                   | <u></u>            |                             |                                        | <u> </u>                                | Form <b>990</b> (2012)                                        |

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Form 990 (2012) WEBCO FOUNDATION

Part IX | Statement of Functional Expenses

| JEU (/C   | on 501(c)(3) and 501(c)(4) organizations must comp<br>Check if Schedule O contains a respons                                                        |                       |                              | трасе сошти (А).                    |                                |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------|-------------------------------------|--------------------------------|
|           | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                                                                          | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | (D)<br>Fundraising<br>expenses |
| 1         | Grants and other assistance to governments and                                                                                                      |                       |                              |                                     |                                |
|           | organizations in the United States. See Part IV, line 21                                                                                            | 75,000.               | 75,000.                      |                                     |                                |
| 2         | Grants and other assistance to individuals in                                                                                                       |                       | -                            |                                     | -                              |
|           | the United States. See Part IV, line 22                                                                                                             |                       |                              |                                     |                                |
| 3         | Grants and other assistance to governments,                                                                                                         |                       |                              |                                     |                                |
|           | organizations, and individuals outside the                                                                                                          |                       |                              |                                     |                                |
|           | United States. See Part IV, lines 15 and 16                                                                                                         |                       |                              |                                     |                                |
| 4         | Benefits paid to or for members                                                                                                                     |                       |                              |                                     |                                |
| 5         | Compensation of current officers, directors,                                                                                                        |                       |                              |                                     |                                |
|           | trustees, and key employees                                                                                                                         |                       |                              |                                     |                                |
| 6         | Compensation not included above, to disqualified                                                                                                    |                       |                              |                                     |                                |
|           | persons (as defined under section 4958(f)(1)) and                                                                                                   |                       |                              |                                     |                                |
|           | persons described in section 4958(c)(3)(B)                                                                                                          |                       |                              |                                     |                                |
| 7         | Other salaries and wages .                                                                                                                          |                       |                              |                                     |                                |
| 8         | Pension plan accruals and contributions (include                                                                                                    |                       |                              |                                     |                                |
|           | section 401(k) and 403(b) employer contributions)                                                                                                   |                       |                              |                                     |                                |
| 9         | Other employee benefits                                                                                                                             |                       |                              |                                     |                                |
| 10        | Payroll taxes                                                                                                                                       |                       |                              |                                     |                                |
| 11        | Fees for services (non-employees):                                                                                                                  |                       |                              |                                     |                                |
| а         | Management                                                                                                                                          |                       |                              |                                     |                                |
| b         | Legal                                                                                                                                               |                       |                              |                                     |                                |
| С         | Accounting                                                                                                                                          |                       |                              |                                     |                                |
| d         | Lobbying                                                                                                                                            |                       |                              |                                     |                                |
| е         | Professional fundraising services. See Part IV, line 17                                                                                             |                       |                              |                                     |                                |
| f         | Investment management fees                                                                                                                          |                       |                              |                                     |                                |
| g         | Other (If line 11g amount exceeds 10% of line 25,                                                                                                   |                       |                              |                                     |                                |
|           | column (A) amount, list line 11g expenses on Sch O.)                                                                                                |                       |                              |                                     |                                |
| 12        | Advertising and promotion                                                                                                                           |                       |                              |                                     |                                |
| 13        | Office expenses                                                                                                                                     |                       |                              |                                     |                                |
| 14        | Information technology                                                                                                                              |                       |                              |                                     |                                |
| 15        | Royalties                                                                                                                                           |                       |                              |                                     | ·····                          |
| 16        | Occupancy                                                                                                                                           |                       |                              |                                     |                                |
| 17        | Travel                                                                                                                                              |                       |                              |                                     |                                |
| 18        | Payments of travel or entertainment expenses                                                                                                        |                       |                              |                                     |                                |
|           | for any federal, state, or local public officials                                                                                                   |                       |                              |                                     |                                |
| 19        | Conferences, conventions, and meetings                                                                                                              |                       |                              |                                     |                                |
| 20        | Interest                                                                                                                                            |                       |                              |                                     | <del></del>                    |
| 21        | Payments to affiliates                                                                                                                              |                       |                              |                                     |                                |
| 22        | Depreciation, depletion, and amortization                                                                                                           |                       |                              | -                                   | <del></del>                    |
| 23        | Insurance                                                                                                                                           |                       |                              |                                     |                                |
| 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 0.)                                                                                                      | 1 310                 |                              | 1 310                               |                                |
| a         | BANK CHARGES                                                                                                                                        | 1,318.                |                              | 1,318.                              |                                |
| b         | REGISTRATION FEES                                                                                                                                   | 100.                  | <del></del>                  | 100.                                | <del></del> -                  |
| C         |                                                                                                                                                     |                       |                              |                                     |                                |
| d         | All other evenesses                                                                                                                                 |                       | <del></del> -                |                                     |                                |
|           | All other expenses Add lines 1 through 24s                                                                                                          | 76 410                | 75 000                       | 1 410                               |                                |
| <u>25</u> | Total functional expenses. Add lines 1 through 24e                                                                                                  | 76,418.               | 75,000.                      | 1,418.                              | 0.                             |
| 26        | Joint costs. Complete this line only if the organization                                                                                            |                       |                              |                                     |                                |
|           | reported in column (B) joint costs from a combined                                                                                                  |                       |                              | ĺ                                   |                                |
|           | educational campaign and fundraising solicitation.  Check here   If following SOP 98-2 (ASC 958-720)                                                |                       |                              |                                     |                                |
|           | Check here if following SOP 98-2 (ASC 958-720)                                                                                                      |                       |                              |                                     |                                |

71-0944147 Page 11 WEBCO FOUNDATION Form 990 (2012) **Balance Sheet** Part X Check if Schedule O contains a response to any question in this Part X (A) Beginning of year (B) End of year 167,311. 104,027 1 Cash · non-interest-bearing 460,335. 460,381. Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 2,000 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other 10a basis Complete Part VI of Schedule D b Less. accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 566,362 627,692 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 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 25 Schedule D 0. 0. 26 Total liabilities. Add lines 17 through 25

Organizations that follow SFAS 117 (ASC 958), check here

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Organizations that do not follow SFAS 117 (ASC 958), check here

complete lines 27 through 29, and lines 33 and 34.

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

627,692. 627,692. Form 990 (2012)

627,692.

0.

0.

27

28

29

30

32

33

0. 31

0.

566,362.

566,362.

566,362

Net Assets or Fund Balances

27

28

30

31

32

33

and

| orm | 990 (2012) WEBCO FOUNDATION                                                                                        | <u>71-094</u> | 4147 | Pag        | <sub>де</sub> 12 |
|-----|--------------------------------------------------------------------------------------------------------------------|---------------|------|------------|------------------|
| Par | t XI Reconciliation of Net Assets                                                                                  |               |      |            |                  |
|     | Check if Schedule O contains a response to any question in this Part XI                                            |               |      |            |                  |
|     |                                                                                                                    | 1             |      |            |                  |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)                                                          |               |      |            | <u>48.</u>       |
| 2   | Total expenses (must equal Part IX, column (A), line 25)                                                           | 2             |      |            | <u> 18.</u>      |
| 3   | Revenue less expenses Subtract line 2 from line 1                                                                  | 3             |      |            | <u> 30.</u>      |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                          | 4             | 56   | <u>6,3</u> | <u>62.</u>       |
| 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             |      |            | 0.               |
| 10  | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,                 |               |      |            |                  |
|     | column (B))                                                                                                        | 10            | 62   | 7,6        | <u>92.</u>       |
| Pai | t XII Financial Statements and Reporting                                                                           |               |      |            |                  |
|     | Check if Schedule O contains a response to any question in this Part XII                                           | <del></del>   |      |            | <u> </u>         |
|     |                                                                                                                    |               |      | Yes        | No               |
| 1   | Accounting method used to prepare the Form 990. X Cash Accrual Other                                               |               | 1    |            |                  |
|     | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule     | 0             |      |            |                  |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?                    |               | 2a   |            | X                |
|     | 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                                                                        |               |      |            |                  |
|     | Separate basis Consolidated basis Both consolidated and separate basis                                             |               | 1 1  |            |                  |
| 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 separate   | e basis,      |      |            |                  |
|     | consolidated basis, or both                                                                                        |               |      |            |                  |
|     | Separate basis Consolidated basis Both consolidated and separate basis                                             |               |      |            |                  |
| С   | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audıt,      |      |            |                  |
|     | review, or compilation of its financial statements and selection of an independent accountant?                     |               | 2c   |            |                  |
|     | If the organization changed either its oversight process or selection process during the tax year, explain in Sch  | edule O       |      |            |                  |
| За  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit    |      |            |                  |
|     | Act and OMB Circular A-133?                                                                                        | -             | За   |            | X                |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ  | red audit     |      |            |                  |
|     | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                           |               | 3ь   |            |                  |

232012 12-10-12 Form **990** (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

2012

Open to Public Inspection

| lame of t            | ne organizatio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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| Part I               | Reason f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | e this part                                                                                                    | .) See inst                                                          | ructions.                                                                         |                                                                     | T-0344                                                                    | <u> 14/</u>                          |                           |
| Part I  he organi  2 | zation is not a A church, cor A school desc A hospital or A medical res city, and state An organizatio section 170( A federal, state An organizatio section 170(I A community An organizatio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | private foundation to evention of churches cribed in section 17 a cooperative hospit earch organization of the long of the lon | ent or governmental unit<br>eives a substantial part o                                                                                                     | through 1<br>ches described lescribed in<br>with a hosp<br>described inversity ow<br>described<br>of its supplied<br>(Complete | 1, check on section pital descripted or operation or from a section apport from the support | only one b<br>ction 170(b)(1)(<br>dbed in se<br>derated by<br>n 170(b)(1)<br>governme                          | ox.) (b)(1)(A)(i) A)(iii). ction 170( a governr )(A)(v). ntal unit o | mental unif<br>or from the                                                        | i). Enter t<br>t describe<br>general p                              | ed in<br>public desci                                                     | s nam                                | ne,<br>n                  |
| 10                   | An organization of the org | enrelated business to 1509(a)(2). (Complete on organized and open organized and open organized organized of the supported organized of the supported organized of the supported organized of the supported organized org | exable income (less section Part III.)  perated exclusively to test or and exclusively for the lations described in section organization and completive II | st for publicate benefit con 509(a)(1) ete lines 1 controlled y supporte the IRS that any gift or cone or togotor (ii) above   | x) from buse c safety. Sof, to perfoll or section ally in directly or dorganization at it is a Typontribution ether with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | See section<br>from the fur<br>on 509(a)(2<br>or 11h<br>ontegrated<br>or indirectly<br>ottons descripted, Type | n 509(a)(4 nctions of, c). See sec by one of cribed in s II, or Type | y the orga  i). or to carry ction 509(  Typ r more disection 508  III  owing pers | y out the a)(3). Che e III - Nor qualified $\theta$ (a)(1) or sons? | after June 3 purposes o eck the box n-functionall persons oth section 509 | 0, 197 f one of that y integrees tha | 75.<br>or<br>grated<br>in |
| ` '                  | of supported<br>anization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (ii) EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                            | (iv) Is the o<br>in col. (i) lis<br>governing o<br>Yes                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | ion in col.                                                          | (vi) Is<br>organizatio<br>(i) organiz<br>U.S<br>Yes                               | on in col.  <br>red in the                                          | (vii) Amount<br>sup                                                       |                                      | netary                    |
|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |                                                                      | <del> </del>                                                                      | <del> </del>                                                        |                                                                           |                                      |                           |
|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

# Schedule A (Form 990 or 990-EZ) 2012 WEBCO FOUNDATION 71-0944147 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

| Section A. Public Support |                                                                       |                    |                      |                        |                       |                       |                    |  |  |  |  |
|---------------------------|-----------------------------------------------------------------------|--------------------|----------------------|------------------------|-----------------------|-----------------------|--------------------|--|--|--|--|
|                           |                                                                       |                    |                      |                        |                       |                       |                    |  |  |  |  |
|                           | ndar 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                                     | 116 200            | 444 484              | 121 040                | 104 566               | 00 055                | 660 005            |  |  |  |  |
|                           | include any "unusual grants ")                                        | 116,390.           | 141,474.             | 131,940.               | 184,566.              | 93,855.               | 668,225.           |  |  |  |  |
| 2                         | Tax revenues levied for the organ-                                    |                    |                      |                        |                       |                       |                    |  |  |  |  |
|                           | ization's benefit and either paid to                                  |                    |                      |                        |                       |                       |                    |  |  |  |  |
|                           | or expended on its behalf                                             |                    |                      |                        |                       |                       |                    |  |  |  |  |
| 3                         | The value of services or facilities                                   |                    |                      |                        | i                     |                       |                    |  |  |  |  |
|                           | furnished by a governmental unit to                                   |                    |                      |                        |                       |                       |                    |  |  |  |  |
|                           | the organization without charge                                       | 115 222            | 4 44 454             | 404 040                | 101 556               | 00 055                | 660 005            |  |  |  |  |
|                           | Total. Add lines 1 through 3                                          | 116,390.           | 141,474.             | 131,940.               | 184,566.              | 93,855.               | 668,225.           |  |  |  |  |
| 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)                                                            |                    |                      |                        |                       |                       | 122,476.           |  |  |  |  |
|                           | Public support. Subtract line 5 from line 4                           |                    |                      |                        |                       |                       | 545,749.           |  |  |  |  |
|                           | ection B. Total Support                                               |                    |                      |                        |                       |                       |                    |  |  |  |  |
|                           | ndar year (or fiscal year beginning in)                               | (a) 2008           | (b) 2009             | (c) 2010               | (d) 2011              | (e) 2012              | (f) Total          |  |  |  |  |
|                           | Amounts from line 4                                                   | 116,390.           | 141,474.             | 131,940.               | 184,566.              | 93,855.               | 668,225.           |  |  |  |  |
| 8                         | Gross income from interest,                                           |                    |                      |                        |                       |                       |                    |  |  |  |  |
|                           | dividends, payments received on                                       |                    |                      |                        |                       |                       |                    |  |  |  |  |
|                           | securities loans, rents, royalties                                    |                    |                      | 1                      |                       |                       |                    |  |  |  |  |
|                           | and income from similar sources                                       | 14,905.            | 6,866.               | 142.                   | 84.                   | 65.                   | 22,062.            |  |  |  |  |
| 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)                                           |                    |                      |                        |                       |                       | 600 005            |  |  |  |  |
|                           | Total support. Add lines 7 through 10                                 | <u> </u>           |                      |                        |                       |                       | 690,287.           |  |  |  |  |
|                           | Gross receipts from related activities                                |                    | •                    |                        |                       | 12                    | 289,129.           |  |  |  |  |
| 13                        | First five years. If the Form 990 is fo                               | •                  | s first, second, thu | d, fourth, or fifth ta | ax year as a sectio   | n 501(c)(3)           |                    |  |  |  |  |
| 50                        | organization, check this box and stor<br>ction C. Computation of Publ | ic Support Pe      | rcentage             |                        |                       |                       |                    |  |  |  |  |
|                           | Public support percentage for 2012 (                                  |                    |                      |                        |                       |                       | 79.06 %            |  |  |  |  |
|                           | Public support percentage for 2012 (                                  |                    | =                    | column (i))            |                       | 15                    | 79.06 %<br>88.12 % |  |  |  |  |
|                           | a 33 1/3% support test - 2012. If the                                 | •                  | -                    | n line 12 and line     | 14 is 22 1/20/ or r   |                       |                    |  |  |  |  |
| 100                       | stop here. The organization qualifies                                 | •                  |                      |                        | 14 15 55 17570 61 1   | nore, check this be   | DA AITIG           |  |  |  |  |
|                           | 33 1/3% support test - 2011. If the                                   |                    | •                    |                        | l line 15 is 33 1/3%  | 6 or more check th    |                    |  |  |  |  |
| L                         | and stop here. The organization qua                                   | -                  |                      |                        | 1 11116 13 13 33 1737 | o of filore, check to | <b>▶</b> □         |  |  |  |  |
| 47.                       | a 10% -facts-and-circumstances tes                                    |                    |                      |                        | e 13 16a or 16h       | and line 14 is 10%    | or more            |  |  |  |  |
| 1/6                       | and if the organization meets the "fac                                | J                  |                      |                        |                       |                       |                    |  |  |  |  |
|                           | meets the "facts-and-circumstances"                                   |                    |                      | -                      | · ·                   | it iv now the organ   | ► □                |  |  |  |  |
|                           |                                                                       | •                  |                      |                        | •                     | 17a and line 15 in    | 10% or             |  |  |  |  |
|                           | 10% -facts-and-circumstances tes                                      | _                  |                      |                        |                       |                       |                    |  |  |  |  |
|                           | more, and if the organization meets t                                 |                    |                      |                        | •                     |                       | <b>_</b>           |  |  |  |  |
| 40                        | organization meets the "facts-and-cir                                 |                    | -                    |                        |                       |                       |                    |  |  |  |  |
| 18                        | Private foundation. If the organization                               | on did not check a | DOX ON LINE 13, 16   | oa, 100, 1/a, 0r 1/    | D, CHECK THIS DOX &   | and see instruction   | 15                 |  |  |  |  |

## Schedule A (Form 990 or 990 EZ) 2012 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.)

| 16 Public support percentage from 2011 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  18 %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Sec  | etion A. Public Support                       | siow, piease comp   | Diete Fait II /      |                        |                       |                      |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------------|---------------------|----------------------|------------------------|-----------------------|----------------------|------------|
| Girds, grants, contributions, air membership relies received, (Do not include any Yurusual grants.*)  2. Gross receipts from admissions, merchandles sold or services performed, or facilities or admissions, merchandles sold or services purpose  3. Gross receipts from admissions trave-sample purpose  3. Gross receipts from admissions trave-sample purpose  3. Gross receipts from admission trave-sample purpose  3. Gross receipts from admission trave-sample purpose  3. Gross receipts from admission trave-sample received in the organization is behalf and other paral 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  7. Ja Amounts included in lines 1, 2, and  3. received from dequalised persons has expended to the services of the paral to the                                                             |      |                                               | (a) 2008            | (b) 2009             | (c) 2010               | (d) 2011              | (e) 2012             | (f) Total  |
| include any 'unusual grants')  Gross receipts from admissions, merchandiss sold or services performed, or facilities furnished in any activity that is related to the organization's take swintproprises  3. Gross receipts from activities that are not an unrelated trade or business under section 513  4. Tax revenues level 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 furnished by a governmental unit to the organization without charge for 1 stal. Add lines 1 through 5  7. a Amounts included on lines 1, 2, and 3 received from disqualified persons. It is a service of the person of the time and time of the time and the person of the person                                                           |      | · · · · · · · · · · · · · · · · · · ·         |                     |                      |                        | 1                     |                      |            |
| 2. Gross recepts from admissions, merchandes sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.  3. Gross recepts from admission that set a continue that are not an unrelated trade or business under section \$13.  4. Tax revenues level 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 lenes 1 through 5.  7. a Amounts included on lines 1, 2, and 3 received from disquisited persons.  5. and organization without charge.  6. Total, Add lenes 1 through 5.  7. a Amounts included on lines 1, 2, and 3 received from disquisited persons.  5. and organization without charge.  6. Total, Add lenes 1 through 5.  7. a Amounts included on lines 1, 2, and 3 received from disquisited persons.  5. and organization is the second organization is lenes and a received from disquisited persons.  6. Add lines 7. and 7.  8. Public support (spizition is related to the engine organization is lenes).  6. (a) 2008. (b) 2009. (c) 2010. (d) 2011. (e) 2012. (f) Total organization is lenes in the control organization organization organization of Public Support Percentage.  8. Public support percentage from 2011 Schedule A. Part IIII, line 15.  8. Public support percentage from 2011 Schedule A. Part III, line 15.  8. Public support percentage from 2011 Schedule A. Part III, line 15.  9. Add lines 15 is nore than 33 1/3%, and line 15 is more than 33 1/3%, and line 15 is nore than 33 1/3%, and line 15 is                                                          |      | membership fees received. (Do not             |                     |                      |                        |                       |                      |            |
| merchandies sold or services per formed, 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 bus- mess under section 513 4. Tax reviews leved for the organ- ization'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 7. A Amounts included on himsels, 2, and 3 received from disqualified persons behalf in through 5 7. A Amounts included on himsels, 2, and 3 received from disqualified persons behalf in through 5 7. A Amounts included on himsels, 2, and 3 received from disqualified persons behalf in through 5 8. Public support dispatched lives and the services of the serv                                                           |      | include any "unusual grants ")                |                     |                      |                        |                       |                      |            |
| formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3. Gross recepts from activities that are not an unrelated trade or business under section \$13.  4. Tax revenues leved 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 is furnished by a governmental unit to the organization without charge is furnished by a governmental unit to the organization without charge is furnished by a governmental unit to the organization without charge is furnished by a governmental unit to the organization without charge is furnished by a governmental unit to the organization without charge is furnished by a governmental unit to the organization without charge is furnished by a furnished and the set of \$1,000 or 1% of the second second the set of \$1,000 or 1% of the second second the state of \$1,000 or 1% of the second second to \$1,000 or 1% of \$1,000 or 1% | 2    | Gross receipts from admissions,               |                     |                      |                        |                       |                      |            |
| any activity that is related to the organization's tax-exempt purpose of sortines that each of the organization's benefit and either paid to or expended on its behalf or expe                                                           |      |                                               |                     |                      |                        |                       |                      |            |
| organization's tax-exempt purpose 3. Gross receipts from activities that are not an unrelated trade or business under section \$13 4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or or expended on the behalf of the organization without charge for receipt from activities of the organization without charge for Total. Add lines 1 through 5 7a. Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from tissues and 3 received the service of th                                                           |      | •                                             |                     |                      |                        |                       |                      |            |
| are not an unrelated trade or busmess under section 513  4 Tax reverues 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  7a Amounts included on hers 1, 2, and 3 received from disqualified persons  b Amounts noticuled on hers 2 and 3 received from disqualified persons  b Amounts noticuled on hers 2 and 3 received from disqualified persons to the amount on her than disqualified persons that exceed he greate of \$5,000 or the other services of \$5,000 or the services of \$5,000 or         |      |                                               |                     |                      |                        |                       |                      |            |
| Tax revenues levad for the organization benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Tax Amounts included on lines 1, 2, and 3 received from disqualified persons  Dismonts included on lines 1, 2, and 3 received from disqualified persons  Dismonts included on lines 1, 2, and 3 received from disqualified persons  Dismonts included on lines 1, 2, and 3 received from disqualified persons  Dismonts includes on lines 2 and 3 received from disqualified persons  Dismonts includes on lines 2 and 3 received from disqualified persons  Dismonts includes on lines 2 and 3 received from disqualified persons  Dismonts includes on lines 3 and 10 for the amount of lines 10 for lines in 10 for                                                            | 3    | Gross receipts from activities that           |                     |                      |                        |                       |                      |            |
| 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 turnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons be amount of the organization without charge be a more than disqualified persons that exceed the greated of lines 1, 2, and 3 received from disqualified persons that exceed the greated of lines 2 and 3 received from disqualified persons that exceed the greated 5 \$600 or the organization of lines 1 through 5 and 17 to 18 support 6 Total Support 7 Total Support 6 Total Support 6 Total Support 7 Total Support 6 Total Supp                                                          |      | are not an unrelated trade or bus-            |                     |                      |                        |                       |                      |            |
| training to the special content of the special content of the cont                                                           |      | iness under section 513                       |                     |                      |                        |                       |                      |            |
| or expended on its behalf  5. The value of services or facilities turnished 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 disqualified persons b Amounts outded on lines 1, 2, and 3 received from disqualified persons that seceed the greater of \$6,000 or the other amount on line 13 to the year c Add lines 7 and 7b  8. Public support (Sellatifies / Sheimites)  Section B. Total Support  Calendar year (or fiscal year beginning in)   9. Amounts from line 6  10. Gargoss income from interest, dividends, payments received on securities loans, ents, royalties on income from amiliar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after Juria 30, 11975  c Add lines 10a and 10b  11. Net income from unrelated business acquired after Juria 30, 11975  c Add lines 10a and 10b  11. Net income from unrelated business activities not include din line 10b, whether or not the business is a capital article and 30, 1975  c Add lines 10a and 10b  13. Total support (Sellation Part IV) 13. Total support (Sellation Part IV) 14. First five years. If the Form 990 is for the organizations 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  5. Section D. Computation of Investment Income Percentage  17. Investment income percentage from 2011 Schedule A, Part III, line 15  18. Westment income percentage from 2012 (line 10c, column (f) divided by line 13, column (f)  18. Investment income percentage from 2011 Schedule A, Part III, line 17  19. 30 31 73% support tests - 2011. If the organization of not check the box on line 14, and line 15 is more than 33 173%, and line 18 is not more than 33 173%, and line 18 is not more than 33 173%, and line 18 is not more than 33 173%, and line 18 is not more than 33 173%, and line                                                           | 4    | Tax revenues levied for the organ-            |                     | -                    |                        |                       |                      |            |
| or expended on its behalf  5. The value of services or facilities turnished 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 disqualified persons b Amounts outded on lines 1, 2, and 3 received from disqualified persons that seceed the greater of \$6,000 or the other amount on line 13 to the year c Add lines 7 and 7b  8. Public support (Sellatifies / Sheimites)  Section B. Total Support  Calendar year (or fiscal year beginning in)   9. Amounts from line 6  10. Gargoss income from interest, dividends, payments received on securities loans, ents, royalties on income from amiliar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after Juria 30, 11975  c Add lines 10a and 10b  11. Net income from unrelated business acquired after Juria 30, 11975  c Add lines 10a and 10b  11. Net income from unrelated business activities not include din line 10b, whether or not the business is a capital article and 30, 1975  c Add lines 10a and 10b  13. Total support (Sellation Part IV) 13. Total support (Sellation Part IV) 14. First five years. If the Form 990 is for the organizations 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  5. Section D. Computation of Investment Income Percentage  17. Investment income percentage from 2011 Schedule A, Part III, line 15  18. Westment income percentage from 2012 (line 10c, column (f) divided by line 13, column (f)  18. Investment income percentage from 2011 Schedule A, Part III, line 17  19. 30 31 73% support tests - 2011. If the organization of not check the box on line 14, and line 15 is more than 33 173%, and line 18 is not more than 33 173%, and line 18 is not more than 33 173%, and line 18 is not more than 33 173%, and line 18 is not more than 33 173%, and line                                                           |      | zation's benefit and either paid to           |                     |                      |                        |                       |                      |            |
| 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 disqualified persons 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 5 Amounts included on lines 2 and 3 received exceeding greater of \$5,000 or 1% of the amount on line 15 for the year 6 and 10 to                                                          |      | ·                                             |                     |                      |                        |                       |                      |            |
| the organization without charge 6 Total, Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts niculded on lines 1 and a reserved to monther than disqualified persons that exceet the grader of \$5,000 or 14% of the amount on line 13 for the year c Add lines 7 and 77 B Public support (seasytimi 7ctrailine)  9 Amounts from line 6 10a Gross income from interest, dividends, payments received on side of the stable income (less section 5.01 and 10b 11 Net income 10 not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total 12 Test 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  8-cetion C. Computation of Public Support Percentage 17 Investment income percentage from 2011 Schedule A, Part III, line 15 18 Investment income percentage from 2011 Schedule A, Part III, line 17 19 33 1/3% support tests - 2012. If the organization did not check the box on line 14 or 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  1 b 33 1/3% support tests - 2012. If the organization did not check the box on line 14 or line 16 is more than 33 1/3%, and line 18 is more than 33 1/3%, and line 18 is not more than 33 1/3%, and line 18 is more than 33 1/3%, and line 18 is not read to regard and the first more than 33 1/3%, and line 18 is more than 33 1/3%, and line 18 is more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  1                                                                                                                                                                                                                                                                                                                                                                                                                                | 5    | The value of services or facilities           |                     |                      |                        | 1                     |                      |            |
| 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualided persons b Amounts included on lines 2 and 3 received from disqualided persons b Amounts included on lines 2 and 3 received from the first included on lines 2 and 3 received from the first included on lines 3 and 3 received from the first included on lines 3 and 7 b 8 Public support (Sabstative (framines)) Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 9 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 a segularly carned on 12 Other income Do not include gian or loss from the sale of capital assests (e.ghaim in Part VI, 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 for 2012 (line 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage form 2011 Schedule A, Part III, line 15 18 Public support percentage from 2011 Schedule A, Part III, line 17 18 Investment income percentage from 2011 Schedule A, Part III, line 15 19 A3 31/3% 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 line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported org                                                            |      | furnished by a governmental unit to           |                     |                      |                        |                       |                      |            |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on line 2 and 3 received from disqualified persons that exceed the gradued of 1,000 or 15 dr the year condition line 13 to the year condition line 15                                                            |      | the organization without charge               |                     |                      |                        |                       |                      |            |
| 3 received from disqualified persons b Amounts included on line 2 and 3 received from the stand adequilified persons that exceed the greater of \$5,000 or % of the amount on the 13 for the year or Add lines 7 a and 7 b  8 Public support (@ptaction? trainlines)  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 9  9 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 51 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 include gain or loss from the sale of capital assays (explain in Part IV.)  13 Total support, devines, b. cot., 1, 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 D. Computation of Public Support Percentage  15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))  15 Public support percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  19 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 by 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  15 Public support recertage form 2011 schedule A. Part III, line 14 o                                                          | 6    | Total, Add lines 1 through 5                  |                     |                      |                        |                       |                      |            |
| 3 received from disqualified persons b Amounts included on line 2 and 3 received from the stand adequilified persons that exceed the greater of \$5,000 or % of the amount on the 13 for the year or Add lines 7 a and 7 b  8 Public support (@ptaction? trainlines)  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 9  9 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 51 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 include gain or loss from the sale of capital assays (explain in Part IV.)  13 Total support, devines, b. cot., 1, 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 D. Computation of Public Support Percentage  15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))  15 Public support percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  19 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 by 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  15 Public support recertage form 2011 schedule A. Part III, line 14 o                                                          |      | , , , , , , , , , , , , , , , , , , ,         |                     |                      | -                      |                       |                      |            |
| tom other than disqualified persons that exceed the greater of \$5,000 or '14e of the amount on line 13 for the year or Add lines 7 a and 7 b  8 Public support (\$892xt line 7 tom line 6)  Section B. Total Support  (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total  9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans; cents, royalties and income from smillar sources  6 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b 1Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on 2 Other income Do not include gain or loss from the sale of capital assets (Explain in Part II.)  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))  15 Year (Support percentage for 2012 (line 8, column (f) divided by line 13, column (f))  17 9a 33 1/3% support tests - 2012. (lift he 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | , ,                                           |                     |                      |                        |                       |                      |            |
| exceed the greater of \$5.000 or 1% of the amount on time 13 for the year or Add lines 7a and 7b  8. Public support (seastwine /r themline 6)  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total  9. Amounts from line 6  10. 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 12b. The composition of the co                                                          | b    | Amounts included on lines 2 and 3 received    |                     |                      |                        |                       | , ,                  |            |
| amount on line 18 for the year  c Add lines 7a and 7b  8 Public support (seasther it then 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  9 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 gain or loss from the sale of capital assets (Explain in Part IV.)  12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 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  17 Investment income percentage from 2011 Schedule A, Part III, line 15  19a 33 1/3% support percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  19a 33 1/3%, support tests - 2011. If the organization qualifies as a publicly supported organization    Sample                                                             |      |                                               |                     |                      |                        |                       |                      |            |
| c Add lines 7a and 7b 8 Public support (spinstiner (them line 6) 8 A rounts from line 6 9 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 51 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 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support, Jude 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 16 Public support percentage from 2011 Schedule A, Part III, line 15 17 Investment income percentage from 2011 Schedule A, Part III, line 17 18 a 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 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      | - · · · · · · · · · · · · · · · · · · ·       |                     |                      | ľ                      |                       |                      |            |
| Section B. Total Support  Calendar year (or fiscal year beginning in)   9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | · · · · · · · · · · · · · · · · · · ·         |                     |                      |                        |                       |                      |            |
| Section B. Total Support  Calendar year (or fiscal year beginning in)   9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8    | Public support (Subtract line 7c from line 6) |                     |                      |                        |                       |                      |            |
| 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources b Unrelated business taxable income (less section 51 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 carned on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IIV.) 13 Total support, (Add lines 9, 10c, 11, and 12) 14 First five years, if the Form 90 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 17 Investment income percentage from 2011 Schedule A, Part III, line 17 18 Investment income percentage from 2011 Schedule A, Part III, line 17 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  Investment tendence from 2011 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2012. If the organization did not check the 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  Investment than than 31 1/3%, and line 16 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                                                                                                                                                                                                                                               |      |                                               |                     |                      | •                      |                       | 1                    |            |
| 9 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 51 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 carned on regularly carned on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support, dad 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 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Cale | ndar year (or fiscal year beginning in)       | (a) 2008            | <b>(b)</b> 2009      | (c) 2010               | (d) 2011              | (e) 2012             | (f) Total  |
| 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 120 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support, Income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  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  17 Investment income percentage from 2011 Schedule A, Part III, line 17  18 Investment income percentage from 2011 Schedule A, Part III, line 17  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  b 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  b 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 16 is more t                                                           | 9    | Amounts from line 6                           |                     |                      |                        |                       |                      |            |
| 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 carned on  12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  13 Total support. (Add lines 9, 10c, 11, and 12)  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  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  b 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 17 is not line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 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 17 is not line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization                                                                                                                                                                                                                                   | 10a  |                                               |                     |                      |                        |                       |                      |            |
| 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 carned on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support, (add lines 9, 10c, 11, and 12) 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 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2011 Schedule A, Part III, line 17 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 b 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                                               | ı                   |                      |                        |                       |                      |            |
| (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 carned on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12) 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 for 2012 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2011 Schedule A, Part III, line 17 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  b 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                               | 1                   |                      |                        |                       |                      |            |
| 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 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  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  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  b 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  1 Investment more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | t    | Unrelated business taxable income             |                     |                      |                        |                       |                      |            |
| 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  12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support. (Add lines 9, 10c, 11, and 12)  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  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  b 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      | (less section 511 taxes) from businesses      | 1                   |                      |                        |                       |                      |            |
| Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on  12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  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 for 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17  19 a 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 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 b 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      | acquired after June 30, 1975                  |                     |                      |                        |                       |                      |            |
| activities not included in line 10b, whether or not the business is regularly carried on  12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  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 for 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17  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  b 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      | : Add lines 10a and 10b                       |                     |                      |                        |                       | *                    |            |
| whether or not the business is regularly carned on  12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  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 for 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17  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  1 Investment income percentage from 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11   |                                               |                     |                      |                        |                       |                      |            |
| regularly carned on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  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 for 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17  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  b 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    Discription                                                             |      | ,                                             | 1                   |                      |                        |                       |                      |            |
| or 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 for 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17  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  b 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  1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                                               | 1                   |                      |                        |                       |                      |            |
| 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 for 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17  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  b 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 12   |                                               |                     |                      |                        |                       |                      |            |
| 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 for 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17  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  b 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  1 Investment income percentage from 2011 Schedule A, Part III, line 17  1 Investment income percentage from 2011 Schedule A, Part III, line 17  1 Investment income percentage from 2011 Schedule A, Part III, line 17  1 Investment income percentage from 2011 Schedule A, Part III, line 17  1 Investment income percentage from 2011 Schedule A, Part III, line 17  1 Investment income percentage from 2011 Schedule A, Part III, line 17  1 Investment income percentage from 2011 Schedule A, Part III, line 19  1 Investment income percentage from 2012 (line 10c, column (f) divided by line 13, column (f))  1 Investment income percentage from 2012 (line 10c, column (f) divided by line 13, column (f))  1 Investment income percentage from 2012 (line 10c, column (f) divided by line 13, column (f))  1 Investment income percentage from 2012 (line 10c, column (f) divide                                                           |      |                                               | 1                   |                      |                        |                       |                      |            |
| 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 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17  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  b 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  19 June 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 13   |                                               |                     |                      |                        |                       |                      |            |
| 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 for 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17  19 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  b 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                                               | the organization'   | s first, second, the | rd, fourth, or fifth t | tax vear as a section | on 501(c)(3) organiz | ation.     |
| 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 for 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17  19 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  b 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                                               | J                   | ,                    | ., ,                   |                       |                      | <b>▶</b> □ |
| Public support percentage from 2011 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  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  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  Investment income percentage from 2012 (line 10c, column (f))  Investment income percentage from 2012 (line 10c, column (f))  Investment income percentage from 2012 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2012 (line 10c, column (f))  Investment income percentage from 2012 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2012 (line 10c, column (f))  Investment income percentage from 2012 (line 10c, column (f))  Investment income percentage from 2012 (line 10c, column (f))  Investment income percentage from 2012 (line 10c, column (f))  Investment income percentage from 2012 (line 10c, column (f))  Investment income percentage from 2012 (line 10c, column (f))  Investment income percentage from 2012 (line 10c, column (f))  Investment income percentage from 2012 (line 10c, column (f))  Investment income percentage from 2012 (line 10c, column (f))  Investment income percentage from 2012 (line 10c, column (f))  Investment income percentage from 2012 (line 10c, column (f))  Investment income percentage from 2012 (line 10c, column (f))  Investment income percentage from 2012 (line 10c, column (f))  Investment income percentage from 2012 (line 10c, column (f))  Investment                                                            | Se   | ction C. Computation of Publi                 | ic Support Pe       | rcentage             |                        |                       |                      |            |
| Public support percentage from 2011 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  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  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  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  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  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  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  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment                                                           | 15   | Public support percentage for 2012 (I         | ine 8, column (f) d | livided by line 13,  | column (f))            |                       | 15                   | %          |
| Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17  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  b 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 16   | Public support percentage from 2011           | Schedule A, Part    | III, line 15         | .,,                    |                       |                      | %          |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17  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  b 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Se   |                                               |                     |                      |                        |                       | · <del></del>        |            |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17  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  b 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 17   | Investment income percentage for 20           | 12 (line 10c, colur | mn (f) divided by li | ne 13, column (f))     |                       | 17                   | %          |
| 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  b 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      | •                                             | •                   | •                    | ,                      |                       | <del></del>          | %          |
| more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 19   |                                               |                     | •                    | on line 14, and lin    | e 15 is more than     | ·                    |            |
| b 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                                               |                     |                      |                        |                       |                      | ▶□         |
| line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ŀ    |                                               | · ·                 | =                    | -                      |                       |                      | and        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | •    |                                               |                     |                      |                        |                       |                      | <b>▶</b>   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 20   |                                               |                     |                      | -                      |                       | <del>-</del>         |            |

#### SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

2012

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2012

| Name of the organization                                    |                                                                                                                                                           |                                                 |                                             |                                                                                                |       | Employer ide                                                   | ntification number                                      |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------|---------------------------------------------------------|
|                                                             | OUNDATION                                                                                                                                                 |                                                 |                                             |                                                                                                |       | 71-0944                                                        |                                                         |
| Part I Fundraising Activities required to complete this par | <ul> <li>Complete if the organization answet</li> </ul>                                                                                                   | ered "Y                                         | es" to                                      | Form 990, Part IV, I                                                                           | ne 1  | 7. Form 990-EZ                                                 | filers are not                                          |
| Indicate whether the organization rais     a                | e Solicitat f Solicitat g Special  or oral agreement with any individual cart VII) or entity in connection with p ividuals or entities (fundraisers) purs | tion of<br>tion of<br>fundra<br>(includerofess  | non-govern<br>ising of<br>ling of<br>onal f | overnment grants<br>nment grants<br>events<br>fficers, directors, trus<br>undraising services? | stees | Yes                                                            |                                                         |
| (i) Name and address of individual or entity (fundraiser)   | (ii) Activity                                                                                                                                             | (iii)<br>fundr<br>have cu<br>or con<br>contribu | istody<br>trol of                           | (iv) Gross receipts from activity                                                              | to (d | Amount paid<br>or retained by)<br>fundraiser<br>ted in col (i) | (vi) Amount paid<br>to (or retained by)<br>organization |
|                                                             |                                                                                                                                                           | Yes                                             | No                                          |                                                                                                |       |                                                                |                                                         |
|                                                             |                                                                                                                                                           |                                                 |                                             |                                                                                                |       |                                                                |                                                         |
|                                                             |                                                                                                                                                           |                                                 |                                             |                                                                                                |       |                                                                |                                                         |
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|                                                             |                                                                                                                                                           |                                                 |                                             |                                                                                                |       |                                                                |                                                         |
| Total                                                       |                                                                                                                                                           | •                                               | •                                           |                                                                                                |       |                                                                |                                                         |
| List all states in which the organization or licensing      | on is registered or licensed to solicit                                                                                                                   | contrib                                         | ution                                       | s or has been notified                                                                         | ditis | exempt from r                                                  | egistration                                             |
|                                                             |                                                                                                                                                           |                                                 |                                             | -                                                                                              | -     |                                                                |                                                         |
|                                                             |                                                                                                                                                           |                                                 |                                             |                                                                                                |       |                                                                |                                                         |
|                                                             |                                                                                                                                                           |                                                 |                                             |                                                                                                |       |                                                                |                                                         |
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|                                                             |                                                                                                                                                           | -                                               |                                             |                                                                                                |       |                                                                |                                                         |
|                                                             |                                                                                                                                                           |                                                 |                                             |                                                                                                |       |                                                                |                                                         |

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

232082 01-07-13

Schedule G (Form 990 or 990-EZ) 2012

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GOLF NONE (add col. (a) through TOURNAMENT col (c)) (event type) (event type) (total number) 255,597 Gross receipts 255,597. 2 Less Contributions 93,855. 93,855. 161,742. 161,742. 3 Gross income (line 1 minus line 2) Cash prizes Noncash prizes Expenses Rent/facility costs 11,884 Food and beverages 11,884. Entertainment 116,672. <u>116,672.</u> Other direct expenses 128,556 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10 33,186. Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes **Direct Expenses** Noncash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes Volunteer labor Nο No No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities. a is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain. 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b If "Yes," explain

| Schedule G (Form 990 or 990 EZ) 2012 WEBCO FOUNDATION                                                                                                                                                                            | 71-0944147 Page 3 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 11 Does the organization operate gaming activities with nonmembers?                                                                                                                                                              | Yes No            |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed                                                                                                          |                   |
| to administer charitable gaming?                                                                                                                                                                                                 | Yes No            |
| 13 Indicate the percentage of gaming activity operated in:                                                                                                                                                                       |                   |
| a The organization's facility                                                                                                                                                                                                    | 13a 9             |
| <b>b</b> An outside facility                                                                                                                                                                                                     | 13b 9             |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and record                                                                                                               | ds:               |
| Name                                                                                                                                                                                                                             |                   |
| Address >                                                                                                                                                                                                                        |                   |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?                                                                                                                 | Yes No            |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount                                                                                                                                   | unt               |
| of gaming revenue retained by the third party > \$                                                                                                                                                                               |                   |
| c If "Yes," enter name and address of the third party                                                                                                                                                                            |                   |
| Name                                                                                                                                                                                                                             |                   |
| Address ▶                                                                                                                                                                                                                        |                   |
| 16 Gaming manager information:                                                                                                                                                                                                   |                   |
| Name ►                                                                                                                                                                                                                           |                   |
| Gaming manager compensation > \$                                                                                                                                                                                                 |                   |
| daming manager compensation P -                                                                                                                                                                                                  |                   |
| Description of services provided                                                                                                                                                                                                 |                   |
|                                                                                                                                                                                                                                  |                   |
|                                                                                                                                                                                                                                  |                   |
| Director/officer Employee Independent contractor                                                                                                                                                                                 |                   |
| 17 Mandatory distributions:                                                                                                                                                                                                      |                   |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to                                                                                                                      |                   |
| retain the state gaming license?                                                                                                                                                                                                 | Yes No            |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i                                                                                                          | ın the            |
| organization's own exempt activities during the tax year > \$                                                                                                                                                                    |                   |
| Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, colulines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional info |                   |
|                                                                                                                                                                                                                                  | <del></del>       |
|                                                                                                                                                                                                                                  |                   |
|                                                                                                                                                                                                                                  |                   |
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

| lame of the organization                                                                                                                                                      | NO THE COL          |                                  |                          |                                   |                                                       |                                                                                                        | Employer identification numbe      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------|
| Part   General Information on Grants and Assistance                                                                                                                           | nd Assistance       |                                  | j                        |                                   |                                                       |                                                                                                        |                                    |
| Does the organization maintain records to substantiate the amount                                                                                                             | to substantiate the | amount of the grants             | or assistance, the       | grantees' eligibility             | for the grants or ass                                 | of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection |                                    |
| criteria used to award the grants or assistance?                                                                                                                              | stance?             |                                  |                          |                                   |                                                       |                                                                                                        | X Yes                              |
| ပ္တ                                                                                                                                                                           | ocedures for monit  | oring the use of grant           | funds in the United      | States.                           |                                                       |                                                                                                        |                                    |
| Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any | Governments and     | Organizations in the             | e United States. C       | omplete if the orga               | anization answered ">                                 | res" to Form 990, Part                                                                                 | IV, line 21, for any               |
| recipient that received more than \$5,000. Part II can be duplicated if additional space is needed                                                                            | \$5,000 Part II can | be duplicated if addit           | ional space is need      | pel                               | 20 Marked of                                          |                                                                                                        |                                    |
| 1 (a) Name and address of organization or government                                                                                                                          | (b) EIN             | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (t) Method of valuation (book, EMV, appraisal, other) | (g) Description of non-cash assistance                                                                 | (h) Purpose of grant or assistance |
|                                                                                                                                                                               |                     |                                  |                          |                                   |                                                       |                                                                                                        | PROVIDE FUNDS TO                   |
| T. LOUIS EDUCATIONAL FOUNDATION                                                                                                                                               |                     |                                  |                          |                                   |                                                       |                                                                                                        | ACCOMPLISH THE                     |
| 142 WAIALAE AVE.                                                                                                                                                              |                     |                                  |                          |                                   |                                                       |                                                                                                        | ORGANIZATION'S EXEMPT              |
| ONOLULU HI 96816                                                                                                                                                              | 99-0235926          |                                  | 30,000,                  | 0.                                |                                                       |                                                                                                        | PURPOSES                           |
| :                                                                                                                                                                             |                     |                                  |                          |                                   |                                                       |                                                                                                        | PROVIDE FUNDS TO                   |
| ONOLULU POLICE COMMUNITY                                                                                                                                                      |                     |                                  |                          |                                   |                                                       |                                                                                                        | ACCOMPLISH THE                     |
| OUNDATION - 1537 YOUNG STREET -                                                                                                                                               |                     |                                  |                          |                                   |                                                       |                                                                                                        | ORGANIZATION'S EXEMPT              |
| ONOLULU HI 96826                                                                                                                                                              | 94-3274384          |                                  | 3,000.                   | 0                                 |                                                       |                                                                                                        | PURPOSES                           |
|                                                                                                                                                                               |                     |                                  |                          |                                   |                                                       |                                                                                                        | PROVIDE FUNDS TO                   |
| OSPICE HAWAII                                                                                                                                                                 |                     |                                  |                          |                                   |                                                       |                                                                                                        | ACCOMPLISH THE                     |
| 60 IWILEI ROAD                                                                                                                                                                |                     |                                  |                          |                                   |                                                       |                                                                                                        | ORGANIZATION'S EXEMPT              |
| ONOLULU, HI 96817                                                                                                                                                             | 99-0203930          |                                  | 2,000.                   | 0                                 |                                                       |                                                                                                        | PURPOSES                           |
|                                                                                                                                                                               |                     |                                  |                          |                                   |                                                       |                                                                                                        | PROVIDE FUNDS TO                   |
| EHABILITATION HOSPITAL OF THE                                                                                                                                                 |                     |                                  |                          |                                   |                                                       |                                                                                                        | ACCOMPLISH THE                     |
| ACIFIC - 226 N. KUAKINI STREET -                                                                                                                                              |                     |                                  |                          |                                   |                                                       |                                                                                                        | ORGANIZATION'S EXEMPT              |
| ONOLULU, HI 96817                                                                                                                                                             | 99-0241634          |                                  | 12,500.                  | 0                                 |                                                       |                                                                                                        | PURPOSES                           |
|                                                                                                                                                                               |                     |                                  |                          |                                   |                                                       |                                                                                                        | PROVIDE FUNDS TO                   |
| ONALD MCDONALD HOUSE CHARITIES OF                                                                                                                                             |                     |                                  |                          |                                   |                                                       |                                                                                                        | ACCOMPLISH THE                     |
| AWAII - 1970 JUDD HILLSIDE ROAD -                                                                                                                                             |                     |                                  |                          |                                   |                                                       |                                                                                                        | ORGANIZATION'S EXEMPT              |
| ONOLULU, HI 96822                                                                                                                                                             | 99-0222124          |                                  | 1,000.                   | 0                                 |                                                       |                                                                                                        | PURPOSES                           |
|                                                                                                                                                                               |                     |                                  |                          |                                   |                                                       |                                                                                                        | PROVIDE FUNDS TO                   |
| ARYKNOLL SCHOOL                                                                                                                                                               |                     |                                  |                          |                                   |                                                       |                                                                                                        | ACCOMPLISH THE                     |
| 526 ALEXANDER STREET                                                                                                                                                          |                     |                                  | •                        |                                   |                                                       |                                                                                                        | DRGANIZATION'S EXEMPT              |
| ONOLULU HT 96822                                                                                                                                                              | 99-0110569          |                                  | 2 000.                   | 0.0                               |                                                       |                                                                                                        | PURPOSES                           |

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2012)

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Page 1

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|                       | -orm 990), Part II )        |
|                       | United States (Schedule I ( |
|                       | s and Organizations in the  |
| NDATION               | Assistance to Government    |
| 0) WEBCO FOUNDAT      | tion of Grants and Other    |
| Schedule I (Form 990) | Part II Continuat           |

| THE THE CONTINUE OF THE SHIP OF THE POST OF THE CONTINUE OF TH | Papialalica to co                                 |                                  |                          | יייייי אייייי                     |                                                       | (                                      |                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------|
| (a) Name and address of organization or government                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ( <b>b</b> ) EIN                                  | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                  | 6                        | c                                 |                                                       |                                        | PROVIDE FUNDS TO<br>ACCOMPLISH THE<br>DRGANIZATION'S EXEMPT              |
| 1 23 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 99-0246364                                        |                                  | 1,500                    |                                   |                                                       |                                        | FORFOSES PROVIDE FUNDS TO ACCOMPLISH THE ORGANIZATION'S EXEMPT PURPOSES  |
| SPECIAL OLYMPICS HAWAII 1500 S. BERETANIA STREET SUITE 208                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 10-10-104-01-0-10-10-10-10-10-10-10-10-10-10-10-1 |                                  | 000                      | c                                 |                                                       |                                        | PROVIDE FUNDS TO ACCOMPLISH THE ORGANIZATION'S EXEMPT                    |
| SHRINER'S HOSPITAL FOR CHILDREN 1310 PUNAHOU STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 36-2193608                                        |                                  | 7                        |                                   |                                                       |                                        | PROVIDE FUNDS TO<br>ACCOMPLISH THE<br>ORGANIZATION'S EXEMPT<br>PURPOSES  |
| HUALALAI OHANA FOUNDATION P. O. BOX 5227 KATIJIA-KONA HT 96745                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 81-0570716                                        |                                  |                          | Ó                                 |                                                       |                                        | PROVIDE FUNDS TO<br>ACCOMPLISH THE<br>ORGANIZATION'S EXEMPT<br>PURPOEES  |
| MED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 00-000651                                         |                                  |                          | c                                 |                                                       |                                        | PROVIDE FUNDS TO<br>ACCOMPLISH THE<br>ORGANIZATION'S EXEMPT<br>PURPOSES  |
| 1 3 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 23-1907729                                        |                                  | 0000                     | c                                 |                                                       |                                        | PROVIDE FUNDS TO<br>ACCOMPLISH THE<br>ORGANIZATION'S EXEMPT<br>PPURPOSES |
| RICU<br>23(                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 26-0639538                                        |                                  | 7                        | 0                                 |                                                       |                                        | PROVIDE FUNDS TO<br>ACCOMPLISH THE<br>ORGANIZATION'S EXEMPT<br>PURPOSES  |
| PARTNERS IN DEVELOPMENT FOUNDATION<br>1229 MAUNAWILI ROAD<br>KAILUA, HI 96734                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 94-3271325                                        |                                  | 1,200,                   | 0                                 |                                                       |                                        | PROVIDE FUNDS TO ACCOMPLISH THE ORGANIZATION'S EXEMPT PURPOSES           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                  |                          |                                   |                                                       |                                        | Schedule I (Form 990)                                                    |

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| Schedule I (Form 990) WEBCO FOUNDATION Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | NDATION<br>Assistance to Gov | vernments and Organ              | nizations in the Ur      | nited States (Sche                | dule I (Form 990), Par                                |                                        | 71-0944147 Page 1                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------|
| (a) Name and address of organization or government                                                                                                                                   | ( <b>b</b> ) EIN             | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                                      |
| 1 12                                                                                                                                                                                 | 7                            |                                  | ,                        | c                                 |                                                       |                                        | PROVIDE FUNDS TO<br>ACCOMPLISH THE<br>ORGANIZATION'S EXEMPT             |
| SKYWAY DKIVE - CAMARILLO, CA 83010 DAMIEN MEMORIAL SCHOOL 1401 HOUGHTAILING STREET HONOLULU, HI 96817                                                                                | 13-103/210                   |                                  | 2,500,                   | o                                 |                                                       |                                        | PROVIDE FUNDS TO<br>ACCOMPLISH THE<br>ORGANIZATION'S EXEMPT<br>PURPOSES |
| HAWAII FOOD BANK<br>2611 KILIHAU STREET<br>HONOLULU, HI 96819                                                                                                                        | 99-0220699                   |                                  | 5,000.                   | 0                                 |                                                       |                                        | PROVIDE FUNDS TO<br>ACCOMPLISH THE<br>ORGANIZATION'S EXEMPT<br>PURPOSES |
| ST ANDREWS PRIORY SCHOOL<br>224 QUEEN EMMA SQUARE<br>HONOLULU HI 96813                                                                                                               | 99-0073525                   |                                  | 2,500.                   | o                                 |                                                       |                                        | PROVIDE FUNDS TO ACCOMPLISH THE DRGANIZATION'S EXEMPT PURPOSES          |
| ! = =                                                                                                                                                                                | 55-0911478                   |                                  | 1 300.                   | 0                                 |                                                       |                                        | PROVIDE FUNDS TO<br>ACCOMPLISH THE<br>ORGANIZATION'S EXEMPT<br>PURPOSES |
| 1                                                                                                                                                                                    |                              |                                  |                          |                                   |                                                       |                                        |                                                                         |
|                                                                                                                                                                                      |                              |                                  |                          |                                   |                                                       |                                        |                                                                         |
|                                                                                                                                                                                      |                              |                                  |                          |                                   |                                                       |                                        |                                                                         |
|                                                                                                                                                                                      |                              |                                  |                          |                                   |                                                       |                                        | Schedule I (Form 990)                                                   |

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Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance                                                                                                                     | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation (book, FMV, appraisal, other)                                         | (f) Description of non-cash assistance |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------|
|                                                                                                                                                     |                          |                          |                                       |                                                                                               |                                        |
|                                                                                                                                                     |                          |                          |                                       |                                                                                               |                                        |
|                                                                                                                                                     |                          |                          |                                       |                                                                                               |                                        |
|                                                                                                                                                     |                          |                          |                                       |                                                                                               |                                        |
|                                                                                                                                                     |                          |                          |                                       |                                                                                               |                                        |
| tal Information. Complete this                                                                                                                      | de the information       | required in Part I,      | line 2, Part III, columi              | n (b), and any other additional inf                                                           | ormation.                              |
| CHEDULE 1, FART 1, LINE 2: THE ORGANIZATION REQUIRES A WRITTEN STATEMEN<br>FROM ORGANIZATIONS TO WHOM IT MAKES GRANTS AND ASSISTANCE INDICATING THE | S GRANTS                 | AND ASSIS                | TANCE INDI                            | THE ORGANIZATION RECOIRES A WRITTEN SIMTEMENT. THE MAKES GRANTS AND ASSISTANCE INDICATING THE |                                        |
| JSE OF FUNDS GIVEN TO THESE ORGANIZATI                                                                                                              | ZATIONS                  |                          |                                       |                                                                                               |                                        |

COLUMN (H): LINE 1, PART II ST. LOUIS EDUCATIONAL FOUNDATION GOVERNMENT: NAME OF ORGANIZATION OR

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE FUNDS TO ACCOMPLISH THE

ORGANIZATION'S EXEMPT PURPOSES

PROVIDE FUNDS TO ACCOMPLISH THE ORGANIZATION'S EXEMPT PURPOSES

232102 12-18-12

#### SCHEDULE-O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047 **Open to Public** Inspection

Employer identification number Name of the organization 71-0944147 WEBCO FOUNDATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ORGANIZATIONS UNDER THE IRC CODE FORM 990, PART VI, SECTION A, LINE 2: THE PRESIDENT AND TREASURER OF THE ORGANIZATION ARE COUSINS FORM 990, PART VI, SECTION B, LINE 11: COPIES ARE GIVEN TO MEMBERS OF THE GOVERNING BODY FOR REVIEW PRIOR TO FILING FORM 990, PART VI, SECTION B, LINE 12C: BY INTERVIEW WITH OFFICERS ANNUALLY FORM 990, PART VI, SECTION C, LINE 19: INFORMATION IS MADE AVAILABLE TO THE PUBLIC AT THE ORGANIZATION'S OFFICE MONDAY THRU FRIDAY FROM 8:00AM TO 11:30AM