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#### Form 990

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Open to Publication in Spection is

Department of the Treasury Internal Revenue Service

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.

A	For the 2	2012 calend	dar year, or tax year beginning Jul 1 , 2012, and ending	Jun 30		2013	
В	Check if ap	plicable.	C Name of organization 3CORE, Inc.	D Emple	yer Identi	fication Number	
	Addres	ss change	Doing Business As	68-	-0065	873	
	1-1	change	Number and street (or P O box if mail is not delivered to street addr) Room/su	ite E Telep	none numb	per	
	Initial	-	3120 Cohasset Road	(53	30) 8	93-8732	
	Termir		City, town or country  State ZIP code + 4		,0,0	30 0.02	
		ded return		G Gross	receints !	\$ 845,451	
	$\mathbf{H}$		T	(a) Is this a group ret			
	Applic	ation pending	) • · · · · · · · · · · · · · · · · · ·			_	
				(b) Are all affiliates in If 'No,' attach a lis	t (see ins	tructions)	L
<u></u>		npt status	X 501(c)(3)   501(c) ( )    (insert no )   4947(a)(1) or   527				
<u>J</u>	Websi		77.50010000.019	(c) Group exemption			
K		organization	X Corporation Trust Association Other ► L Year of Formatio	n. 1985   M	State of le	egal domicile CA	<u> </u>
Ŗ		Summar					
			be the organization's mission or most significant activities: Serve as				<u>and</u>
ري -	p:	<u>rivate</u>	investments that foster a stable and diversifi	ed local e	conor	my, to	
Governance	<u>i</u> r	mprove	social, economic and employment conditions, ar	<u>id to imple</u>	<u>ment</u>	sound,	
Ë	19	<u>ong-ter</u>	m strategy to address identified community nee	ds.			- <b></b> -
` ŏ	2 Ch		if the organization discontinued its operations or disposed of more			ts.	_
			oting members of the governing body (Part VI, line 1a)		3 4		6
S			dependent voting members of the governing body (Part VI, line 1b)		<u> </u>		6
Activities &			of individuals employed in calendar year 2012 (Part V, line 2a)		5		7
ंई			of volunteers (estimate if necessary)				40
ď			ed business revenue from Part VIII, column (C), line 12		7a 7b		0.
<del>.</del> —	D Ne	t unrelated	business taxable income from Form 990-T, line 34	Prior Yea		Current Y	
3			1 (Data) (III ) 110				
<u>.</u>			and grants (Part VIII, line 1h)	508,			<u>,666.</u>
Revenue	9 Pr	ogram serv	vice revenue (Part VIII, line 2g)	265,			,512.
Š			ncome (Part VIII, co和丽像天顺峰到,4, and 7d)		217.		<u>,043.</u>
<b>E</b>			e (Part VIII, col <del>umn (A), lines-5, 6d, 8c, 9c, 1</del> 0c, and 11e)		558.		<u>,770.</u>
			e – add lines 8 through 11 (must equal Party III, column (A), line 12)	821,	022.	845	<u>,451.</u>
			ımılar amountsi paidi(Part IX, Columni (A) lines 1-3)				
	14 Be	enefits paid	to or for members (Part IX, column (A), life 4)				
	<b>15</b> Sa	laries, oth	er compensation, employee-bedefits (Part IX, column (A), lines 5-10)	352,	821.	385	<u>,109.</u>
Ses	16a Pr	ofessional	fundraising fees (Part IX, column (A), line 11e)		- 1		
Expenses			sing expenses (Part IX, column (D), line 25) ► 0 .	SAT A SECTION	J. Carlot	<b>PANIAN</b>	2017
찣			ses (Part IX, column (A), lines 11a-11d, 11f-24e)	448,	762	100	,106.
	1	-					
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)		584.		<u>,215.</u>
8		evenue less	s expenses. Subtract line 18 from line 12	<del></del>	438.		<u>,764.</u>
100				Beginning of Curre		End of Ye	
98 S	<b>20</b> To		(Part X, line 16)	4,174,			<u>,765.</u>
Not Assets	<b>21</b> To		es (Part X, line 26)	3,962,			<u>,678.</u>
Zű	22 Ne	et assets or	fund balances. Subtract line 21 from line 20	211,	514.	119	<u>,087.</u>
Pá	itHis.	Signatu	re Block /				
Und	er penalties	of perjucy, I d	leciate that I have examined this return, including accompanying schedules and statements, and to the are (citign that office) is based on all information of which preparer has any knowledge.	e best of my knowledg	je and beli	ef, it is true, correc	t, and
com	plete Decla	ration of prep	are (other) had office() is based on all information of which preparer has any knowledge.		4.		
			W & 87087	_   2/6	$y/\psi$	<u> </u>	
Si	an	Signati	ure of officer	Date	•		
He	re	IN N	MARC NEWANIC EXECUTIVE TOPAC	, U/L			
		Type o	r print name and title.				
		Print/Type	preparer's name Preparer's signature Date	Check	ıf	PTIN	
D-	id	R. J.	Ricciardi, Inc.	self-emple	yed	P01346204	į
Pa		Firm's nam	Ricciardi, Inc.	<u> </u>		<u> </u>	
	eparer se Only			Firm's FII	v ► 20.	-1398210	
<b>J</b> 3	.c Omy	Firm's addi					15
		1	San Rafael CA 94901	Phone no	(415	5) 457-12 X Yes	No
Ма	y the IRS	aiscuss th	nis return with the preparer shown above? (see instructions)	<u></u>	· · · · · · ·	N 162	NO

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 05/09/13

Form 990 (2012)

	Rart   Statement of Program Service Accomplishments		00-0	06367	<u> </u>	1 age 2
Fai	Check if Schedule O contains a response to any question in this Pa	art 111				П
	Briefly describe the organization's mission:			·····		····-
•	Cours on intermediant for sublic and					
	private investments that foster a stable and	diversified local	econor			
	D. F 000 D 0 D. I.W. I					
2	2 Did the organization undertake any significant program services during the	year which were not listed or	n the prior			
	Form 990 or 990-EZ?				Yes X	No
	If 'Yes,' describe these new services on Schedule O.			_	_	
3		v it conducts, any program se	rvices?	· 📙	Yes X	No
_	If 'Yes,' describe these changes on Schedule O.					
4	4 Describe the organization's program service accomplishments for each of Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trus others, the total expenses, and revenue, if any, for each program service	its three largest program servits are required to report the algebrated	nces, as me mount of gr	easured i eants and	oy expens I allocation	es. ns to
4 a	4a (Code:) (Expenses \$821,107. including grants	of \$ 0.)	(Revenue	\$	169,5	512.)
	Small Business Loan Program; See Schedule O					
						. <b></b>
				- <b>-</b>		<b></b>
						· <b>-</b>
4 b	4b (Code) (Expenses \$ including grants	of \$ )	(Revenue	\$		<del></del>
	_======================================					
	·					. <b></b> .
						. <del></del> -
						. <b></b>
4 c	4c (Code: ) (Expenses \$ including grants	of \$ )	(Revenue	\$		<del></del>
						<del></del> '
						·
						. <b>– –</b> -
	~			<b>-</b> -	- <b></b> -	
						. – –
4 d	4 d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$	) (Revenue	}		)	
4 e	4 e Total program service expenses ► 821, 107.					
BAA		12			Form <b>990</b>	(2012)

# Form 990 (2012) 3CORE, Inc. Partill Checklist of Required Schedules

			1 63	110
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	х	
2		2	Х	
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		х
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
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_		Х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
ı	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		х
•	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	11 c		х
(	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	11 d		
(	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	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	11 f	х	
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>x</u> _
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u> </u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
1	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		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	15_		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		x
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		<u> </u>
ı	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part V& Checklist of Required Schedules (continued) Yes No Х 21 Х 22 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 Х 23 24a Х 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c 24d X 25a **b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete* 25b Х Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II Х 26 X 27 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): X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . . 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b X 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M...... 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Х 32 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, X 34 and V, line 1  $\overline{\mathbf{x}}$ 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Х 35b Х 36 Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х 38 Note. All Form 990 filers are required to complete Schedule O

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Form 990 (2012)

# Form 990 (2012) 3CORE, Inc. Part V. Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V				لملنز
			Figure 200	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1	8		
k	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	이		V. 7
•	Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	. 1 c	X	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a	7		
Ł	If at least one is reported on line 2a, did the organization file all required federal employment	tax returns?	. 2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see ins				1
	Did the organization have unrelated business gross income of \$1,000 or more during the year		. 3 a		<u> </u>
ŀ	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		. 3b		
4 8	At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other fin	or other authority over, a ancial account)?	. 4a	130 130 2	х
ŧ	olf '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 Fire				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		. <u>5 a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	r transaction?	. 5 b		X
•	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		. <u>5 c</u>		<u> </u>
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, an solicit any contributions that were not tax deductible as charitable contributions?	d did the organization	. 6a		х
ì	o If 'Yes,' did the organization include with every solicitation an express statement that such cornot tax deductible?	ntributions or gifts were	. 6b		
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 pa services provided to the payor?	rtly for goods and	. 7a		X
ı	o If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		. 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for white Form 8282?		7 c		х
	I If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d		整建	<b>E</b>
•	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b	enefit contract?	. 7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		. <mark>7f</mark>		X
	If the organization received a contribution of qualified intellectual property, did the organization as required?		. 7g		
ı	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the of Form 1098-C?	organization file a	. 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, hat holdings at any time during the year?	g organizations. Did the ve excess business	. 8		
9	Sponsoring organizations maintaining donor advised funds.				2.6
- 1			9 a		
	Did the organization make a distribution to a donor, donor advisor, or related person?		. 9b		
	Section 501(c)(7) organizations. Enter:			<b>多</b>	
	a Initiation fees and capital contributions included on Part VIII, line 12	10a			
1	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	11 a			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b			
	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of	f Form 1041?	. 12a		
!	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			2.5
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
i	a Is the organization licensed to issue qualified health plans in more than one state?		13a		45
	Note. See the instructions for additional information the organization must report on Schedule	Ο.			
	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	13b			
	c Enter the amount of reserves on hand	13c	A 1	<b>**</b>	
	a 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 So	cneaule O	. 14b		(2010)
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Pa	武小门 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b belo a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or char Schedule O. See instructions.	w, ar iges i	nd fo. in	r						
	Check if Schedule O contains a response to any question in this Part VI			<b>K</b>						
Sec	ction A. Governing Body and Management									
			Yes	No						
1:	a Enter the number of voting members of the governing body at the end of the tax year									
ļ	b Enter the number of voting members included in line 1a, above, who are independent 1b 6									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		х						
4	Did the organization make any significant changes to its governing documents			x						
since the prior Form 990 was filed?										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6		X						
7 :	a 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?	7 a		х						
l	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		x						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		が変	翘						
	a The governing body?	8 a	X	<u> </u>						
9	Is there any officer, director or 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	9								
	ction B. Policies (This Section B requests information about policies not required by the Internal Rev	enue	Cod	e.)						
			Yes	No						
10	a Did the organization have local chapters, branches, or affiliates?	10 a		X						
l	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b								
11:	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X							
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			声图片						
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	Ь—						
	b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	<u> </u>						
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c		<u> </u>						
13		13	X	—						
14	Did the organization have a written document retention and destruction policy?	14		Prusis						
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	a The organization's CEO, Executive Director, or top management official	15a 15b	X	<del> </del>						
,	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	130 8666	ANNESS.	2000						
10			100							
	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X						
	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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b								
Sec	ction C. Disclosure									
17		- <b></b>								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available. Check all that apply.	ailable	for pu	iplic						
	Own website X Another's website X Upon request Other (explain in Schedule O)									
19	the public during the tax year.									
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ									
RΔ				87 <u>32</u>						

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UIIII	<b>33</b> 0	(2012)	3CORE.	inc.

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### | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1 a 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.

	1			((				sated any current offic		
(A) Name and Title	(B) Average hours per week (list	one bo	n (do x, uni er an	not d ess p d a d	heck ersor recto	more to s s both r/trustee	han n an e)	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Former Highest compensated employee Key employee Officer		Former	thé organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Dan Blair	0.50									
President		Х		X				0.	0.	0 .
(2) Alexa Valavanis	0.50									
Vice President		х		X				0.	0.	0.
(3) Star Brown	0.50									<del></del>
Secretary/Treasurer		l x		Х				0.	0.	0 .
(4) Kathy Schmitz	0.50									
Board Member		Х						0.	0.	0
(5) Jovanni Tricerri	0.50									
Board Member		x						0.	0.	0 .
(6) Lorri Pride	0.50									•
Board Member		x						0.	0.	0.
(7) Marc Nemanic	40.00									
Executive Director				Х		X		82,500.	0.	0
(8)										
(9)										
(10)										
(11)			<u> </u>							
(12)		ļ								
(13)		-					-			
(14)		-	$\vdash$	-						

Page 8

Part VIII Section A. Officers, Directors, Trus	itees, I	Кеу	Em	<u>ıplc</u>	ye	es,	and	d Highest Com	pensated Emp	loyees (cont)		
	(B) (C)					1						
(A) Name and title	Average hours per	I box.	unle	ss pe	rson direct	than on the than of the than the than the than the	n an itee)	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other		
	week (list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(15)												
(16)												
(17)												
(18)												
<u>(19)</u>							<u> </u>					
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total							<b></b>	82,500.	0.	0.		
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							<b>&gt;</b>	82,500.	0.	0.		
2 Total number of individuals (including but not limite from the organization ►	d to thos	se lis	ted	abov	ve) v	who i	rece	eived more than \$	100,000 of reportab			
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it</li> <li>4 For any individual listed on line 1a, is the sum of re</li> </ul>	<i>ndıvidua</i> portable	/ com	 npen	nsatı	on a	nd o	ithei	r compensation fro		Yes No 3 X		
the organization and related organizations greater such individual	• • • • • •	• • • •	• • • •	• • • •		• • •				4 X		
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' Section B. Independent Contractors	complete	Sch	nedu	ile J	for	such	per	rson		5 X		
Complete this table for your five highest compensation from the organization. Report compe	ted inder	oend for th	ent o	cont alen	ract dar	ors t year	nat end	ding with or within	the organization's t			
Name and business addre	ss							Description of		(C) Compensation		
<ul> <li>Total number of independent contractors (including \$100,000 in compensation from the organization</li> </ul>		limite	ed to	o the	se	ıstec	ab	ove) who received	more than			

_		Check if Schedule O contains a res	ponse to any questic	on in this Part VIII	<u></u>		<u> </u>
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
FE	1 a	Federated campaigns 1 a	3	47 -47 -	-	)	1111
ΣŽ	b	Membership dues			}. · · · · · · · · · · · · · · · · · · ·	i . , 4	
S.S.	_		<del></del>			,	,
	-	<del>-</del>				( <u> </u>	
S.G	a			A Francisco Control of			
8 2	е	Government grants (contributions) 1	476,550.		The factor of the second		
豆里	f	All other contributions, gifts, grants, and					F 58 1 200
間で		All other contributions, gifts, grants, and similar amounts not included above 11	206,116.		1 3 C - 1		
S	g	Noncash contributions included in lns 1a-1f:	\$			19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	( * · · · · · · · · · · · · · · · · · ·
٥١	h	Total. Add lines 1a-1f		682,666.	ر کے باعد بالمقافد		
3			Business Code	(南京)(1)(1)(1)(1)(1)		,是其他的自己的	N. 261. B. La
ᆲ	2 a	Loan Interest and Fees	522291	169,512.	169,512.	0.	0.
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b						
욁	c						
贤	d						
3				• • • • • • • • • • • • • • • • • • • •	-		
8	f	All other program service revenue	· <del>  </del>			-	
윷		Total. Add lines 2a-2f		1.60 510			\$187 97. TOUR
_	9	•		169,512.	1. To 1	William State of the state of the	FELSE 200 1/2 1/2 12/2022 25
	3	Investment income (including dividend other similar amounts)	ls, interest and		_		4 043
	_				0.	0.	4,043.
	4	Income from investment of tax-exemp			- <del></del>		<del> </del>
	5	Royalties		Lateral Street And Annual Street	N-arthur V	12. 96'8 - 15 1 P.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	_	(i) Real	(II) Personal				
		Gross rents					
		Less: rental expenses					
	С	Rental income or (loss) .				Charles To Ton	
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other			Color of Color	
		assets other than inventory .					12. 提出,公共、
	ь	Less: cost or other basis					. " . " " "
	_	and sales expenses .					10 20 To 10
	С	Gain or (loss)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	d	Net gain or (loss)					
		Gross income from fundraising events		25 H W 7 7 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Charles and Care	The results of the	775 TELL
딀	оа	(not including . \$					
É		of contributions reported on line 1c).	-				
끮		See Part IV, line 18	a		,		,
OTHER REVENU	h	Less: direct expenses			m.		
Б	t	Net income or (loss) from fundraising		<u> </u>	77.	<del></del>	
		, ,		F-2 - 1 - 1 - 1 - 1	<del></del>	(	<u> </u>
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
		Less: direct expenses			,		
		Net income or (loss) from gaming acti					***************************************
		• • • •			1 X . 7 20 - 1	MET TERM STORY	10 mg 24 F 1 1 1 1 1 1
	10a	Gross sales of inventory, less returns and allowances	a	7.7 h	1		
		Less: cost of goods sold	<u> </u>	<b>1</b> ; 41, 4 ⋅ 4 ⋅ 4	, , , ,		
						<del></del>	<del></del>
	ႌၲ	Net income or (loss) from sales of inv  Miscellaneous Revenue	Business Code	<del></del>	13 A 7 7 7 7.	Control of the contro	1
	111				1 <del></del>		<del></del>
		<u>Miscellaneous</u>	900099	14,596.	14,596.	0.	0.
	b		s 900099	-25,366.	-25,366.	0.	0.
	C		-	-		<del> </del>	ļ
		All other revenue	·		<del> </del>	talidades for a second	·
				-10,770.	مد منسوا السا		1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	12	Total revenue. See instructions	<u></u> ▶	845,451.	158,742.	0.	4,043.

#### Partix Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations m	ust complete all columns. A			
Check if Schedule O contains				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	n			
3 Grants and other assistance to governments organizations, and individuals outside the United States. See Part IV, lines 15 and 16	5,			
4 Benefits paid to or for members		· · · -	THE RESERVE AND ADDRESS OF THE PERSON OF THE	
5 Compensation of current officers, directors, trustees, and key employees	84,892.	81,425.	3,467.	0.
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	239,959.	230,031.	9,928.	0.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)			_	
9 Other employee benefits	33,746.	32,994.	752.	0.
<b>10</b> Payroll taxes		25,986.	526.	0.
11 Fees for services (non-employees):				
a Management				
<b>b</b> Legal	9,942.	7,873.	2,069.	0.
<b>c</b> Accounting	14,900.	11,799.	3,101.	0.
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, col- umn (A) amt, list line 11g expenses on Sch 0)				
12 Advertising and promotion		135.	2,997.	0.
<b>13</b> Office expenses		13,401.	8,492.	0.
14 Information technology		5,179.	79.	0.
<b>15</b> Royalties				
<b>16</b> Occupancy	17,816.	17,491.	325.	0.
<b>17</b> Travel	3,727.	1,328.	2,399.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials		·		
19 Conferences, conventions, and meetings	6,282.	2,239.	4,043.	0.
20 Interest		24,090.	2,782.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization .	1,336.	0.	1,336.	0.
23 Insurance	10/010:	9,486.	1,360.	0.
24 Other expenses Itemize expenses not covered above (List miscellaneous expense		后,"人类就是好多		
in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				
expenses on Schedule O.)				A STATE OF THE STATE OF
a Contract Labor	316,801.	312,685.	4,116.	0.
b Dues & Subscriptions	9,494.	7,080.	2,414.	0.
c Repairs & Maintenance		3,167.	1,642. 0.	
d Loan Costse All other expenses		3,466.	280.	0.
25 Total functional expenses. Add lines 1 through 24e.		31,252. 821,107.	52,108.	0.
·	··· 8/3,215.	821,10/.	52,108.	
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following				
SOP 98-2 (ASC 958-720)				
RAA				Form 990 (2012)

_		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	179,511.	1	133,950.
	2	Savings and temporary cash investments	1,571,169.	2	1,850,827.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	12,522.	4	49,336.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
S	7	Notes and loans receivable, net	2,384,577.	7	2,166,877.
ASSETS	8	Inventories for sale or use		8	
S	9	Prepaid expenses and deferred charges	206.	9	101.
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D			
		Less: accumulated depreciation	6,348.	10 c	6,674.
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	-
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	20,000.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,174,333.	16	4,207,765.
	17		42,961.	17	76,424.
	18	Grants payable		18	70.00
	19	Deferred revenue		19	
ŀ	20	Tax-exempt bond liabilities		20	
Ä	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	alan Sandras, Ast Constitution Co Vibra Chairman Co.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
į	23	Secured mortgages and notes payable to unrelated third parties	1,401,608.	23	1,676,274.
ร	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,518,250.	25	2,335,980.
	26	Total liabilities. Add lines 17 through 25	3,962,819.	26	4,088,678.
Ν̈́		Organizations that follow SFAS 117 (ASC 958), check here ► k and complete		7	
튀		lines 27 through 29, and lines 33 and 34.	Water to be a server		
A S	27	Unrestricted net assets	211,514.	27	119,087.
<b>≪</b> WH⊢S	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
R F		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
4 0 2 0	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
בֻּ	32	Retained earnings, endowment, accumulated income, or other funds		32	
<b>B4し420Eの</b>	33	Total net assets or fund balances	211,514.	33	119,087.
Š	34	Total liabilities and net assets/fund balances	4,174,333.	34	4,207,765.

Form <b>990</b> (	2012)	3CORE,	Inc.					68	-0065873	3	Pa	ge <b>12</b>
Part XI	Reco	nciliatior	of Net A	ssets			<del></del>					
	Check	f Schedule	O contains	a response to	any question i	in this Part XI		<u></u>				. X
1 Total	revenue	(must equ	al Part VIII,	, column (A), lın	e 12)				. 1		45,4	151.
2 Total	expense	s (must ec	ual Part IX	, column (A), lin	ne 25)				. 2	8	73,2	215.
3 Reve	nue less	expenses.	Subtract III	ne 2 from line 1					. 3		27,7	764.
4 Net a	ssets or	fund balan	ces at begi	nning of year (m	nust equal Par	rt X, line 33, co	olumn (A))		. 4	2	11,5	514.
5 Net u	nrealize	gains (los	sses) on inv	estments					. 5			
6 Dona	ted servi	ces and us	e of facilities	es					. 6			
7 Inves	tment ex	penses							. 7			
8 Prior	period a	djustments							. 8	_	64,6	563.
9 Other	change	s in net as:	sets or fund	balances (expl	aın ın Schedu	le O)			. 9			
10 Net a colum	ssets or nn (B))	fund balan		of year. Combin				ne 33, 	10	1	19.0	 )87.
Part XII	Finan	cial Stat	ements a	nd Reportin	q				<del></del>			
	-			-	_	in this Part YII						
	CHECK	3 Scriedule	Contains	a response to a	arry question i	in this rait An	<del> ::::</del>			• • • •	Yes	No
1 Ассо	unting m	ethod used	to prepare	the Form 990:	Cash	X Accrual	Other					
If the in Scl	organiza hedule C	ation chang ),	jed its meth	nod of accounting	g from a prior	year or check	ed 'Other,' ex	plain				
	-			•		•		ntant?		2 a		X
lf 'Ye: separ	s,' check ate basi	a box belos, consolid	ow to indica ated basis,	ite whether the for both:	inancial state	ments for the y	ear were cor	npiled or reviewe	d on a			
П	Separat	e basıs	Conso	lidated basis	Both cor	nsolidated and	separate bas	IS				l
b Were	the orga	ınızatıon's	financial sta	atements audite	d by an indep	endent account	tant? ,			.   2ь	х	l
If 'Ye	s,' check		ow to indica		•			dited on a separa				
X	Separat	e basis	Conso	lidated basis		nsolidated and						
c If 'Ye: revie\	s' to fine w, or cor	2a or 2b, on the contract of t	does the org its financia	ganization have al statements an	a committee t ad selection of	that assumes r an independer	esponsibility nt accountant	for oversight of the	ne audit, · · · · ·	. <u>2c</u>	х	
	organiza hedule C		jed either it	s oversight proc	ess or selection	on process dur	ing the tax ye	ear, explain				
			award, was ular A-133?		required to u		it or audits a	s set forth in the	Single · ··	. <u>3a</u>	х	
				o the required a				undergo the requ	red audit	3 h	x	

BAA

Form **990** (2012)

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **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



Employer identification number

	RE, I										06587			
			ublic Charity St							) See i	<u>nstruct</u>	ions.		
		•	ivate foundation be	· ·		-		•	•					
1	<b>≡</b>		tion of churches or				section	1 <b>70(b)</b> (1	)(A)(i).					
2	<b>—</b>		d in section 170(b)											
3	$\blacksquare$	•	operative hospital s	•					• •					
4	∐ A m	edical researd	ch organization ope	rated in conjunctio	n with a ho	ospital de	escribed	ın secti	ion 17 <b>0</b> (	(b)(1)(A)	(iii). Ente	er the hosp	ital's	
	nan	ne, city, and st	tate:											
5	片170	(b)(1)(A)(iv). (	perated for the ben- (Complete Part II.)	_	_		•	-	_	mental ι	nit desc	ribed in <b>sec</b>	tion	
6			or local government	-										
7	Hims	ection 170(b)(	nat normally received (1)(A)(vi). (Complet	e Part II.)		•	_	ernment	tal unit	or from 1	the gene	ral public d	escribed	i
8	=	-	t described in <b>secti</b>				•							
9	rela unre	ted to its exem	at normally receives: ( pt functions — subje taxable income (less .)	ct to certain except	ions, and (2	2) no mor	e than 3	3-1/3%	of its sur	port from	n aross i	nvestment i	ncome a	and
10	An	organization o	rganized and opera	ted exclusively to	test for put	olic safet	y. See s	section !	509(a)(4	).				
11	And sup	organization org ported organization porting organiz	ganized and operated ations described in s zation and complete	d exclusively for the section 509(a)(1) o e lines 11e through	benefit of, t r section 50 n 11h.	to perforn 09(a)(2).	n the fun See <b>sec</b>	ctions of tion 509	, or carry ( <b>a)(3).</b> (	out the Check the	purposes box tha	of one or m t describes	ore publi the type	cly of
	а	Type I	<b>b</b> Type II	c Type III	<ul><li>Function</li></ul>	nally inte	grated	•	∄ ∏ :	Type III -	– Non-fu	ınctıonally ı	ntegrate	ed .
е	othe لسا	checking this to the than foundation 509(a)(2).	pox, I certify that the tion managers and	e organization is n other than one or	ot controlle more publi	ed directl cly supp	y or ind orted or	rectly by ganization	y one or ons des	more d cribed ir	isqualifie section	ed persons 509(a)(1)	or	
f	If th	e organization	received a written	determination from	n the IRS t	hat is a .	Type I, <sup>-</sup>	Type II o	r Type	III suppo	orting org	janization,		
g	Sind	e August 17,	2006, has the organ	nization accepted	any gift or	contribu	tion fror	n any of	the foll	owing p	ersons?			
													Yes	Νo
	(i)	A person whe below, the g	no directly or indirect poverning body of th	tly controls, either e supported organ	r alone or t lization?  .	ogether v	with per	sons de: · · · · ·	scribed 	ın (ıı) ar	nd (III) 	. 11 g (i)		
	(ii)	A family me	mber of a person d	escribed in (i) abo	ve?							. 11 g (ii)		
	(iii)	A 35% contr	rolled entity of a per	rson described in (	(ı) or (ıı) at	ove?						11 g (iii)		_
h	Pro	vide the follow	ing information abo	ut the supported o	rganızatıor	n(s).						1	<u> </u>	
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of (described o above or IF (see instr	C section	organiza column (i) your go	(iv) Is the rganization in umn (i) listed in our governing document? (v) Did you notify the organization in column (i) of your our support?		(vi) Is the organization in column (i) organized in the US?		(vii) Amoun sup	t of moneta port	ary	
						Yes	No	Yes	No	Yes	No			
(A)							L							
<u>(B)</u>		<del> </del>			<del> </del>	ļ	<u>.                                    </u>					<u>-</u>	<del></del>	
(C)					······································				<u> </u>					
(D)	<u>-</u>	<del></del>												
(E)														
								3.85	72.3					
Total											规模			
RΔΔ	For Par	erwork Reduc	ction Act Notice, se	e the Instructions	for Form 9	990 or 99	0-EZ.			Schedul	e A (For	m 990 or 9	90·EZ) 2	2012

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.)

Sec	tion A. Public Support						
Cale: begi:	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	_					
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	<b>(f)</b> Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc (see inst	ructions)			12	
13	First five years. If the Form 990 organization, check this box and		tion's first, second			section 501(c)(3)	
	tion C. Computation of Pu						
	Public support percentage for 20						<u>%</u>
15	Public support percentage from 2	2011 Schedule A,	Part II, line 14 .			15	%
	33-1/3% support test — 2012. If and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶ ∐
t	33-1/3% support test — 2011. If t and stop here. The organization	he organization di qualifies as a pub	id not check a box olicly supported org	on line 13 or 16a ganization	, and line 15 is 33 	3-1/3% or more, ch	neck this box ►
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-ar	nd-cırcumstances'	test, check this b	ox and <b>stop here.</b>	Explain in Part IV	/ how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	nd-circumstances' est. The organizat	test, check this b non qualifies as a	ox and <b>stop here.</b> publicly supported	Explain in Part IV d organization	/ how the ▶ □
	Private foundation. If the organiz	zation did not ched	ck a box on line 13	s, 16a, 16b, 17a, c			
$\mathbf{D} \wedge \mathbf{A}$					Cal	adula A (Earm 00	0 or 000 E7\ 2012

Schedule A (Form 990 or 990-EZ) 2012 3CORE, Inc.

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 t	he organization failed to qualify under Part II. If the organization fails
to qualify under the tests listed below, please complete Part II	

Sec	tion A. Public Support		<del>-</del>				
Caler	idar year (or fiscal yr beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
	received. (Do not include	106 174	105 000	170 604	E00 044	600 666	1 604 310
2	Gross receipts from admis-	196,174.	125,932.	170,694.	508,844.	682,666.	1,684,310.
_	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is						
	related to the organization's						
2	tax-exempt purpose	845,470.	842,210.	447,415.	265,403.	169,512.	2,570,010.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
_	its behalf The value of services or						
Э	facilities furnished by a						
	governmental unit to the organization without charge .						
6	Total. Add lines 1 through 5	1,041,644.	968,142.	618,109.	774,247.	852,178.	1 251 220
	Amounts included on lines 1.	1,041,044.	JUO, 142.	010,109.	114,241.	032,1/8.	4,254,320.
	2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2						<del></del>
•	and 3 received from other than	•					
	disqualified persons that exceed the greater of \$5,000 or						
	1% of the amount on line 13	1					
_	for the year						
	Public support (Subtract line	STEERS STEER STORE SE	er chremmance		THE REST OF STREET, ST	en electrical de la companya del companya del companya de la compa	<del></del>
0	7c from line 6.)						4,254,320.
Sec	tion B. Total Support		_				
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
	Amounts from line 6	1,041,644.	968,142.	618,109.	774,247.	852,178.	4,254,320.
10 a	Gross income from interest, dividends, payments received		i				
	on securities loans, rents.						
	royalties and income from similar sources				3,217.	4,043.	7,260.
ł	Unrelated business taxable	ļ			5,211.	4,043.	7,200.
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b				3,217.	4,043.	7,260.
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on	ļ					
12	Other income. Do not include gain or loss from the sale of						
	čapital assets (Explain in Part IV.)	-1,215.			16,796.	14,596.	30,177.
13	Total support. (Add Ins 9, 10c, 11, and 12)		968,142.	618,109.	794,260.	870,817.	4,291,757.
	First five years. If the Form 990	is for the organizat	tion's first, second	l, third, fourth, or f	fifth tax year as a	section 501(c)(3)	
500	organization, check this box and			******	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · ·	
	Public support percentage for 20			13 column (f)		15	99.13 %
	Public support percentage from 2						99.57 %
	tion D. Computation of Inv					10	99.51 0
	Investment income percentage for				n (ft)	17	0.17 %
	Investment income percentage fi						0.07 %
	33-1/3% support tests - 2012. If	f the organization o	lid not check the b	oox on line 14, and	d line 15 is more t	han 33-1/3%, and	line 17
	is not more than 33-1/3%, check	this box and <b>stop</b>	here. The organiz	zation qualifies as	a publicly support	ed organization.	▶ 🖺
	33-1/3% support tests - 2011. If line 18 is not more than 33-1/3%	6, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiz	:ation ► 🔲
20	Private foundation. If the organi	zation did not chec	k a box on line 14	1, 19a, or 19b, che	eck this box and se	ee instructions	
BAA			TEEA0403	08/09/12	Sc	hedule A (Form 9	90 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012				68-0065873	Page 4
Part II, line 17a or 17b; an (See instructions).	<b>n.</b> Com nd Part	plete this part to III, line 12. Also	o provide the explana o complete this part fo	tions required by Part II, line or any additional information	e 10; i.
Other Income Part III, Line	12_				
Description: Sale of Asset					
2008: -1215.					
Description: Miscellaneous					
2011: 16796					
2012: 14596.					
- <b></b>					
		<del></del>			
			<b></b>		
		<b></b>			

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

#### **Supplemental Financial Statements**

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

OMB No. 1545-0047

Open (O RUbilia Inspection Employer Identification number

	ORE, Inc.				68-0065873	
Par	可以 Organizations Maintaining Dono	r Advised Funds or Oth	ner Similar Fui	nds or Ac	counts. Complete	e if
	the organization answered 'Yes'		<del></del>		<del></del>	
		(a) Donor advised	funds	(b) F	funds and other accor	unts
1	Total number at end of year	<del></del>		<del></del> -	<del></del>	
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year		[			
5	Did the organization inform all donors and donors the organization's property, subject to the	or advisors in writing that the organization's exclusive legal or	assets held in don control?	or advised fu	unds Yes	No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?				···· Yes	No
	Conservation Easements. Comp			to Form 9	990, Part IV, line	7.
1	Purpose(s) of conservation easements held by		at apply)			
	Preservation of land for public use (e.g., re	ecreation or education)			ally important land are	ea
	Protection of natural habitat		Preservation of	of a certified i	historic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organizatio last day of the tax year.	n held a qualified conservation	n contribution in th		<u></u> -	
				100.00	Held at the End of the	Tax Year
	Total number of conservation easements					
	Total acreage restricted by conservation easen					
	Number of conservation easements on a certifi		` '	<del>   -</del>		
•	Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06, an	d not on a historic	2d		
3	Number of conservation easements modified, tax year ►	ransferred, released, extinguis	shed, or terminate	d by the orga	anization during the	
4	Number of states where property subject to cor	nservation easement is located	<b>→</b>	_		
5	Does the organization have a written policy regard enforcement of the conservation easement					No
6	Staff and volunteer hours devoted to monitoring	g, inspecting, and enforcing co	onservation easem	nents during	the year	
7	Amount of expenses incurred in monitoring, ins	specting, and enforcing consei	vation easements	during the y	ear	
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the red	quirements of sect	ion 170(h)(4)	)(B)(i) ∐Yes	No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote to conservation easements.	orts conservation easements in the organization's financial s	n its revenue and datements that des	expense state scribes the o	ement, and balance s rganization's accounti	heet, and ng for
Par	Complete if the organization ans	ctions of Art, Historical	Treasures, or	Other Sin	nilar Assets.	_
	<del></del>		<del></del>		<del></del>	- 1
1 a	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its finance	s held for public exhibition, edu	ication, or researc	h in furtherai	and balance sheet wonce of public service,	provide,
ŀ	<ul> <li>If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items:</li> </ul>					of art, vide the
	(i) Revenues included in Form 990, Part VIII,					
	(ii) Assets included in Form 990, Part X				►\$	
2	If the organization received or held works of ar amounts required to be reported under SFAS 1	t, historical treasures, or other 16 (ASC 958) relating to these	simılar assets for e items:	financial ga	in, provide the followi	ng
	a Revenues included in Form 990, Part VIII, line					
	Assets included in Form 990. Part X				►ŝ	

Schedule <b>D</b> (Form 990) 2012 3COR					68-006		Page 2
Partun Organizations Mainta	ining Colle	ctions of Art, I	listorica	l Treasures, o	r Other Similar Ass	ets (continu	ued)
3 Using the organization's acquisitiems (check all that apply):	ion, accession,	and other records	, check an	y of the following	that are a significant use	of its collection	on
a Public exhibition		d ∏≀	oan or exc	change programs			
<b>b</b> Scholarly research		e 🔲 🤇	Other				
c Preservation for future gener	ations						
4 Provide a description of the orga Part XIII.	nızatıon's colle	ctions and explain	how they	further the organia	zation's exempt purpose	ın	
5 During the year, did the organiza to be sold to raise funds rather th	nan to be maint	tained as part of the	ne organiza	ation's collection?		Yes	No
Part V Escrow and Custodial reported an amount of	Arrangement on Form 990	<b>its.</b> Complete if , Part X, line 2	the orgar ?1.	nization answer	ed 'Yes' to Form 990	, Part IV, line	∍9, or
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian,	or other intermed	liary for co	ntributions or othe	er assets not included		———— ∏No
<b>b</b> If 'Yes,' explain the arrangement							
, ,						Amount	
c Beginning balance					1 c		
<b>d</b> Additions during the year					1d		
e Distributions during the year					. 1 e		
<del>-</del>					1f		
2 a Did the organization include an a	mount on Form	n 990, Part X, line	21?			Yes	No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIII. Ch	neck here if the ex	plantion ha	as been provided i	n Part XIII		
Part VA Endowment Funds. C	Complete if t	he organizatio	n answe	red 'Yes' to Fo	orm 990. Part IV. lir	e 10.	-
1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1	(a) Current		or year	(c) Two years	(d) Three years	(e) Four yea	ars
1 a Beginning of year balance			-			1	
<b>b</b> Contributions	_						
c Net investment earnings, gains, and losses							
<b>d</b> Grants or scholarships		<del></del>	<del>.</del>			+	<del></del>
e Other expenditures for facilities							
and programs						<del>                                     </del>	
f Administrative expenses g End of year balance	` <b> </b>	<u>'</u>				+	
2 Provide the estimated percentage	e of the gurrent	voor and halance	(line la c	olumn (a)) hald a	<u> </u>	<u> </u>	
		year enu balance	tille ig, c	Joiumin (a)) neiu a	5.		
a Board designated or quasi-endown b Permanent endowment ▶	wment - 8	<del>**</del>					
		8					
c Temporarily restricted endowmer							
The percentages in lines 2a, 2b,	and 2c should	equal 100%.					
3 a Are there endowment funds not i organization by:	n the possession	on of the organizat	tion that ar	e held and admın	stered for the	Yes	No
(i) unrelated organizations .			•			. 3a(i)	
(ii) related organizations						3a(ii)	<u> </u>
<b>b</b> If 'Yes' to 3a(ıı), are the related of						3b	<u> </u>
4 Describe in Part XIII the intended	d uses of the or	ganızatıon's endov	wment fund	is.			
Rart VI Land, Buildings, and	<b>Equipment</b>	. See Form 990	0, Part X	, line 10.			
Description of property		(a) Cost or other b (investment)	asıs (b	) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	alue
1 a Land					SE DEL MESSONE		
<b>b</b> Buildings	<u> </u>			-			
c Leasehold improvements						<u>.</u>	
<b>d</b> Equipment	F			46,853.	40,179.	6	674.
<b>e</b> Other					l		
Total. Add lines 1a through 1e. (Colum	nn (d) must equ	ial Form 990, Part	X, column	(B), line 10(c).)	Þ		674.
BAA					Sched	ule D (Form 99	9U) 2012

TEEA3302 06/07/12

Rart VIII Investments - Other Securities. See Fo	orm 990, Part X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	·	
(3) Other		·
(A)		
(B)		
(C)		
(D)		
(E)		
<u>(F)</u>		
(G)	<del></del>	
(H)	···	
<u>(I)</u>		ም ያገር የመጀመስ እና እና እናም ያገር መስከል እና ደ መስከል መጀመር መንስት እና ለማስጠር እና የሚከተ ነው የሚከተ ነው ነ አስተመመስ እና እና እና እናም ያገር መስከል እና ደ መስከል መጀመር መንስት እና ለማስጠር እና የሚከተ ነው
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		HEROTONIC TO THE STATE OF THE S
Part VIII Investments - Program Related. See Fo		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)	. <u> </u>	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		·
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶		
Dort Vit Other Access See Form 900 Part Y line	- 15	
Part IX Other Assets. See Form 990, Part X, line		(b) Book value
(a) Descri		(b) Book value
(a) Descri		(b) Book value
(1) (2)		(b) Book value
(a) Descri (1) (2) (3)		(b) Book value
(a) Description (2) (3) (4)		(b) Book value
(a) Description (a) (b) (c) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e		(b) Book value
(a) Description (a) (b) (c) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e		(b) Book value
(a) Description (a) (b) (c) (d) (d) (e) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f		(b) Book value
(a) Description (a) (b) (c) (c) (d) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e		(b) Book value
(a) Description (a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		(b) Book value
(a) Description (a) (b) (c) (c) (d) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	iption	
(a) Descrition (b) must equal Form 990, Part X, column (B), In	iption	
(a) Description (a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	iption	
(a) Descrition (b) must equal Form 990, Part X, column (B), In Part X (a) Descrition (a) Descrition (b) Part X, column (b) Part X, column (c) Part X, column (d) Part X, column (d) Part X, column (e) Part X, column (f) Part X, column (f) Part X, column (g) Part	ne 15)	
(a) Description of liability  (a) Description of liability	ine 15 )	
(a) Descrit  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B), la  Part X Other Liabilities. See Form 990, Part X,  (a) Description of liability  (1) Federal income taxes	ine 15 )	1.
(a) Description of liability  (a) Description of liability  (a) Description of others  (b) Deposits held in custody for others	ine 15) line 25. (b) Book value	1. 0.
(a) Description (a) Description (b) must equal Form 990, Part X, column (b), lie (a) Description of liability  (1) Federal income taxes  (2) Deposits held in custody for others (3) Loan loss reserve deposits (4) Pass-through funds (5) Over advances	ine 15)	1. 0. 1. 8.
(a) Description (a) Description (b) must equal Form 990, Part X, column (b), In Part X (a) Description of liability  (1) Federal income taxes  (2) Deposits held in custody for others (3) Loan loss reserve deposits  (4) Pass-through funds  (5) Over advances  (6) Refundable advances for loan funds	ine 15)	1. 0. 1. 8.
(a) Descrit  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B), In  Part X Other Liabilities. See Form 990, Part X,  (a) Description of liability  (1) Federal income taxes  (2) Deposits held in custody for others  (3) Loan loss reserve deposits  (4) Pass-through funds  (5) Over advances  (6) Refundable advances for loan funds  (7)	ine 15)	1. 0. 1. 8.
(a) Description (a) Description (b) must equal Form 990, Part X, column (b), In Part X Other Liabilities. See Form 990, Part X, (a) Description of liability  (1) Federal income taxes  (2) Deposits held in custody for others (3) Loan loss reserve deposits  (4) Pass-through funds (5) Over advances (6) Refundable advances for loan funds (7) (8)	ine 15)	1. 0. 1. 8.
(a) Description (a) Description (b) must equal Form 990, Part X, column (b), In Part X Other Liabilities. See Form 990, Part X.  (a) Description of liability  (1) Federal income taxes  (2) Deposits held in custody for others (3) Loan loss reserve deposits (4) Pass-through funds (5) Over advances (6) Refundable advances for loan funds (7) (8) (9)	ine 15)	1. 0. 1. 8.
(a) Description (a) Description (b) must equal Form 990, Part X, column (b), In Part X Other Liabilities. See Form 990, Part X, (a) Description of liability  (1) Federal income taxes  (2) Deposits held in custody for others (3) Loan loss reserve deposits (4) Pass-through funds (5) Over advances (6) Refundable advances for loan funds (7) (8) (9) (10)	ine 15)	1. 0. 1. 8.
(a) Description (a) Description (b) must equal Form 990, Part X, column (B), In Part X (a) Description of liability  (1) Federal income taxes  (2) Deposits held in custody for others  (3) Loan loss reserve deposits  (4) Pass-through funds  (5) Over advances  (6) Refundable advances for loan funds  (7)  (8)  (9)  (10)  (11)	ine 15) line 25. (b) Book value  273,84 143,36 11,74 56,80 1,850,23	1. 0. 1. 8. 0.
(a) Description (a) Description (b) must equal Form 990, Part X, column (b), In Part X Other Liabilities. See Form 990, Part X, (a) Description of liability  (1) Federal income taxes  (2) Deposits held in custody for others (3) Loan loss reserve deposits (4) Pass-through funds (5) Over advances (6) Refundable advances for loan funds (7) (8) (9) (10)	ine 15) line 25. (b) Book value  273,84 143,36 11,74 56,80 1,850,23	1. 0. 1. 8. 0.

Schedule <b>D</b> (Form 990) 2012 3CORE, Inc.	68-0065873	Page 4
PartXI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
<b>b</b> Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
RankXIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1 Total expenses and losses per audited financial statements	. 1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
<b>b</b> Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
<b>b</b> Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
PartiXIII Supplemental Information		
	IV lines 1b and 2b: P:	art V
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIIne 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional informati	ion.
Pt XOn July 1, 2011, the Organization adopted the reco	ognition	
requirements for uncertain income tax positions as	s required by	
generally accepted accounting principles, with no	<u>cumulative</u>	
effect adjustment required. Income tax benefits as	re recognized	
for income tax positions taken or expected to be	taken in a	
tax return, only when it is determined that the in	ncome tax	
position will more-likely-than-not be sustained up	oon	. <b></b> .

examination by taxing authorities. The Organization has

Schedule **D** (Form 990) 2012

BAA

Schedule D (Form 990) 2012 3CORE, Inc.	68-0065873	Page 5
Part   Supplemental Information (continued)		
analyzed tax positions taken for filing with	the	
Internal Revenue Service and all state jurisd	ictions_where	
it operates. The Organization believes that i	ncome tax filing	
positions_will_be_sustained_upon_examination_	and_does_not	
anticipate any adjustments that would result	in a material	
adverse effect on the Organization's financia	l condition,	
results of operations or cash flows. According	gly, the Organizati	on
has not recorded any reserves, or related acc	ruals for interest	
and penalties for uncertain income tax positi	ons_at	·
June 30, 2013.		
The Organization is subject to routine audits	by taxing	- <b></b>
jurisdictions; however, there are currently n	o audits for	
any tax periods in progress. The Organization	believes it is	- <b></b>
no longer subject to income tax examinations	for years prior	
to 2010.		<b>. –</b> – – .
	. <b>_</b>	- <b></b> ·
		<b>-</b> -
		<del>-</del> -
		<b>. –</b> – – .
		- <b></b>
		·

## 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.

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OMB No 1545-0047

Name of the organization	Employer identification number	
3CORE, Inc.	68-0065873	
Pt_VI, Line_11b_	The Form 990 is provided to and reviewed by the Board of Direc	tors
-~	at a regularly scheduled meeting. Upon acceptance of the return	<u>ns</u>
	by the board, management is instructed to obtain the proper	
	signatures and submit the returns to the taxing authorities.	
Pt_VI, Line_12c_	The Organization has incorporated a conflict of interest	
	policy and a whistleblower policy into the personnel procedure	<u>s</u>
	manual applicable to employees and board members. Such persons	
	are required to inform management of any potential conflicts	
	upon occurrence of the development.	
Pt_VI,_Line_15a_	The Board of Directors conducts an annual evaluation and	
	review of the compensation paid to the Executive Director and	
	sets compensation changes for the position.	
Pt_VI,_Line_15b_	All other staff compensation, including key employees,	
	is established by the Executive Director.	<del></del>
Pt VI, Line 19	Governing documents are made available on 3CORE, Inc.'s	
	website. Additionally, the Form 990s are made available	
	on the Guidestar website.	
<u>Pt_XI</u>	Line 8 - Total prior period adjustments of \$64,663	
	were made by the Organization for the year ended	
	June 30, 2013 to correct amounts that were	
	incorrectly recorded to various funds.	
Pt_III, Line 4a	The Organization was organized and established in 1985 as a	
	_private nonprofit organization_serving the three_county	
	region of Butte, Glenn, and Tehama. The specific purpose	
	of this Organization is to be an intermediary for public and	
	private investments that foster a stable and diversified	

	<b>O</b> (Form 990 or	990-EZ) 2012	Emmlaren Idanáldization mumban	Page 2
Name of the o	-		Employer Identification number 68-0065873	
		local economy, to improve social economic and e	employment	
		conditions through collaborative partnerships a	and to implement	
		a sound , long-term strategy that can address :	identified	
		community needs through private, public, and no	on-profit	
		organizations principally located within Butte,	, Glenn, and	
		Tehama counties		
		Services related to economic development are pr	rimarily funded	
		through various federal grants. The Organization	on_was_designated_	
		as an economic development district by the Econ	nomic Development	
		Administration under the provisions of the Pub	lic Works	
		and Economic Development Act of 1965. Funds pro	ovided_are	
		to be used to foster economic planning and coor	rdination services.	
		The Organization also has established a revolve	ing loan program	
		in which funds are made available to local bus:	inesses. The funds	
		for the program are derived from a U.S. Departs	ment of Commerce	
		Economic Development Administration Grant, U.S		
		of Housing and Urban Development Community Deve	elopment	
		Block Grants, various local grant funds, local	matching	
		funds, refundable loans, and reinvestment of in	nterest and loan	
		_packaging fees. The funds available for these ]	programs are	
		reflected in restricted cash balance and the fi	unds in current	<del>-</del>
		use_are_reflected_in_refundable_advances_for_le	oan funds	
		1.1		

The Organization also provides contract services, primarily

Schedule (	<b>o</b> (Form 990 or 9	90-EZ) 2012	Page 2
Name of the o			Employer Identification number
3CORE,	Inc.		68-0065873
		to local government units, related to obt	taining and
		administering grant projects.	
<b>_</b> _			
<u>-</u>			
	<b>-</b>		

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Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

improve social, economic and employment conditions, and to implement sound, long-term strategy to address identified community needs.

#### Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

•	mplete Part II unless you have already been <u>c</u>					•		
a corporation 8868 to receive Return for	filing (e-file). You can electronically file Form fon required to file Form 990-T), or an addition quest an extension of time to file any of the foundaries associated With Certain Personals). For more details on the electronic filing of the	al (not auto forms listed l Benefit C	omatic) 3-month ext d in Part I or Part II Contracts, which m	tension of time. You c with the exception out the sent to the f	an ele f For RS ir	ectronically file Forma m 8870, Informa n paper format (	orm tion (see	
A corporat Part I only		sting an a	utomatic 6-month	extension—check th		►		
	orporations (including 1120-C filers), partnersh me tax returns.	ips, REMIC	Ss, and trusts must					
	Enter filer's identify					ons		
Type or	Name of exempt organization or other filer, see instructions.  Employer identification				•			
print	3CORE				8-0065873			
File by the	Number, street, and room or suite no. If a P.O. bo	ox, see instru	actions.	Social security number	er (SSN)			
due date for filing your	3120 Cohasset Road, Suite 1		dalunan ana Imaku aki an					
return. See	City, town or post office, state, and ZIP code. For	r a toreign a	daress, see instruction	15.				
Instructions.	Chico, CA 95973							
Enter the R	Return code for the return that this application i	s for (file a	separate application	n for each return) .		0	1	
Application	on	Return	Application			Retur	m	
ls For	^	Code	ls For	s For				
Form 990	or Form 990-EZ	01	Form 990-T (corpo	Form 990-T (corporation)				
Form 990-	-BL	02	Form 1041-A					
Form 4720	0 (individual)	03	Form 4720			09		
Form 990-	-PF	04	Form 5227 1					
Form 990-	-T (sec. 401(a) or 408(a) trust)	05	Form 6069 1					
Form 990-	-T (trust other than above)	06	Form 8870 12					
Telephon  If the org  If this is for the who  a list with t  I recuntifor to  L  2 If the	e tax year entered in line 1 is for less than 12 r	usiness in tur digit Grouit is for partion is for. orporation in the organization of the organization organization, 20	up Exemption Number of the group, check required to file Form the return for the	heck this box	▶ [ ime bove	If this is _ and attach The extension is		
3a If th	Change in accounting period nis application is for Form 990-BL, 990-PF, 990	D-T, 4720,	or 6069, enter the te	entative tax, less any		T.	—	
nonrefundable credits. See instructions.						\$	_0	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b						\$	^	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using						0		
	EFTPS (Electronic Federal Tax Payment System). See instructions.  3c   \$  Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.						0	
auu∪ii. Ii y	roa are genig to make an electronic fully withdidwal	******* U 113 F U	0000, 366 [ 0111 041	~ Lo and I only 00/3-E	- IUI	payment mottuction	13.	

	68 (Rev. 1-2013)				Page 2		
	are filing for an Additional (Not Automatic) 3-1						
	Only complete Part II if you have already been gr				rm 8868.		
	are filing for an Automatic 3-Month Extension				<del> </del>		
Part	Additional (Not Automatic) 3-Month	Extension	of Time. Only file				
	<del></del>			Enter filer's identifying numbe	<del></del>		
Туре о	r Name of exempt organization or other filer, see	instructions.		Employer identification number	(EIN) or		
print	3CORE	68-0065873					
File by th	Number, street, and room or suite no. If a P.O.	Number, street, and room or suite no. If a P.O. box, see Instructions.			Social security number (SSN)		
due date	for 3120 Cohasset Road, Suite 1	3120 Cohasset Road, Suite 1					
filing you return. Se		ns.					
instructio							
Enter ti	ne Return code for the return that this application	n is for (file a	separate applicatio	on for each return)	0 1		
Applic	cation	Return	Application	<del></del>	Return		
Is For		Code	Is For		Code		
	990 or Form 990-EZ	01		enter a compare to the first of			
	990-BL	02	Form 1041-A	profession and a medical profession and the second of a profession of the second of th	08		
	4720 (individual)	03	Form 4720		09		
	990-PF	04	Form 5227	<del></del>	10		
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11		
	990-T (trust other than above)	06	Form 8870		12		
	Do not complete Part II if you were not already o			<del></del>			
Telep	ooks are in the care of ► 3CORE  shone No. ► 530-893-8732  organization does not have an office or place of is for a Group Return, enter the organization's f	business in			▶ □		
for the	whole group, check this box	If it is for par	t of the group, chec	k this box			
	the names and EINs of all members the extens		t of the group, effect		ina anaon a		
iist with	The harles and Elias of all Helibers the extens	1011 15 101.		<del></del>	<del></del>		
4	I request an additional 3-month extension of tim	e until	May 15	20 14			
5	I request an additional 3-month extension of tim For calendar year, or other tax year begin	nina	luly 1 20 1	2 and ending June 30	20 13		
6	If the tax year entered in line 5 is for less than 12	2 months ch	eck reason: Din	itial return Final return	,		
	Change in accounting period	2 (11011210, 011					
	State in detail why you need the extension We	require addit	ional time to obtain a	accurate figures for the informati	ion returns.		
•	otato in dotali vily you nood the extendion						
	***************************************						
	If this application is for Form 990-BL, 990-PF, 9 nonrefundable credits, See instructions.	90-T, 4720,	or 6069, enter the to	entative tax, less any 8a \$			
	<del></del>	4700 6	OCO anton any raf	<del></del>	0		
	If this application is for Form 990-PF, 990-T, estimated tax payments made. Include any paramount paid previously with Form 8868.						
	Balance due. Subtract line 8b from line 8a. Include	VOUR DOVIMOR	t with this form if rea		0		
	(Electronic Federal Tax Payment System). See instru		t with this form, if req	8c \$	o		
	Signature and Verific	cation mus	t be completed fo	or Part II only.	_		
	penalties of perjury, I declare that I have examined tge and belief, it is true, correct, and complete, and the				to the best of my		
Signature	~ R.J. MAN	Title►	СРА	. Date▶FE	B 1 2 2014		
	- Jane			Form	8868 (Rev. 1-2013)		
	•						