### Form **990**

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

OMB No. 1545-0047

2012

Open to Public Inspection

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.

Α	For the	: 2012 cale <u>ndar</u>	year, or tax year	beginning		, 2012, a	and endii	ng		, 20	
В	Check if	applicable: C Na	me of organization						D Emple	oyer identific	cation number
	Address	-	ing Business As								
$\overline{\Box}$	Name ch		mber and street (or P	.O. box if ma	ail is not delivered to	street address)	Room/si	uite	E Teleph	none number	
$\overline{\Box}$	Initial ret	ŭ									
П		0.1	y, town or post office	state, and 2	7IP code						
H	Terminat	ica	,,, poor	, otato, and 2					C Cross	receipts \$	
Н	Amende		me and address of pr	incinal office						•	
Ш	Applicati	ion pending F Na	ine and address of pr	псіраї опісе	·· .			Ī			☐ Yes ☐ No
_			7			, <u> </u>				s included? n a list. (see i	☐ Yes ☐ No
Ļ		mpt status:	501(c)(3)	501(c) (	) ◀ (insert no	.)	527			•	•
<u></u>	Website					1				on number	
K			orporation Trust	Associat	tion	<b>L</b> Ye	ar of forma	ation:	M Sta	te of legal do	omicile:
F	art I	Summary									
	1	Briefly descri	be the organizati	on's missi	on or most sign	ificant activities	:				
Ö											
ä											
Ĕ											
Activities & Governance	2	Check this bo	$px \blacktriangleright \square$ if the orga	anization o	discontinued its	operations or d	isposed	of more th	an 25% c	of its net a	ssets.
G	3	Number of vo	ting members of	the gove	rning body (Part	VI, line 1a)			. 3		
SS	4	Number of in-	dependent voting	member	s of the governir	ng body (Part VI	I, line 1b)	)	. 4		
iţie	5		of individuals en	_	_				. 5		
き	6		of volunteers (es		-				. 6		
ĕ	7a		ed business rever						. 7a	1	
	b		business taxabl			* * * * * * * * * * * * * * * * * * * *			. 7b	_	
_	-	140t dill'olatoc	Daomicoo taxabi	0 111001110	11011111 01111 000	1, 1110 0 1			Year	_	ırrent Year
	8	Contributions	and grants (Par	- VIII line	1h)		-				
ne		Contributions and grants (Part VIII, line 1h)									
en Ve	9	_	•				+				
Revenue	10		come (Part VIII,	. ,		•	+				
	11		e (Part VIII, colun			· ·					
	12		-add lines 8 thro								
	13		milar amounts pa	-		•					
	14		to or for membe			•					
Se	15	Salaries, other	r compensation, e	employee b	penefits (Part IX, o	column (A), lines	5–10)				
Expenses	16a	Professional 1	fundraising fees (	(Part IX, co	olumn (A), line 1	1e)					
ĝ	b	Total fundrais	sing expenses (Pa	art IX, colu	umn (D), line 25)	<b>&gt;</b>					
Ш	17	Other expens	es (Part IX, colur	nn (A), line	es 11a-11d, 11f-	-24e)					
	18	Total expense	es. Add lines 13-	17 (must o	equal Part IX, co	lumn (A), line 2	5) .				
	19	Revenue less	expenses. Subti	ract line 18	8 from line 12 .		í İ				
7 6	3		·					Beginning of	Current Yea	ır Ei	nd of Year
Net Assets or	20	Total assets (	Part X, line 16)								
Ass	21		s (Part X, line 26)								
E SE	22		fund balances.		ne 21 from line 2	20					
_	art II	Signature		Jan Haot II							
			leclare that I have exa	minod this r	oturn including acco	mpanying schodulo	se and state	oments and t	o the best o	f my knowlo	dae and helief it is
			eclaration of prepare							i iliy kilowle	age and belief, it is
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Sig	nn	Signature	of officer						Date Date		
	ere	Signature of officer									
116	-1 <del>C</del>	Tuna au =	int name and title								
		1 7	int name and title	1	Proparer's signature		15	)ata		DT	INI
Pa	aid	Print/Type pro	eparer's name		Preparer's signature	:	ا ا	Date	Check		IIN
Pr	epare	r							self-ei	mployed	
	se Onl		<b>&gt;</b>					F	Firm's EIN ▶	-	
		Firm's addres	ss ►					F	Phone no.		
Ma	v the IF	RS discuss this	s return with the	preparer s	shown above? (s	ee instructions)					☐ Yes ☐ No

Form 990 (2012) Page **2** 

Part				 	
1	Briefly describe the organization	on's mission:			
2				ar which were not listed on the	
3		conducting, or make si		ow it conducts, any program	ı
	If "Yes," describe these chang				
4		and 501(c)(4) organization	ns are required to report	three largest program services the amount of grants and allo	
4a	(Code:) (Expenses				
4b	(Code: ) (Expenses	s \$ inclue	ling grants of \$	) (Revenue \$	
46	(Odde) (Expenses	, φmiolac	ing grants or Ψ	/ (Πονοπαο ψ	/
4-	(O-d) \(\( \( \bar{\pi} \) \)	. ф		\ (D A	
4c	(Code:) (Expenses	s \$includ	aing grants of \$	) (Revenue \$	)
4d	Other program services (Desc				
A		including grants of \$	) (Revenue \$	)	
4e	Total program service expe	iises 🚩			

**Checklist of Required Schedules** 

Part IV

			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		
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3		
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		
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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		
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		
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		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX </i>	11d		
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .	11e		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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		
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

Part	V 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		
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		
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		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	24d 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 Schedule L, Part I	25b		
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		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV </i>	28a 28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II $\dots \dots	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		
35a b	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ?	35a		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2$ . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
37	related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		

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Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
•	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
b	If "Yes," enter the name of the foreign country: ▶	- Tu		
~	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	<b>organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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:			
а	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?	12a		
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> 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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Form 990 (2012) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Nο 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 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. Enter the number of voting members included in line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: 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. . . . . . . 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? . . . . . . . . . . . . . . . 10a 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 14 14 Did the organization have a written document retention and destruction policy? 15 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? The organization's CEO, Executive Director, or top management official . . . . . . 15a 15b 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 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 18

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. Other (explain in Schedule O) Own website Another's website ☐ Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: ▶

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					e than o is both		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	
	week (list any				_			from	related	other
	hours for related	àdi	stit	Officer	ey e	agight (	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	dua	ltio	¥	Key employee	st c	<u> </u>	(W-2/1099-MISC)	(** 2) 1000 111100)	organization
	below dotted	or E	nal		loy	Öm				and related
	line)	Individual trustee or director	Institutional trustee		W	pen				organizations
		Ф	tee			Highest compensated employee				
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Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (cont	inued)
	box, unidee person to bear air							Reportable	(F) Estimated		
hours per week (list any hours for related organizations below dotted line)  hours per week (list any hours for related organizations below dotted line)  hours per officer and a director/trustee)  Former week (list any hours for related or director or director rustee)  Former week (list any hours for related or director)  Former week (list any hours for related of the per limit with the per							from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
(15)							Ω.				
(16)											
(17)											
(18)											
(23)											
(24)											
(25)											
1b	Sub-total							<b>&gt;</b>			
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio						<b>▶</b>			
2	Total number of individuals (including but reportable compensation from the organic	t not limited					above	e) w	ho received m	ore than \$100,0	00 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						-		-	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such										
5	individual										
Section	on B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization. Repyear.										
	<b>(A)</b> Name and business add	Iress							(B) Description of s	ervices	(C) Compensation
2	Total number of independent contractor	ors (includir	ng bu	t n	ot I	limit	ed to	⊥ th	ose listed abo	ove) who	

received more than \$100,000 of compensation from the organization ▶

c Net income or (loss) from sales of inventory . . .

Business Code

Miscellaneous Revenue

Total. Add lines 11a-11d . . . . .

**Total revenue.** See instructions. . .

d All other revenue . . . .

11a b С

12

Statement of Revenue Check if Schedule O contains a response to any question  The property of	in this Part (A) otal revenue	VIII	(C) Unrelated business revenue	<b>(D)</b> Revenue
### Total. Add lines 1a-1f  ### Total. Add lines 2a-2f  ### Income from investment of tax-exempt bond proceeds  ####  Income from investment of tax-exempt bond proceeds  ##################################		<b>(B)</b> Related or exempt function	(C) Unrelated business	(D) Revenue
Business Code  Comparison Compa				excluded from tax under sections 512, 513, or 514
Business Code  Comparison of the comparison of t				
2a b c d Final Add lines 2a-2f Sinvestment income (including dividends, interest, and other similar amounts) Since Income from investment of tax-exempt bond proceeds Sinvestment income (including dividends) Since Income from investment of tax-exempt bond proceeds Since Income f				
3 Investment income (including dividends, interest, and other similar amounts) ▶ 4 Income from investment of tax-exempt bond proceeds ▶ 5 Royalties ▶				
6a Gross rents				
b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other basis				
and sales expenses .  c Gain or (loss)				
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a  b Less: direct expenses b				
c Net income or (loss) from fundraising events . ▶  9a Gross income from gaming activities. See Part IV, line 19 a				
b Less: direct expenses b  c Net income or (loss) from gaming activities ▶  10a Gross sales of inventory, less returns and allowances a  b Less: cost of goods sold b				

Form <b>990</b> (2012)

## Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

300110	11 00 1(c)(o) and 00 1(c)(+) organizations mast con	•	•	•	. ,
	Check if Schedule O contains a respon	se to any question	in this Part IX .		
Do no	t include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C)	(D)
	, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
	-		expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management				
a	_				
b	Legal				
C	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 Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
	=				
16	Occupancy				
17 18	Travel				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
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 O.)				
а	•				
b					
C					
d	All other expenses				
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)				

### Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part	Х		🔲
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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			
Assets	_			6	
\ss	7	Notes and loans receivable, net		7	
1	8 9	Inventories for sale or use		8 9	
	9 10a	Land, buildings, and equipment: cost or		9	
	iva	other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
ies	22	Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		00	
Liabilities	22	·		22	
_	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
,,		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
ces		complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets		27	
Ва	28	Temporarily restricted net assets		28	
pu	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and			
		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds.  Total net assets or fund balances		32 33	
ž	33 34	Total liabilities and net assets/fund balances		34	
	ţ	rotal habilities and het assets/fund balances		UT	

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				
2	Total expenses (must equal Part IX, column (A), line 25)	2				
3	Revenue less expenses. Subtract line 2 from line 1	3				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10				
Part	XII Financial Statements and Reporting				_	
Check if Schedule O contains a response to any question in this Part XII						
				Yes	No	
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		.			
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	piain	in			
•			. 2a			
2a						
	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:					
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?					
D						
	separate basis, consolidated basis, or both:	Ju 011	۵			
	Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versia	ht			
Ū	of the audit, review, or compilation of its financial statements and selection of an independent account					
	If the organization changed either its oversight process or selection process during the tax year, explain i					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in			
	the Single Audit Act and OMB Circular A-133?		. За			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		ne			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b			
			FC	rm <b>990</b>	(2012)	

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