

***Modernized e-File (MEF) Test Package for Exempt  
Organization Filings***

***Form 990 - Return of Organization Exempt From Income Tax***

***Form 990-EZ - Return of Organization Exempt From Income Tax***

***Form 990-N – Electronic Notice (e-Postcard) for Tax Exempt  
Organizations not Required to File Form 990 or 990-EZ***

***Form 990-PF – Return of Private Foundation or Section 4947(A)(1)  
Trust Treated as a Private Foundation***

***Form 1120-POL - U.S. Income Tax Return for Certain Political  
Organizations***

***FORM 8868 - Application for Extension of Time to File an Exempt  
Organization Return***

**TAX YEAR 2012**



***INTERNAL REVENUE SERVICE  
MISSION STATEMENT***

***PROVIDE AMERICA'S TAXPAYERS TOP QUALITY  
SERVICE BY HELPING THEM UNDERSTAND AND  
MEET THEIR TAX RESPONSIBILITIES, AND BY  
APPLYING THE TAX LAW WITH INTEGRITY AND  
FAIRNESS TO ALL***

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## **1 NEW INFORMATION – TY2012**

### **1.1 FORM 8868, APPLICATION FOR EXTENSION OF TIME TO FILE**

- MeF only accepts Forms 8868 for tax years 2011 and 2012.
- **For paper submissions only:** Form 8868 can now be filed to extend Forms 4720 filed by individuals using an SSN. Individuals extending Form 4720 should enter Return Code “03” and their SSN.
- **For e-Filed submissions:** Corporations extending Form 4720 should continue to enter Return Code “09” and their EIN.

### **1.2 PREPARER TAX IDENTIFICATION NUMBER (PTIN)**

In accordance with IRS regulations (REG-134235-08), beginning January 1, 2011, all paid tax preparers must use a Preparer Tax Identification Number (PTIN) issued by the Internal Revenue Service (IRS) in the paid preparer section of the tax return. Tax returns may be rejected if an SSN, or any number that is not a valid PTIN, is included in this field.

Additional information on the [PTIN process](#) is located on IRS.gov.

### **1.3 TAX YEAR OF RETURN**

A Tax Year in the IRS Submission Manifest is optional. A business rule has been developed to require the tax year for applicable tax types.

Note: Starting January 2013, for all TY2012 and subsequent tax years, all the Internet Protocol Information in the Return Header will be required for all electronically filed returns

## **2. FORMS 990/990-EZ/990-N/990-PF/1120-POL/8868 ASSURANCE TESTING TY2012**

### **2.1 WHO MUST TEST?**

All software developers and transmitters are required to perform the tests in this Test Package before they will be accepted into the Modernized e-File (MeF) electronic filing program for 2013 (Tax Year 2012). Anyone who plans to transmit must perform a communications test and be accepted.

Prior to testing, all software developers and transmitters must have obtained an Electronic Transmitter Identification Number (ETIN), Electronic Filer Identification Number (EFIN) and password through the application process.

Effective October 1, 2012 applications to become an IRS e-file provider must be submitted online. Form 8633, *Application to Participate in the IRS e-File Program*, will no longer be accepted. For On-Line application procedures, refer to [Publication 3112](#), *IRS e-file Application Package*, or the [e-services – Online Tools for Tax Professionals](#) website.

The transmitter must also register the system(s) that will be used to conduct business with MeF in order to obtain a systemID. If a transmitter and/or system(s) are not registered, the transmitter cannot access MeF for Fed/State processing.

***Software Developers:***

Software developers will be assigned a test ETIN to be used for software testing. This test ETIN will remain in “Test” status, and will not be moved to a production status. This allows a developer to test year round.

***Transmitters:***

The ETIN for transmitters will be set to “Test” status until the transmitter passes required communication testing with the IRS, at which time the ETIN will be moved to “Production” status. A transmitter may then request a Test ETIN, which can be used to continue testing once the original ETIN has been moved to Production status.

If a transmitter fails to revise its IRS e-file application to indicate it will be transmitting using the MeF Internet XML transmission method, and/or fails to check the appropriate MeF form types (990, 990-EZ, 990-PF, 1120-POL, 8868 etc.), the ETIN will not be valid, and any submissions will be rejected.

The transmission status (Test or Production) of the ETIN used to transmit must match the Test/Production Indicator in the Message Header; otherwise, the submission will be rejected.

## **2.2 WHY TEST?**

The purpose of testing prior to live processing is to ensure that:

- Filers transmit in the correct format and meet the Internal Revenue Service (IRS) MeF electronic filing specifications;
- Returns have few validation or math errors;
- IRS can receive and process the electronic returns;
- Filers understand and are familiar with the mechanics of electronic filing.

Software developers are not required to do so, but we strongly recommend using the Assurance Testing System (ATS) to retest when there are schema changes.

Please note that the MeF Assurance Testing System (ATS) is not configured exactly the same as the MeF Production system. Therefore, a tester should not expect the same response time when testing in the ATS environment versus the production environment. This may be especially true during performance or load testing, including testing a single extremely large return in one transmission; a significant number of returns in one transmission; a number of large returns in one transmission; or a large number of concurrent transmissions.

## 2.3 WHAT IS TESTED?

The test package for the TY2012 Assurance Testing for Exempt Organizations consists of eighteen (18) scenarios. There are three (3) scenarios for Form 990, two (2) scenarios for Form 990-EZ, four (4) scenarios for Form 990-N, three (3) scenarios for Form 990-PF, two (2) scenarios for Form 1120-POL and four (4) scenarios for Form 8868. Several of the test scenarios include a limited number of forms and schedules that are accepted for electronic filing.

Every conceivable condition cannot be represented in the scenarios; therefore, once you pass the tests, you may want to test any additional conditions you believe are appropriate as long as you use the predefined entity information contained in the test scenarios (see [Exhibit 4](#)).

The test scenarios provide information needed to prepare the selected forms and schedules. You must correctly prepare and compute these returns before transmitting the tests. The IRS strongly recommends each return be run against an XML parser prior to being transmitted to the IRS. The IRS will run each return against a parser and reject any return that does not pass.

Below are some XML resources regarding XML schemas, software tools and parsers. These resources are provided for information only. The IRS does not endorse any product. You may choose any third party parser toolkit or use your own.

- [W3C XML Home Page](#)
- [W3C XML Schema Home Page](#)
- [XML Spy](#)
- [Microsoft Core XML Services](#)

## 2.4 FORMATTING THE ENTITIES

The entities presented in the test scenarios are shown in common usage with commas and periods. Refer to XML e-file Types in Publication 4164 for proper formatting for the business name lines and addresses. No commas or periods are allowed.

Example:

### Test Scenario:

Walnut Housing Corporation, Inc.  
655 Bradford St.  
Willow Springs, NV 89424

### XML Format:

Walnut Housing Corporation Inc (BusinessNameLine1Type)  
655 Bradford St (StreetAddressType)  
Willow Springs (CityType)  
NV (StateType)  
89424 (ZipCodeType)

## **2.5 PASSWORDS/STRONG AUTHENTICATION**

### **2.5.1 Internet Filing Application (IFA)**

New or renewing applicants who will be transmitting to the IRS through the Internet will use the same eight-digit alphanumeric password for both testing and production. Applicants will choose their password during On-Line Registration.

### **2.5.2 Application to Application (A2A)**

The IRS is offering strong authentication, which will affect authentication techniques for all A2A Web services. The strong authentication certificate will replace the password and will require a modification to the Web Services Description Language (WSDL). Each Transmitter and State will be required to register their certificate with MeF through the Automated Enrollment (AE) application

**Note:** MeF was scheduled to stop supporting passwords after December 2008 and require all A2A systems use certificates for authentication beginning January 2009. This change was not implemented. Passwords will continue to be accepted until IRS notifies transmitters that certificates must be used.

It's recommended that, prior to converting existing client applications over to using strong authentication, a new ATS client be added for developing and testing your digital signature code for MeF processing.

A Strong Authentication User Guide is available which explains the integration and use of this IRS-provided client code sample to support certificate-based authentication for MeF A2A Web services. In addition to the code itself, the User Guide provides necessary information that developers may use when integrating the new feature into client software that communicates with the IRS A2A Web services. This guidance is relevant both to client code that will be developed in the future and to pre-existing code not currently using digital signatures to sign Simple Object Access Protocol (SOAP) messages. If interested in obtaining the Strong Authentication User Guide, please contact IRS at: 1-866-255-0654.

Additional information on strong authentication can also be found in Publication 4164, Modernized e-File Guide for Software Developers and Transmitters.

## **2.6 WHEN TO TEST**

When you are ready to test, call the e-file Help Desk at **1-866-255-0654**. They will assist you in all preparations necessary to begin testing and assign you a software ID to use when submitting your returns.

## **2.7 TESTING GUIDELINES FOR SOFTWARE DEVELOPERS**

Software does not have to provide for all forms or schedules, or for all occurrences of a particular form or schedule. You must advise the Help Desk at 1-866-255-0654 of all limitations to your software package(s) at the time of first contact, before testing begins. You must test the complete form with no field limitations except for the number of occurrences.

**Note:** Although you may intermingle test scenarios for Form 1120-POL with the other Exempt Organization forms when testing, you will be required to have a separate software ID for Form 1120-POL. The same software ID may be used for Forms 990, 990-EZ, 990-N, 990-PF and 8868.

## **2.8 ELECTRONIC SIGNATURES**

The following information applies to Forms 990, 990-EZ, 990-N, 990-PF, 1120-POL and Form 8868, Part I and Part II. A signature is not required when filing Form 8868, Part I, unless a payment is attached. A signature and a reason for needing additional time to file on Part II, line 7, are always required when filing Form 8868, Part II.

Tax Professionals have two options of filing a totally paperless return for their clients using the Practitioner PIN method or the scanned Form 8453-EO, Exempt Organization Declaration and Signature for Electronic Filing, method. The selected signature option must be identified in the Return Header. IRS validates the presence of a signature for each return with a payment attached.

If the filer uses a PIN to sign the return, all appropriate PIN information must be present in the return header.

If the filer elects to sign a Form 8453-EO, the scanned Form 8453-EO must be attached to the return.

If the electronic return does not contain the required signatures, the return will be rejected.

- **Practitioner PIN**

The Practitioner PIN option can only be used if the organization uses an Electronic Return Originator (ERO). It cannot be used if an organization is filing through an On-Line Provider. If the signature option of "PIN Number" is chosen, both the filer and ERO will be required to sign the return with a personal identification number (PIN). The Practitioner PIN option consists of two PINs – one for the organization and one for the practitioner:

1. Organization PIN – The filer chooses the PIN that they wish to use to sign their organization's return. The filer's PIN must be 5 numeric characters and cannot contain all zeros.
2. Practitioner PIN – The ERO selects an eleven-character PIN to sign the return. The first 6 positions of the Practitioner PIN will be the EFIN of the ERO and the next 5 positions will be 5 numeric characters self-selected by the ERO.

The filer must decide whether they want to enter their own PIN or whether to authorize the ERO to enter the PIN they choose as their signature. This authorization is made on Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization. The ERO must retain completed Forms 8879-EO for 3 years from the return due date or the IRS received date, whichever is later.

The following fields are required for the Practitioner PIN method. If not present, the return will be rejected:

- Practitioner PIN
  - PIN Entered By
  - Name of Officer
  - Title of Officer
  - Taxpayer PIN
  - Date Signed
- **Scanned Form 8453-EO**

The scanned Form 8453-EO method must be used if the filer decides not to use the Practitioner PIN method for signing the return. The Form 8453-EO will be completed and signed by all required parties and then scanned as a PDF file and inserted into the electronic return as a binary attachment. The appropriate signature option of “Binary Attachment 8453 Signature Document” must be identified in the Return Header.

## **2.9 REVIEWING ACKNOWLEDGEMENT (ACK) FILES AND CORRECTING TESTS**

You may transmit as many test returns as necessary until you have no math errors and receive no error messages. All Business Rule violations must be corrected in order to pass ATS testing.

While you are solving problems, you may transmit only the problem returns until you have no rejects and all math fields are correct.

## **2.10 FINAL TRANSMISSION**

Once you receive no rejects, you will be required to transmit the test scenarios in two separate, same-day transmissions in order to test the ability of your software to increment the transmission ID number that appears in the Transmission Header. Because not all software developers may be developing all six form types, you may group the test scenarios in any manner, as long as there is a minimum of two scenarios in each transmission.

## **2.11 COMMUNICATIONS TEST FOR THE e-File SYSTEM**

IRS allows two means of transmission for MeF: Internet Filing Application (IFA); and Application to Application (A2A).

If you are a Transmitter using accepted software, you must complete an error-free communications test by transmitting five returns in two same-day transmissions (three returns in one transmission and two in the other). Transmitters who have passed the communications test and want to continue to test must request a test ETIN.

If you will be transmitting returns through the Internet Filing Application (IFA), you will need to perform the communications test through IFA.

If you will be transmitting through A2A, you will need to perform the communications test through A2A.

If you will be transmitting through both the A2A and IFA portals, communications tests must be performed through both systems.

**NOTE: A Software Developer who will not transmit need not perform a communications test.**

## **2.12 USING YOUR OWN TEST DATA**

If you are a Software Developer and have been notified that you have passed the ATS test, you may test with your own data using the same password and ETIN. If you are a Transmitter, you will need to get a new Test ETIN to continue testing, as your original ETIN will have been moved to “production” status once you have passed the Communications Test. Call the e-Help Desk at 1-866-255-0654 using the Andover Service Center prompt to obtain a new Test ETIN.

You must use the same taxpayer entity information (Name Controls, EINs, Group Exemption Numbers, Organization Type and Fiscal Year Month) provided in [Exhibit 4](#) for your independent tests. DO NOT use any other combinations.

## **3. FED/STATE ACCEPTANCE TESTING (ATS) PROCEDURES**

The Fed/State program is a vehicle for filers to send their state returns (or other required filings) to the participating states through the IRS MeF process.

Participating states will allow filers to transmit state charity requirements as either a “linked” or “unlinked” submission. With a “linked” submission, the associated IRS Form 990, 990-EZ or 990-PF must have been filed and accepted by the IRS at the same time or before the state portion of the transmission will be forwarded on to the participating state. With an “unlinked” (sometimes referred to as “state stand alone”) submission, the state return or other document is forwarded to the participating state regardless of whether or not an IRS Form 990, 990-EZ or 990-PF has been filed and accepted. Each participating state sets its own requirements for when to use a “linked” or “unlinked” submission.

There will not be separate ATS for states. Any of the test returns may be used if you will be participating in the Fed/State electronic filing program. Fed/State returns must be transmitted through A2A or IFA. Inform the e-Help Desk (1-866-255-0654) of which test you will be using. You should add the appropriate information in the generic state record and transmit the return as part of your regular transmission. Specific instructions are available from the participating states.

It is the responsibility of each state charity office to determine whether or not you pass their software testing. Each state’s requirements and procedures may be found on their web site. For further information on state charity office testing procedures, please contact the participating state charity office.

## 4. EXHIBITS

### EXHIBIT 1 - POSTAL SERVICE STATE ABBREVIATIONS & ZIP CODES

Standard Postal Service State Abbreviations and ZIP Codes can be found at the [IRS website](#).

### EXHIBIT 2 - FOREIGN COUNTRY CODES

Foreign Country Codes can be found at the [IRS website](#).

### EXHIBIT 3 - ACCEPTED FORMS AND SCHEDULES FOR EXEMPT ORGANIZATIONS

The forms and schedules accepted for the IRS Modernized e-File Program for Exempt Organizations and the maximum number that may be submitted with each return can be found at the [IRS website](#)

### EXHIBIT 4 – VALID ENTITY INFORMATION

Following is the valid entity information to be used with the various test scenarios:

Scenario	EIN	Name Control	GEN	Org Type	Sub-section Code	Fdn Code	Fiscal Year Month
990-1	11-9000001	WALN	0000	501(c)(3)	03		12
990-2	11-9000004	NATI	0000	501(c)(4)	04		12
990-3	11-9000005	HICK	0000	4947(a)(1)	91		05
990EZ-1	11-9000007	MAGN	0000	501(c)(3)	03		06
990EZ-2	11-9000010	MAHO	0000	527	82		12
990PF-1	11-9000021	SHIL	0000	501(c)(3)	03	02	06
990PF-2	11-9000023	HOLL	0000	4947(a)(1)	92	00	12
990PF-3	11-9000024	PENN	0000	501(c)(3)	03	04	09
990N-1	11-9000025	SUPP	0000	501(c)(3)	03	17	12
990N-2	11-9000026	LOCA	2495	501(c)(4)	04		12
990N-3	11-9000027	VETE	0000	501(c)(19)	19		06
990N-4	11-9000028	NATU	0000	501(c)(3)	03	15	12
1120POL-1	11-9000015	KOLK	0000	n/a			12
1120POL-2	11-9000004	NATI	0000	n/a			12
8868-1	11-9000022	ECHI	0000	501(c)(4)			12
8868-2	11-9000004	NATI	0000	501(c)(4)			12
8868-3	11-9000022	ECHI	0000	501(c)(4)			12
8868-4	11-9000004	NATI	0000	501(c)(4)			12

## 5. TEST SCENARIOS

There are three (3) scenarios for Form 990, two (2) scenarios for Form 990-EZ, four (4) scenarios for Form 990-N, three (3) scenarios for Form 990-PF, two (2) scenarios for Form 1120-POL and four (4) scenarios for Form 8868.

These scenarios are for testing purposes only. They should not necessarily be construed as examples of ideal, or even adequate, form completion. Many numeric fields contain commas for readability purposes. We know that commas are not permissible characters in the amount fields. These scenarios are generally prepared well before final versions of the forms are available. Therefore, do not rely on them for creating style sheets or similar purposes.

All information for each scenario is contained on either the form itself or on additional information provided within each file. All data required for any dependency attachment is also shown in the supplemental text data (see [Exhibit 3](#) for accepted forms and schedules).

See [Exhibit 4](#) for the necessary data for each scenario:

**TY2012 990 Test Scenario #1**

**PreparerFirm**

**EIN** – 11-9000059

**PreparerFirmBusinessName** – Roberts Enterprises

**PreparerFirmAddress** – 645 Salem St, Nixon, NV 89424

**MultipleSoftwarePackagesUsed** -- no

**Originator**

**EFIN** – as assigned

**Type** – ERO

**PractitionerPIN**

**EFIN** – as assigned

**PIN** -- 15512

**PinEnteredBy** -- *ERO*

**SignatureOption** -- *Pin Number*

**ReturnType** -- 990

**TaxPeriodBeginDate** – 1/1/2012

**TaxPeriodEndDate** -- 12/31/2012

**Filer**

**EIN** – 11-9000001

**Name** – Walnut Hospital, Inc.

**NameControl** -- WALN

**USAddress** - 655 Bradford St Nixon NV 89424

**Officer**

**Name** – Penn Oak

**Title** -- President

**Phone** – 775-555-1313

**EmailAddress** --

**DateSigned** – self select

**TaxpayerPIN** – self select

**AuthorizeThirdParty** -- Y

**Preparer**

**Name** – Robert R Roberts

**PTIN** – P09876543

**Phone** – 775-555-1212

**EmailAddress** --

**DatePrepared** -- self select

**SelfEmployed** -- Y

**binaryAttachmentCount** – 1

# Return of Organization Exempt From Income Tax

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

# 2012

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2012** calendar year, or tax year beginning **2012**, and ending **20**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization **Walnut Hospital Inc.**  
 Doing Business As **Walnut Medical Center**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**655 Bradford Street**  
 City, town or post office, state, and ZIP code  
**Nixon NV 89424**

**D** Employer identification number  
**11-9000001**

**E** Telephone number  
**775-555-1313**

**F** Name and address of principal officer: **Dr. Jane Maple**  
**655 Bradford Street Nixon NV 89424**

**G** Gross receipts \$ **34,378,823**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **www.walnuthospital.org**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1936**

**M** State of legal domicile: **NV**

**H(c)** Group exemption number ▶

### Part I Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>To provide medical care to residents of Nixon, Nevada and the surrounding area</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b>	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<b>233</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>100</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>93,593</b>
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>22,481</b>
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year <b>36,597</b>	Current Year <b>81,254</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>22,883,358</b>	<b>24,833,306</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,205,877</b>	<b>6,365,046</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>136,592</b>	<b>162,412</b>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>25,262,424</b>	<b>31,442,018</b>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>0</b>	<b>0</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>10,690,607</b>	<b>11,342,954</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>13,551,776</b>	<b>14,346,948</b>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>24,242,383</b>	<b>25,689,902</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>1,020,041</b>	<b>5,752,116</b>
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year <b>64,267,313</b>	End of Year <b>67,363,916</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>20,162,856</b>	<b>19,790,092</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>44,104,457</b>	<b>47,573,824</b>

### Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check  if self-employed PTIN \_\_\_\_\_

Firm's name ▶ \_\_\_\_\_ Firm's EIN ▶ \_\_\_\_\_

Firm's address ▶ \_\_\_\_\_ Phone no. \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
To provide medical care to residents of Nixon, Nevada and the surrounding area

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 15,082,471 including grants of \$ ) (Revenue \$ 24,507,971 )  
Patient services, including general medicine (2,050 patients), surgery (681 patients), cardiology (613 patients), and obstetrics (1,579 patients)

**4b** (Code: ) (Expenses \$ 5,826,288 including grants of \$ ) (Revenue \$ )  
Community wellness programs, serving approximately 5,700 individuals

**4c** (Code: ) (Expenses \$ 2,496,981 including grants of \$ ) (Revenue \$ )  
Medical education programs, including medical residency & nurse training programs

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **▶** 23,405,740

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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 "Yes," complete Schedule D, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV. . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .		✓
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .		✓
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> . . . . .	✓	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .		✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <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 "Yes," complete Schedule L, Part I</i> . . . . .		✓
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		✓
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		✓
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		✓
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	✓	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>c</b> 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> . . . . .	✓	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		✓
<b>33</b> 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> . . . . .	✓	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	✓	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	✓	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		✓
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		✓
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		✓
<b>38</b> 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 . . . . .	✓	

**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		
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	12		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	✓		
<b>2a</b>	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	<b>2a</b>	233		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	<b>2b</b>	✓		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	✓		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	<b>3b</b>	✓		
<b>4a</b>	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)? . . . . .	<b>4a</b>		✓	
<b>b</b>	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		✓	
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>		✓	
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>		✓	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>		✓	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		✓	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>		✓	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		✓	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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? . . . . .	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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 . . . . .	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		✓	
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>			

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	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 . . . . .		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .		<input checked="" type="checkbox"/>
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .		<input checked="" type="checkbox"/>
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>15b</b>	Other officers or key employees of the organization . . . . .		<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **NV**
- 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.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to 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 organization: ► **Walnut Medical Center, 655 Bradford Street, Nixon, NV 89424 776-555-1313**

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

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Dr. Jane Maple President & Board Chair	45	✓		✓				196,120	0	0
(2) Albert Astilbe Director	5	✓						0	0	0
(3) Dr. Herbert Hellebore Director	5	✓						0	0	0
(4) Redd Oak Secretary	5	✓		✓				0	0	0
(5) Loblolly Pine Director	5	✓						0	0	0
(6) Dr. Bradford Pear Vice President	5			✓				0	0	0
(7) Penn Oak Treasurer	5			✓				0	0	0
(8) Dr. Hosta Daylily Chief of Surgery	55					✓		278,225	0	0
(9) Dr. Daisy Daffodil Head, Obstetrics Dept	55					✓		289,007	0	0
(10) Rhoda Boxwood Nursing Director	55					✓		173,000	0	0
(11)										
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							936,352	0	0	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 4**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	✓	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Nixon Health Services 3456 Salem St Nixon NV 89424	physician contract	954,975
Investment Managers Inc. 4567 Salem St Nixon NV 89424	investment management	119,094
Nixon Nurses 789 Salem St Nixon NV 89424	nursing services	875,026

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 3**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	81,254			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f . . . . .		81,254			
<b>Program Service Revenue</b>		<b>Business Code</b>				
	<b>2a</b> Patient revenue	621300	24,507,971	24,507,971		
	<b>b</b> Parking	812930	139,397			139,397
	<b>c</b> Cafeteria	722210	94,145			94,145
	<b>d</b> Fitness center	713940	69,517		69,517	
	<b>e</b> Billing Service	541200	22,276		22,276	
	<b>f</b> All other program service revenue .					
<b>g Total.</b> Add lines 2a-2f . . . . .		24,833,306				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		1,704,538			1,704,538
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties . . . . .					
		(i) Real	(ii) Personal			
	<b>6a</b> Gross rents . . . . .	218,806				
	<b>b</b> Less: rental expenses . . . . .	56,394				
	<b>c</b> Rental income or (loss) . . . . .	162,412				
	<b>d</b> Net rental income or (loss) . . . . .			162,412	1,800	160,612
		(i) Securities	(ii) Other			
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	7,540,919				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	2,880,411				
	<b>c</b> Gain or (loss) . . . . .	4,660,508				
	<b>d</b> Net gain or (loss) . . . . .			4,660,508		4,660,508
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>				
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events . . . . .					
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>				
<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
	Miscellaneous Revenue	<b>Business Code</b>				
<b>11a</b> -----						
<b>b</b> -----						
<b>c</b> -----						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .						
<b>12 Total revenue.</b> See instructions. . . . .			31,442,018	24,507,971	93,593	6,759,200

**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).

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

**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	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	196,120	162,235	33,885	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	9,253,273	8,557,807	695,466	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	396,067	366,299	29,768	
<b>9</b> Other employee benefits	822,489	760,672	61,817	
<b>10</b> Payroll taxes	675,005	627,179	47,826	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	93,885	982	92,903	
<b>c</b> Accounting	20,912		20,912	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	119,094		119,094	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,103,388	1,906,697	196,691	
<b>12</b> Advertising and promotion	286,544	47,790	238,754	
<b>13</b> Office expenses	5,307,133	5,212,089	95,044	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	799,047	772,056	26,991	
<b>17</b> Travel	11,346	8,443	2,903	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	18,463	11,620	6,843	
<b>20</b> Interest	735,681	735,324	357	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	2,343,659	2,135,774	207,885	
<b>23</b> Insurance	366,926	20,844	346,082	
<b>24</b> 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.)				
<b>a</b> <u>Bad debts</u>	1,237,605	1,237,605		
<b>b</b> <u>Contract labor</u>	625,308	621,659	3,649	
<b>c</b> <u>Taxes</u>	33,631		33,631	
<b>d</b> <u>Other</u>	244,326	220,665	23,661	
<b>e</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	25,689,902	23,405,740	2,284,162	0
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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 X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	995,677	<b>1</b>	1,154,567
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	2,837,239	<b>4</b>	2,641,702
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	329,091	<b>8</b>	353,671
	<b>9</b> Prepaid expenses and deferred charges . . . . .	226,319	<b>9</b>	236,091
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	40,850,409		
	<b>b</b> Less: accumulated depreciation . . . . .	18,075,548	22,788,679	<b>10c</b> style="text-align: right;">22,774,861
	<b>11</b> Investments—publicly traded securities . . . . .	36,290,319	<b>11</b>	39,170,730
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	263,144	<b>12</b>	343,161
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	536,845	<b>15</b>	689,133
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	64,267,313	<b>16</b>	67,363,916	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,776,267	<b>17</b>	2,966,750
	<b>18</b> Grants payable . . . . .	24,282	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	16,377,000	<b>20</b>	15,854,500
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	985,307	<b>25</b>	968,842
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	20,162,856	<b>26</b>	19,790,092
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	42,880,738	<b>27</b>	46,430,916
	<b>28</b> Temporarily restricted net assets . . . . .	864,062	<b>28</b>	739,261
	<b>29</b> Permanently restricted net assets . . . . .	359,657	<b>29</b>	403,647
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	44,104,457	<b>33</b>	47,573,824
<b>34</b> Total liabilities and net assets/fund balances . . . . .	64,267,313	<b>34</b>	67,363,916	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	31,442,018
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	25,689,902
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	5,752,116
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	44,104,457
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	-119,094
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-2,163,655
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	47,573,824

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	✓	
<b>3a</b> 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?		✓
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

Employer identification number

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
- (ii) A family member of a person described in (i) above? . . . . .
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

# Schedule of Contributors

2012

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of the organization

Employer identification number

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

### Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b>	<b>Employer identification number</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Walnut Medical Center Foundation ----- 655 Bradford Street ----- Nixon NV 89424 -----	\$ ----- 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**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, line 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

**2012**

**Open to Public Inspection**

Employer identification number

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of an historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	1,223,719				
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses	44,101				
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	143,912				
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	1,123,908				

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 36 %
- c** Temporarily restricted endowment ▶ 64 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
<b>3a(i)</b>		✓
<b>3a(ii)</b>		✓
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		285,721		285,721
<b>b</b> Buildings		22,200,196	10,845,328	11,354,868
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		18,364,492	7,230,220	11,134,272
<b>e</b> Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 22,774,861

**Part VII Investments—Other Securities.** See Form 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) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	808,080	
(2) Due to 3rd party payors	83,443	
(3) Miscellaneous	77,319	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	968,842	

**2.** FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization’s financial statements that reports the organization’s liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII . . . . .

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	25,099,654
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	103,935	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	103,935
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	24,995,719
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	6,446,299	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	6,446,299
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	31,442,018

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	25,645,929
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	149,719	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	149,719
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	25,496,210
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	119,094	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	74,598	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	193,692
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	25,689,902

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4: Intended use of endowment funds - purchase of equipment and medical education programs

Part X, line 2: The impact of adopting FIN 48 had no material effect on the consolidated financial statements.

Part XI, line 2d: revenues from subsidiaries

Part XI, line 4b: realized gains and other income not included on financial statements

Part XII, line 2d: adjustments for transactions with subsidiaries

Part XII, line 4b: taxes and other income included on financial statements

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	✓	
<b>1b</b> If "Yes," was it a written policy? . . . . .	✓	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input checked="" type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____%	✓	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____%	✓	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	✓	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	✓	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		✓
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	✓	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	✓	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .	6	9000	2,500,000	500,000	2,000,000	7.8%
<b>b</b> Medicaid (from Worksheet 3, column a)						
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .			300,000	100,000	200,000	.8%
<b>d Total</b> Financial Assistance and Means-Tested Government Programs	6	9000	2,800,000	600,000	2,200,000	8.6%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			1,000,000	100,000	900,000	3.5%
<b>f</b> Health professions education (from Worksheet 5) . . . . .			2,000,000	200,000	1,800,000	7%
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			1,000,000	500,000	500,000	1.9%
<b>h</b> Research (from Worksheet 7) . . . . .			1,500,000	750,000	750,000	2.9%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			1,000,000		1,000,000	3.9%
<b>j Total.</b> Other Benefits . . . . .			6,500,000	1,550,000	4,950,000	19.2%
<b>k Total.</b> Add lines 7d and 7j . . . . .	6	9000	9,300,000	2,150,000	7,150,000	27.8%

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	<b>Total</b>					

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	✓
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount . . . . .	2	1,237,605
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . .	3	123,760
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5	Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	9,999,999
6	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	8,888,888
7	Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	1,111,111
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

9a	Did the organization have a written debt collection policy during the tax year? . . . . .	9a	✓
9b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . .	9b	

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size, from largest to smallest—see instructions)  
 How many hospital facilities did the organization operate during the tax year? 2

Name, address, and primary website address

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER—other	Other (describe)	Facility reporting group
<b>1</b> Walnut Medical Center 655 Bradford St. Nixon, NV 89424	✓	✓	✓	✓		✓	✓			A
<b>2</b> Walnut Urgent Care Center 850 Bradford St. Nixon, NV 89424		✓							non-emergency care facility	A
<b>3</b>										
<b>4</b>										
<b>5</b>										
<b>6</b>										
<b>7</b>										
<b>8</b>										
<b>9</b>										
<b>10</b>										
<b>11</b>										
<b>12</b>										

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group A

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) \_\_\_\_\_

**Community Health Needs Assessment** (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)

**1** During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9.

	Yes	No
<b>1</b>	✓	

If "Yes," indicate what the CHNA report describes (check all that apply):

- a**  A definition of the community served by the hospital facility
- b**  Demographics of the community
- c**  Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- d**  How data was obtained
- e**  The health needs of the community
- f**  Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- g**  The process for identifying and prioritizing community health needs and services to meet the community health needs
- h**  The process for consulting with persons representing the community's interests
- i**  Information gaps that limit the hospital facility's ability to assess the community's health needs
- j**  Other (describe in Part VI)

**2** Indicate the tax year the hospital facility last conducted a CHNA: 20 1 0

**3** In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted

<b>3</b>	✓	
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**4** Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI

<b>4</b>		✓
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**5** Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):

<b>5</b>	✓	
----------	---	--

- a**  Hospital facility's website
- b**  Available upon request from the hospital facility
- c**  Other (describe in Part VI)

**6** If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):

- a**  Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA
- b**  Execution of the implementation strategy
- c**  Participation in the development of a community-wide plan
- d**  Participation in the execution of a community-wide plan
- e**  Inclusion of a community benefit section in operational plans
- f**  Adoption of a budget for provision of services that address the needs identified in the CHNA
- g**  Prioritization of health needs in its community
- h**  Prioritization of services that the hospital facility will undertake to meet health needs in its community
- i**  Other (describe in Part VI)

**7** Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs

<b>7</b>	✓	
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**8a** Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?

<b>8a</b>		✓
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**8b** If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?

<b>8b</b>		
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**c** If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ \_\_\_\_\_

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**Part V Facility Information** (continued)

<b>Financial Assistance Policy</b>		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>9</b>	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? . . . . .	✓	
<b>10</b>	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care: <u>3</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	✓	
<b>11</b>	Used FPG to determine eligibility for providing <i>discounted</i> care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>1</u> <u>5</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	✓	
<b>12</b>	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply):	✓	
<b>a</b>	<input checked="" type="checkbox"/> Income level		
<b>b</b>	<input checked="" type="checkbox"/> Asset level		
<b>c</b>	<input type="checkbox"/> Medical indigency		
<b>d</b>	<input type="checkbox"/> Insurance status		
<b>e</b>	<input type="checkbox"/> Uninsured discount		
<b>f</b>	<input checked="" type="checkbox"/> Medicaid/Medicare		
<b>g</b>	<input type="checkbox"/> State regulation		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>13</b>	Explained the method for applying for financial assistance? . . . . .	✓	
<b>14</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		✓
<b>a</b>	<input type="checkbox"/> The policy was posted on the hospital facility's website		
<b>b</b>	<input type="checkbox"/> The policy was attached to billing invoices		
<b>c</b>	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
<b>d</b>	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
<b>e</b>	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
<b>f</b>	<input type="checkbox"/> The policy was available on request		
<b>g</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>Billing and Collections</b>			
<b>15</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . . .	✓	
<b>16</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP:		
<b>a</b>	<input checked="" type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>17</b>	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged:	✓	
<b>a</b>	<input checked="" type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Part VI)		

**Part V Facility Information** *(continued)*

**Policy Relating to Emergency Medical Care**

- 18** Indicate which efforts the hospital facility made before initiating any of the actions checked in line 17 (check all that apply):
- a**  Notified individuals of the financial assistance policy on admission
  - b**  Notified individuals of the financial assistance policy prior to discharge
  - c**  Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
  - d**  Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
  - e**  Other (describe in Part VI)

**19** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .

	Yes	No
<b>19</b>	✓	

If "No," indicate why:

- a**  The hospital facility did not provide care for any emergency medical conditions
- b**  The hospital facility's policy was not in writing
- c**  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d**  Other (describe in Part VI)

**Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)**

**20** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a**  The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b**  The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c**  The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d**  Other (describe in Part VI)


**21** During the tax year, did the hospital facility charge any of its FAP-eligible individuals, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

<b>21</b>		✓
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If "Yes," explain in Part VI.

**22** During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? . . . . .

<b>22</b>		✓
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If "Yes," explain in Part VI.

**Part V Facility Information** *(continued)*

**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	



Schedule H, Part VI, line 8. Facility Reporting Group A

Facility 1--Walnut Medical Center:

Part V, Section B, line 3: The facility consulted with members of the greater Nixon community through meetings, focus groups, interviews, surveys, and written correspondence in conducting its community health needs assessment. In particular, the facility consulted with the Nixon Health Department, the Colson County Health Department, Nixon Social Services Department, Greater Nixon Regional Health Information Organizations, Hazelnut Health Systems Agency, Lesser Colson Regional Health Center, Colson Professional Standards Review Organization, Federation Pharmacy Services, Peachnut Health Insurance Coalition, Citizens for a Healthier Nixon, Nixon Inter-Faith Health Coalition, the Nixon Coroner's office, and the Colson County Nurses' Auxiliary in determining the health needs of the community.

Part V, Section B, line 12h: The facility used residency as a factor in determining the amounts charged to certain patients.

Facility 2--Walnut Urgent Care Center:

Part V, Section B, line 3: The facility consulted with members of the greater Nixon community through meetings, focus groups, interviews, surveys, and written correspondence in conducting its community health needs assessment. In particular, the facility consulted with the Acorn Urgent Care Center, Nixon Health Department, Nixon Chamber of Commerce, Colson County Health Department, Citizens for a Safer Colson, Colson Emergency Care Coalition, Nixon Social Services Department, Nixon Inter-Faith Health Coalition, and Nurses for a Safer Nixon in determining the health needs of the community.

Part V, Section B, line 12h: The facility used residency as a factor in determining the amounts charged to certain patients.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Compensation Information**  
For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Employer identification number

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? . . . . .	<b>4a</b>	✓
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .	<b>4b</b>	✓
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .	<b>4c</b>	✓
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? . . . . .	<b>5a</b>	✓
<b>b</b> Any related organization? . . . . .	<b>5b</b>	✓
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? . . . . .	<b>6a</b>	✓
<b>b</b> Any related organization? . . . . .	<b>6b</b>	✓
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .	<b>7</b>	✓
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .	<b>8</b>	✓
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .	<b>9</b>	

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)	196,120					196,120	190,000
	(ii)							
2	(i)	278,225					278,225	275,000
	(ii)							
3	(i)	289,007					289,007	280,000
	(ii)							
4	(i)	173,000					173,000	170,000
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE L  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Transactions With Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

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**Open To Public Inspection**

Employer identification number

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name and purpose	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total . . . . . ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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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**Open to Public  
Inspection**

Employer identification number

Identifier: 1

Return Reference: Part VI, Section B, line 11

Explanation: The Form 990 is distributed to the board of directors 2 weeks before the meeting at which it is approved. At the meeting of the board, there is a discussion period at which time the board members can ask questions or make comments about the Form 990. A resolution to adopt the Form 990, either as presented or with changes, is then put to a vote of the board.

Identifier: 2

Return Reference: Part VI, Section B, line 15a

Explanation: The President's compensation is reviewed by an independent compensation review committee and approved by the board of directors.

Identifier: 3

Return Reference: Part VI, Section C, line 19

Explanation: Audited financial statements are available on the organization's website. The organization's conflict of interest policy and governing documents are available upon request.

Identifier: 4

Return Reference: Part XI, line 9

Explanation: See explanations on Schedule D, Part XIII for Schedule D, Part XI, lines 2d and 4b and Part XII, lines 2d and 4b

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) <u>Walnut Physician Associates LLC 655 Bradford St. Nixon NV 89424</u> 11-9000088	Phys. primary care	NV	220,534	138,538	NA
(2) <u>Nixon Properties LLC 655 Bradford St. Nixon NV 89424</u> 11-9000077	Property management	NV	580,000	8,500,000	NA
(3) <u>Walnut Urgent Care LLC 655 Bradford St. Nixon NV 89424</u> 11-9000066	Urgent care services	NV	305,000	162,000	NA
(4) _____					
(5) _____					
(6) _____					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) <u>Walnut Medical Center Foundation 655 Bradford St. Nixon NV 89424 11-9000055</u>	Supporting org	NV	501(c)(3)	11	NA		✓
(2) <u>Walnut Children's Care Center Inc. 655 Bradford St. Nixon NV 89424 11-9000044</u>	Ctr serves children	NV	501(c)(3)	3	NA		✓
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) <u>Walnut Real Estate Group Inc. 655 Bradford St. Nixon NV 89424 11-9000099</u>	<u>Own real estate</u>	<u>NV</u>	<u>NA</u>	<u>C corp</u>	<u>27,626</u>	<u>136,402</u>	<u>100%</u>	<input checked="" type="checkbox"/>	
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity . . . . .	✓	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		✓
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	✓	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		✓
<b>f</b> Dividends from related organization(s) . . . . .		✓
<b>g</b> Sale of assets to related organization(s) . . . . .		✓
<b>h</b> Purchase of assets from related organization(s) . . . . .		✓
<b>i</b> Exchange of assets with related organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	✓	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	✓	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	✓	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		✓
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		✓
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		✓
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		✓

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**WALNUT HOSPITAL, INC.  
INDEPENDENT AUDITOR'S REPORT  
AND AUDITED FINANCIAL STATEMENTS  
DECEMBER 31, 2012**

**TY2012 990 Test Scenario #2**

**PreparerFirm**

**EIN** -- none

**PreparerFirmBusinessName** -- none

**PreparerFirmAddress** -- none

**MultipleSoftwarePackagesUsed** -- no

**Originator**

**EFIN** -- as assigned

**Type** -- ERO

**PractitionerPIN**

**EFIN** -- as assigned

**PIN** -- as assigned

**PinEnteredBy** -- *Taxpayer*

**SignatureOption** -- *Pin Number*

**ReturnType** -- 990

**TaxPeriodBeginDate** -- 1/1/2012

**TaxPeriodEndDate** -- 12/31/2012

**Filer**

**EIN** -- 11-9000004

**Name** -- National Hyrax Association

**NameControl** -- NATI

**USAddress** -- 1234 Weeping Willow Lane, Anaheim, CA 92812

**Officer**

**Name** -- Test U. Phrozintows

**Title** -- Treasurer

**Phone** -- 714-555-1212

**EmailAddress** --

**DateSigned** -- self-select

**TaxpayerPIN** -- self-select

**Preparer**

**Name** -- Test J. Caesar

**PTIN** -- P01020304

**Phone** -- 703-555-1212

**EmailAddress** --

**DatePrepared** -- self select

**SelfEmployed** -- Y

**binaryAttachmentCount** -- 0

**Return of Organization Exempt From Income Tax**

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

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2012 calendar year, or tax year beginning **2012**, and ending **20**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization **National Hyrax Association**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1234 Weeping Willow Lane**  
 City, town or post office, state, and ZIP code  
**Anaheim CA 92812**

**D** Employer identification number  
**11-9000004**

**E** Telephone number  
**714-555-1212**

**F** Name and address of principal officer: **Test K Insightful**  
**1234 Weeping Willow Lane Anaheim CA 92812**

**G** Gross receipts \$ **9,822,398**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( **4** ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1987**

**M** State of legal domicile: **CA**

**H(c)** Group exemption number ▶

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>To educate the public on the merits of the hyrax</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>7</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>4</b>
	<b>5</b>	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<b>61</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year <b>6,844,118</b>	Current Year <b>5,238,916</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>0</b>	<b>0</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>160,559</b>	<b>111,461</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>7,687,423</b>	<b>4,311,693</b>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>14,692,100</b>	<b>9,662,070</b>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>0</b>	<b>0</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>7,559,087</b>	<b>4,343,609</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>417,217</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>8,081,176</b>	<b>5,745,816</b>
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>15,640,263</b>	<b>10,089,425</b>	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-948,123</b>	<b>-427,355</b>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year <b>3,035,923</b>	End of Year <b>2,452,377</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>906,224</b>	<b>750,033</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>2,129,699</b>	<b>1,702,344</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check  if self-employed PTIN \_\_\_\_\_

Firm's name ▶ \_\_\_\_\_ Firm's EIN ▶ \_\_\_\_\_

Firm's address ▶ \_\_\_\_\_ Phone no. \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
To educate the public on the merits of the hyrax

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 3,911,842 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
Research and public education, including lobbying activities

**4b** (Code: \_\_\_\_\_) (Expenses \$ 2,103,255 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
Publications - bimonthly magazine, monthly newsletter, brochures

**4c** (Code: \_\_\_\_\_) (Expenses \$ 1,855,487 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
Broadcast and other media, including internet

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e Total program service expenses** ▶ 7,870,584

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>		✓
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	✓	
<b>3</b> 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>		✓
<b>4</b> <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>		
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III . . . . .</i>		✓
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I . . . . .</i>		✓
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>		✓
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>		✓
<b>9</b> 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 "Yes," complete Schedule D, Part IV . . . . .</i>		✓
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>		✓
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>		✓
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>		✓
<b>c</b> 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>		✓
<b>d</b> 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>		✓
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>		✓
<b>f</b> 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>		✓
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	✓	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>		✓
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>		✓
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		✓
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV. . . . .</i>		✓
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>		✓
<b>16</b> 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>		✓
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>		✓
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>		✓
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>		✓
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		✓
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		✓

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .		✓
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .		✓
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> . . . . .		✓
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .		✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a 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 "Yes," complete Schedule L, Part I</i> . . . . .		✓
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		✓
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		✓
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		✓
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>c</b> 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> . . . . .		✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	✓	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		✓
<b>33</b> 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> . . . . .		✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	✓	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		✓
<b>38</b> 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 . . . . .	✓	

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	0
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	✓
<b>2a</b>	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	<b>2a</b>	61
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	<b>2b</b>	✓
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	<b>3b</b>	
<b>4a</b>	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)? . . . . .	<b>4a</b>	✓
<b>b</b>	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>	✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	✓
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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? . . . . .	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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 . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>	

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>9</b>	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 . . . . .		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .		<input checked="" type="checkbox"/>
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .		
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .		<input checked="" type="checkbox"/>
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .		<input checked="" type="checkbox"/>
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .		<input checked="" type="checkbox"/>
<b>15b</b>	Other officers or key employees of the organization . . . . .		<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ►
- 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.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to 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 organization: ► **Test U Phrozintows 1234 Weeping Willow Lane Anaheim CA 92812 714-555-1212**

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

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Test K Insightful President	40	✓		✓				145,000	0	0
(2) Test U Phrozintows Treasurer	40	✓		✓				105,877	0	0
(3) Test N Blownapart Secretary	40	✓		✓				60,263	0	0
(4) Pink Camellia Director	2	✓						0	0	0
(5) Howard Honeysuckle Director	2	✓						0	0	0
(6) Gambol N Frivol Director	2	✓						0	0	0
(7) Andrew Astilbe Director	2	✓						0	0	0
(8) Mary Marigold Research Director	40					✓		127,890	0	0
(9) Freda Forsythia Publications Editor	40					✓		115,234	0	0
(10)										
(11)										
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							554,264	0	0	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 4**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>		✓
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Lobbyist, Inc. 9999 K St NW Washington, DC 20006	lobbying	438,152
Another Lobbyist, Inc. 8888 K St. NW Washington DC 20006	lobbying	175,261
Yet Another Lobbyist, Inc. 7777 K St. NW Washington DC 20006	lobbying	116,840

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 3**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>	73,435				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	5,165,481				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		160,328				
	<b>h Total.</b> Add lines 1a-1f . . . . .		5,238,916				
<b>Program Service Revenue</b>	<b>Business Code</b>						
	<b>2a</b> _____						
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .						
<b>g Total.</b> Add lines 2a-2f . . . . .							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		111,106			111,106	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		160,559					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		160,328			
		<b>c</b> Gain or (loss) . . . . .		355			
	<b>d</b> Net gain or (loss) . . . . .		355			355	
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>					
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events . . . . .					
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
		<b>c</b> Net income or (loss) from gaming activities . . . . .					
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
		<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue		<b>Business Code</b>					
<b>11a</b> _____		4,311,693	4,311,693				
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .		4,311,693					
<b>12 Total revenue.</b> See instructions. . . . .		9,662,070	4,311,693	0	111,461		

**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).

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

**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	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	311,140	85,019	214,839	11,282
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	3,243,334	2,129,122	877,091	237,121
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	131,440		131,440	
<b>9</b> Other employee benefits . . . . .	392,190	327,271	6,451	58,468
<b>10</b> Payroll taxes . . . . .	265,505	166,584	68,669	30,252
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	49,510	41,601	7,909	
<b>c</b> Accounting . . . . .	42,956	5,903	37,053	
<b>d</b> Lobbying . . . . .	730,253	730,253		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .				
<b>12</b> Advertising and promotion . . . . .	781,309	776,674		4,635
<b>13</b> Office expenses . . . . .	1,452,419	1,362,180	49,872	40,367
<b>14</b> Information technology . . . . .	1,095,379	976,625	110,266	8,488
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	240,710	33,223	207,487	
<b>17</b> Travel . . . . .	298,932	211,738	61,428	25,766
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings . . . . .	188,923	188,923		
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .				
<b>23</b> Insurance . . . . .				
<b>24</b> 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.)				
<b>a</b> <u>Miscellaneous</u> . . . . .	865,425	835,468	29,119	838
<b>b</b> -----				
<b>c</b> -----				
<b>d</b> -----				
<b>e</b> All other expenses -----				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	10,089,425	7,870,584	1,801,624	417,217
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	995,848	947,215	0	48,633

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,134,669	<b>1</b>	476,144
	<b>2</b> Savings and temporary cash investments . . . . .	1,085,263	<b>2</b>	1,649,845
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	377,613	<b>4</b>	236,385
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	438,378	<b>9</b>	90,003
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	3,035,923	<b>16</b>	2,452,377	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	906,224	<b>17</b>	750,033
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	906,224	<b>26</b>	750,033
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	2,129,699	<b>27</b>	1,702,344
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	2,129,699	<b>33</b>	1,702,344
<b>34</b> Total liabilities and net assets/fund balances . . . . .	3,035,923	<b>34</b>	2,452,377	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	9,662,070
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	10,089,425
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-427,355
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,129,699
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,702,344

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	✓	
<b>3a</b> 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?		✓
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**Schedule of Contributors**

**2012**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of the organization

Employer identification number

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 4 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
----------------------	--------------------------------

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	E. P. Alexander ----- 1515 Foxglove Drive ----- Washington DC 20224 -----	\$ ----- 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	George W. Kirk ----- 6 Caladium Ct ----- Washington DC 20224 -----	\$ ----- 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	George Thomas ----- 1 Hayfield Rd ----- Fairfax VA 22031 -----	\$ ----- 120,246	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Belle Hood ----- 980 Tiarella Trail ----- Chestnut Hill MA 02467 -----	\$ ----- 40,082	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Mr and Mrs John Burfod ----- 730 Daylily Drive ----- Nixon NV 89424 -----	\$ ----- 5,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Mrs Eva Law ----- 5604 Walnut Way ----- Cologne MN 55322 -----	\$ ----- 8,900	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>	<b>Employer identification number</b>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	5,000 shares XYZ Corporation ----- ----- -----	\$ 120,246	7/14/2011 -----
4	275 shares ABC Corporation ----- ----- -----	\$ 40,082	2/22/2011 -----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization	Employer identification number
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**Part III** *Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

**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, line 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

**2012**

**Open to Public Inspection**

Employer identification number

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)     Preservation of an historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ .....%
- b** Permanent endowment ▶ .....%
- c** Temporarily restricted endowment ▶ .....%

The percentages in lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other				

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

**Part VII Investments—Other Securities.** See Form 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) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

**2.** FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization’s financial statements that reports the organization’s liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII . . . . .

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	9,662,070
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	9,662,070
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	9,662,070

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	10,089,425
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	10,089,425
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	10,089,425

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2012**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

▶ **Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.**

Employer identification number

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	2	160,328	FMV
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 2

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .		✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		✓
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Employer identification number

Identifier: 1

Return Reference: Part VI, Section A, line 8b

Explanation: : There are no committees with authority to act for the governing body.

Identifier: 2

Return Reference: Part VI, Section B, line 11

Explanation: Form 990 is reviewed at a special meeting of the Board of Directors before it is filed.

Identifier: 3

Return Reference: Part VI, Section C, line 19

Explanation: Audited financial statements are available on the organization's website. We do not have a formal conflict of interest policy, but the other documents are available upon request.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) <u>National Hyrax Foundation 11-9000099</u> <u>1234 Weeping Willow Lane Anaheim CA 92812</u>	<u>education</u>	<u>CA</u>	<u>501(c)(3)</u>	<u>7</u>	<u>NA</u>		<input checked="" type="checkbox"/>
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity . . . . .		✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		✓
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		✓
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		✓
<b>f</b> Dividends from related organization(s) . . . . .		✓
<b>g</b> Sale of assets to related organization(s) . . . . .		✓
<b>h</b> Purchase of assets from related organization(s) . . . . .		✓
<b>i</b> Exchange of assets with related organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		✓
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		✓
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	✓	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	✓	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	✓	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	✓	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		✓
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		✓

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													



**TY2012 990 Test Scenario #3**

**PreparerFirm**

**EIN** – 11-9000022

**PreparerFirmBusinessName** – Camellia Bookkeeping Service

**PreparerFirmAddress** – 645 Salem St, Nixon, NV 89424

**MultipleSoftwarePackagesUsed** -- no

**Originator**

**EFIN** – as assigned

**Type** – ERO

**PractitionerPIN**

**EFIN** – as assigned

**PIN** – as assigned

**PinEnteredBy** -- *ERO*

**SignatureOption** -- *Pin Number*

**ReturnType** – 990

**TaxPeriodBeginDate** – 6/1/2012

**TaxPeriodEndDate** -- 5/31/2013

**Filer**

**EIN** – 11-9000005

**Name** – Hickory Charitable Trust

**NameControl** -- HICK

**USAddress** -- 1234 Hickory Lane, Fairfax, VA 22031

**Officer**

**Name** – Bank Trustee

**Title** -- Trustee

**Phone** – 703-555-1212

**EmailAddress** --

**DateSigned** – self select

**TaxpayerPIN** – self select

**Preparer**

**Name** – Test N. Camellia

**PTIN - P00000001**

**Phone** – 775-555-1313

**EmailAddress** --

**DatePrepared** – self select

**SelfEmployed** -- N

**binaryAttachmentCount** – 0

**Return of Organization Exempt From Income Tax**

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

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2012 calendar year, or tax year beginning **June 1**, 2012, and ending **May 31**, 20**13**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization **Hickory Charitable Trust**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1234 Weeping Willow Lane**  
 City, town or post office, state, and ZIP code  
**Fairfax VA 22031**

**D** Employer identification number  
**11-9000005**

**E** Telephone number  
**703-555-1212**

**F** Name and address of principal officer: **Bank Trustee**  
**1234 Hickory Lane Fairfax VA 22031**

**G** Gross receipts \$ **1,129,480**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1986**

**M** State of legal domicile: **VA**

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>grants to tax-exempt charitable organizations</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>1</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>0</b>
	<b>5</b>	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	0	0
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	894,498	957,056
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	894,498	957,056
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	627,542	650,483
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	36,933	39,516
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	500	578
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	664,975	690,577
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	229,523	266,479	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	16,736,359	16,889,814
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	0	0
			16,736,359	16,889,814

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check  if self-employed PTIN \_\_\_\_\_

Firm's name ▶ \_\_\_\_\_ Firm's EIN ▶ \_\_\_\_\_

Firm's address ▶ \_\_\_\_\_ Phone no. \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III** Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission:  
grants to tax-exempt charitable organizations

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 654,435 including grants of \$ 650,483 ) (Revenue \$ \_\_\_\_\_ )  
The Trust makes grants to various charities as required by the will of A. B. Hickory and related documents.

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

**4e** Total program service expenses **▶** 654,435

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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 "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>16</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	✓	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .		✓
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> . . . . .		✓
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .		✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <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 "Yes," complete Schedule L, Part I</i> . . . . .		✓
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		✓
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		✓
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		✓
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>c</b> 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> . . . . .		✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		✓
<b>33</b> 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> . . . . .		✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .		✓
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		✓
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		✓
<b>38</b> 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 . . . . .	✓	

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 0		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	
<b>2a</b>	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		
	<b>2a</b> 0		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>2b</b>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>3b</b>			
<b>4a</b>	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)?		✓
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	✓	
<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	✓	
<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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?		
<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9a</b>			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		✓
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b> 0	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>9</b>	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 . . . . .		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<input checked="" type="checkbox"/>
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .		<input checked="" type="checkbox"/>
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .		
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .		<input checked="" type="checkbox"/>
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .		<input checked="" type="checkbox"/>
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .		<input checked="" type="checkbox"/>
<b>15b</b>	Other officers or key employees of the organization . . . . .		<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► VA
- 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.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to 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 organization: ► **Bank Trustee 1234 Hickory Lane Fairfax VA 22031 703-555-1212**

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

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Bank Trustee Trustee	1	✓					42,225	0	0	
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							42,225	0	0	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>		✓
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions)	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶						
<b>Program Service Revenue</b>				<b>Business Code</b>				
	<b>2a</b>	-----						
	<b>b</b>	-----						
	<b>c</b>	-----						
	<b>d</b>	-----						
	<b>e</b>	-----						
	<b>f</b>	All other program service revenue .						
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶							
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		793,949			793,949	
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶						
	<b>5</b>	Royalties . . . . . ▶						
	<b>6a</b>			(i) Real	(ii) Personal			
		Gross rents . . . . .						
		<b>b</b> Less: rental expenses . . . . .						
		<b>c</b> Rental income or (loss) . . . . .						
	<b>d</b>	Net rental income or (loss) . . . . . ▶						
	<b>7a</b>			(i) Securities	(ii) Other			
		Gross amount from sales of assets other than inventory		335,531				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		172,424				
		<b>c</b> Gain or (loss) . . . . .		163,107				
	<b>d</b>	Net gain or (loss) . . . . . ▶		163,107			163,107	
	<b>8a</b>	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>						
	<b>b</b>	Less: direct expenses . . . . . <b>b</b>						
	<b>c</b>	Net income or (loss) from fundraising events . ▶						
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>						
	<b>b</b>	Less: direct expenses . . . . . <b>b</b>						
	<b>c</b>	Net income or (loss) from gaming activities . . ▶						
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
<b>b</b> Less: cost of goods sold . . . . . <b>b</b>								
<b>c</b> Net income or (loss) from sales of inventory . . ▶								
Miscellaneous Revenue			<b>Business Code</b>					
<b>11a</b>	-----							
<b>b</b>	-----							
<b>c</b>	-----							
<b>d</b>	All other revenue . . . . .							
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶							
<b>12</b>	<b>Total revenue.</b> See instructions. . . . . ▶		957,056	0	0	957,056		

**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).

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

**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	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	542,070	542,070		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	108,413	108,413		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	39,516	3,952	35,564	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	563		563	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance				
<b>24</b> 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.)				
<b>a</b> <u>Miscellaneous</u>	15		15	
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	690,577	654,435	36,142	0
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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 X

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>		
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>		
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>		
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>	
	<b>6</b> 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 . . . . .			<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>		
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>			
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b>		<b>10c</b>	
	<b>11</b> Investments—publicly traded securities . . . . .		16,736,359	<b>11</b>	16,889,814
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .			<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>	
	<b>14</b> Intangible assets . . . . .			<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .			<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		16,736,359	<b>16</b>	16,889,814	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		<b>17</b>		
	<b>18</b> Grants payable . . . . .		<b>18</b>		
	<b>19</b> Deferred revenue . . . . .		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>		
	<b>22</b> 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 . . . . .			<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b> 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 . . . . .			<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .		0	<b>26</b>	0
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>		
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>		
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		16,716,294	<b>30</b>	16,869,682
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .			<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		20,065	<b>32</b>	20,132
	<b>33</b> Total net assets or fund balances . . . . .		16,736,359	<b>33</b>	16,889,814
<b>34</b> Total liabilities and net assets/fund balances . . . . .		16,736,359	<b>34</b>	16,889,814	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	957,056
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	690,577
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	266,479
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	16,736,359
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-113,024
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	16,889,814

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>3a</b> 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?		✓
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

Employer identification number

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Non-functionally integrated
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .		✓
(ii) A family member of a person described in (i) above? . . . . .		✓
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .		✓
  - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>(A) Child Care Society</b>	11-9000051	7	✓		✓		✓		108,414
<b>(B) Common Association</b>	11-9000052	7	✓		✓		✓		108,414
<b>(C) Church Home</b>	11-9000053	7	✓		✓		✓		108,414
<b>(D) Small College</b>	11-9000054	2	✓		✓		✓		216,828
<b>(E) Old Folks Home</b>	11-9000055	9	✓		✓			✓	108,413
<b>Total</b>									<b>650,483</b>

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

Employer identification number

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) North America	0	0	grants to		108,413
(2)			recipients		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .		0			108,413
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)		0			108,413

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			North America	housing for	108,413	wire	0		
(2)				elderly		transfer			
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 1

3 Enter total number of other organizations or entities . . . . . ▶ 0

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

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



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Employer identification number

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
<b>(1)</b> Child Care Society 55 Main St. Arlington VA 22201	11-9000051	501(c)(3)	108,414	0			childcare
<b>(2)</b> Common Association 66 Main St. Arlington VA 22201	11-9000052	501(c)(3)	108,414	0			community work
<b>(3)</b> Church Home 77 Main St. Arlington VA 22201	11-9000053	501(c)(3)	108,414	0			housing for poor
<b>(4)</b> Small College 88 Main St. Arlington VA 22201	11-9000054	501(c)(3)	216,828	0			building fund
<b>(5)</b>							
<b>(6)</b>							
<b>(7)</b>							
<b>(8)</b>							
<b>(9)</b>							
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 4
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0



**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Employer identification number

Identifier: 1

Return Reference: Part VI, Section A, line 8b

Explanation: There are no committees with authority to act for the governing body.

Identifier: 2

Return Reference: Part VI, Section B, line 11b

Explanation: The Form 990 is e-mailed to the Form 990 committee of the board of directors for review and approval prior to being filed with the IRS.

Identifier: 3

Return Reference: Part VI, Section C, line 19

Explanation: Audited financial statements are available upon request.

Identifier: 4

Return Reference: Part XI, line 9

Explanation: The adjustment of \$113,024 was based on uncollected pledges recorded as revenue in a prior period.

**TY2012 990-EZ Test Scenario #1**

**PreparerFirm**

**EIN** – 11-9000056

**PreparerFirmBusinessName** – Roberts Enterprises

**PreparerFirmAddress** – 645 Salem St, Nixon, NV 89424

**MultipleSoftwarePackagesUsed** – no

**Originator**

**EFIN** – as assigned

**Type** – ERO

**PractitionerPIN**

**EFIN** – as assigned

**PIN** – 15512

**PinEnteredBy** – ERO

**SignatureOption** -- Pin Number

**ReturnType** – 990-EZ

**TaxPeriodBeginDate** – 7/1/2012

**TaxPeriodEndDate** – 6/30/2013

**Filer**

**EIN** – 11-9000007

**Name** – Magnolia Civic Foundation

**NameControl** -- MAGN

**USAddress** -- 3522 W. Paseo Secundo  
Tucson, AZ 85701

**Officer**

**Name** – John Dogwood

**Title** -- President

**Phone** – 520-555-1212

**EmailAddress** --

**DateSigned** – self-select

**TaxpayerPIN** – self-select

**Preparer**

**Name** – Robert R Roberts

**PTIN** – P90000009

**Phone** – 775-555-1212

**EmailAddress** --

**DatePrepared** -- self select

**SelfEmployed** – Y

**binaryAttachmentCount** – 0

# Short Form Return of Organization Exempt From Income Tax

2012

Open to Public  
Inspection

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

Department of the Treasury  
Internal Revenue Service

**A** For the 2012 calendar year, or tax year beginning July 1, 2012, and ending June 30, 20 13

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

**C** Name of organization  
**Magnolia Civic Foundation**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**3522 W Paseo Secundo**

City or town, state or country, and ZIP + 4  
**Tucson AZ 85701**

**D** Employer identification number  
**11-9000007**

**E** Telephone number  
**520-555-1212**

**F** Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**I** Website: ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J** Tax-exempt status (check only one) –  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ **66,569**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . .

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	18,424
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	29
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ <u>4,600</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	48,116
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	44,329	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	3,787	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	22,240	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	32,671
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>	499
	<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	33,170
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	-10,930
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	18,125
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	0
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	7,195



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

	<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	46	<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> 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 . . . . .	47	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	49b	<input type="checkbox"/>

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 . . . . . **0**

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . **0**

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . .  **Yes**  **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  **Yes**  **No**

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization	Employer identification number
--------------------------	--------------------------------

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		
  - (ii) A family member of a person described in (i) above? 

	Yes	No
<b>11g(ii)</b>		
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
<b>11g(iii)</b>		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>b 33 1/3% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,885	2,860	5,574	12,737	18,424	42,480
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	18,584	19,542	17,336	21,819	48,116	125,397
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .	21,469	22,402	22,910	34,556	66,540	167,877
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .						0
<b>c</b> Add lines 7a and 7b . . . .						0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . .						167,877

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 . . . .	21,469	22,402	22,910	34,556	66,540	167,877
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .	25	21	16	27	29	118
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .	25	21	16	27	29	118
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .	4,149	8,419				12,568
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						180,563
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	93.0 %
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 . . . .	<b>16</b>	89.4 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	.07 %
<b>18</b> Investment income percentage from <b>2011</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	.07 %

- 19a 33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . .
- b 33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . .
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . .

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Identifier: 1

Return Reference: Part III, line 12

Explanation: The other income reported here is from miscellaneous fees.

**Schedule of Contributors**

**2012**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

Name of the organization

Employer identification number

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b>	<b>Employer identification number</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	International Foundation ----- 4567 Stokesia Drive ----- Tucson AZ 85701 -----	\$ 6,137	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>	<b>Employer identification number</b>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----

Name of organization	Employer identification number
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**Part III** *Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Disaster T-Shirts</u> (event type)	<u>Golf Tournament</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	32,766	10,010	9,940	52,716
	<b>2</b> Less: Contributions . . . . .	0	4,600	0	4,600
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	32,766	5,410	9,940	48,116
Direct Expenses	<b>4</b> Cash prizes . . . . .		500		500
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	31,949	3,987	7,893	43,829
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 44,329 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				3,787

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Revenue	<b>1</b> Gross revenue . . . . .		
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶					

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Employer identification number

Identifier: 1 Return Reference: Part I, line 10

Explanation:

Activity:	Grantee Name:	Grantee Address:	Amount:	Relationship:
Medical equipment	Dental Chair Fund	7654 Camellia Place, Audubon NJ 08106	\$6,337	None
Scholarships	High School	987 Hollyhock Road Evanston IL 60201	10,993	None
Vocational Education International Foundation		4567 Stokesia Drive Tuscon AZ 85701	14,341	None
Student of the Year	High School	5 Plaintiff Street Tucson AZ 85701	1,000	None

Identifier: 2 Return Reference: Part I, line 16

Explanation:

Other Expenses:	Amount:
State corporation commission	\$10
Accounting	250
Miscellaneous	31
Bank charges	95
Bad debts	113

Identifier: 3 Return Reference: Part II, line 24

Explanation:

Description:	BOY Amount:	EOY Amount:
Member receivables	\$913	\$1,325

Identifier: 4 Return Reference: Part II, line 26

Explanation:

Description:	BOY Amount:	EOY Amount:
Due to International	0	\$3,890
Due to Wholesaler	0	1,140
Accounts payable	0	2,000

**TY2012 990-EZ Test Scenario #2**

**PreparerFirm**

**EIN** -- none

**PreparerFirmBusinessName** -- none

**PreparerFirmAddress** -- none

**MultipleSoftwarePackagesUsed** -- no

**Originator**

**EFIN** -- as assigned

**Type** -- ERO

**PractitionerPIN**

**EFIN** -- as assigned

**PIN** -- as assigned

**PinEnteredBy** -- n/a

**SignatureOption** -- Binary Attachment 8453 Signature Document

**ReturnType** --990EZ

**TaxPeriodBeginDate** -- 1/1/2012

**TaxPeriodEndDate** -- 12/31/2012

**Filer**

**EIN** -- 11-9000010

**Name** -- Mahonia Political Action Committee

**NameControl** -- MAHO

**USAddress** -- 980 Tiarella Trail  
Belmont, MA 02478

**Officer**

**Name** -- Belle Hood

**Title** -- President

**Phone** -- 617-555-1212

**EmailAddress** --

**DateSigned** -- self-select

**TaxpayerPIN** -- self-select

**Preparer**

**Name** -- Richard Roe

**PTIN** -- P33333333

**Phone** -- 404-555-1414

**EmailAddress** --

**DatePrepared** -- self select

**SelfEmployed** -- Y

**binaryAttachmentCount** --1

# Short Form Return of Organization Exempt From Income Tax

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)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

**A** For the 2012 calendar year, or tax year beginning \_\_\_\_\_, 2012, and ending \_\_\_\_\_, 20

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

**C** Name of organization  
**Mahonia Political Action Committee**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**980 Tiarella Trail**

City or town, state or country, and ZIP + 4  
**Belmont MA 02478**

**D** Employer identification number  
**11-9000010**

**E** Telephone number  
**617-555-1212**

**F** Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J** Tax-exempt status (check only one) –  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ **27,508**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I . . . . .

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	<b>25,735</b>
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	<b>1,200</b>
	<b>4</b> Investment income . . . . .	<b>4</b>	<b>573</b>
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>		
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	<b>27,508</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	<b>16,000</b>
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	<b>1,200</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	<b>67</b>
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>	
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	<b>17,267</b>	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	<b>10,241</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	<b>5,191</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	<b>0</b>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	<b>15,432</b>



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42a The organization's books are in care of Benjamin Butler Telephone no. 617-555-1212
Located at 980 Tiarella Trail Belmont MA ZIP + 4 02478
42b 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...
42c At any time during the calendar year, did the organization maintain an office outside the U.S.?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

	<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> 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 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶  **Yes**  **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>		Date
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no. ▶			

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  **Yes**  **No**

**Political Campaign and Lobbying Activities**

**2012**

**Open to Public Inspection**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$ 16,000
- 3 Volunteer hours . . . . . ▶ 2,500

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

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**Part IV** Supplemental Information *(continued)*

Identifier: 1

Return Reference: Part I-A, line 1

Explanation: The Organization made direct contributions to six political candidates.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Employer identification number

Identifier: 1

Return Reference: Part I, line 10

Explanation:

Activity:	Grantee Name:	Grantee Address:	Amount:	Relationship:
Political campaign contribution	Ivy Trellis	22 Lily Place Garden City NY 11530	\$6,000	None

The balance of the contributions were each \$5,000 or less.

**TY2012 990-PF Test Scenario #1**

**PreparerFirm**

**EIN** – n/a  
**PreparerFirmBusinessName** – n/a  
**PreparerFirmAddress** – n/a  
**MultipleSoftwarePackagesUsed** – no

**Originator**

**EFIN** – as assigned  
**Type** – ERO  
**PractitionerPIN**  
**EFIN** – as assigned  
**PIN** –

**PinEnteredBy** – n/a

**SignatureOption** -- Binary Attachment 8453 Signature Document

**ReturnType** – 990-PF

**TaxPeriodBeginDate** – 7/1/2012

**TaxPeriodEndDate** – 6/30/2013

**Filer**

**EIN** – 11-9000021  
**Name** – Shiloh Gardens Foundation  
**NameControl** – SHIL  
**Phone** – 703-555-4444  
**USAddress** – 4567 Hickory Lane, Fairfax, VA 22031

**Officer**

**Name** – George W. Kirk  
**Title** – President  
**Phone** – 703-555-4444  
**EmailAddress** --  
**DateSigned** – self select  
**TaxpayerPIN** – self select

**Preparer**

**Name** – John Doe  
**PTIN** – P98765432  
**Phone** – 703-555-2222  
**EmailAddress** --  
**DatePrepared** -- self select  
**SelfEmployed** -- Y

**TaxYear** – 2012

**binaryAttachmentCount** – 1

**Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation**

Department of the Treasury  
Internal Revenue Service

**Note.** The foundation may be able to use a copy of this return to satisfy state reporting requirements.

**Open to public inspection**

**For calendar year 2012 or tax year beginning** July 1, **2012, and ending** June 30, **20** 13

Name of foundation <b>Shiloh Gardens Foundation</b>		<b>A Employer identification number</b> 11-9000021
Number and street (or P.O. box number if mail is not delivered to street address) <b>4567 Hickory Lane</b>	Room/suite	<b>B Telephone number (see instructions)</b> 703-555-4444
City or town, state, and ZIP code <b>Fairfax VA 22031</b>		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D</b> 1. Foreign organizations, check here . . . . . <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation . . . . . <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here . . . . . <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$ 2,049,706,757</b>	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis.)</i>	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . . . . . <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	4,561,728			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments	630,850	630,850	630,850	
	<b>4</b> Dividends and interest from securities . . . . .	47,411,630	47,411,630	47,411,630	
	<b>5a</b> Gross rents . . . . .	1,103,069	1,103,069	1,103,069	
	<b>b</b> Net rental income or (loss) (279,741)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	58,930,165			
	<b>b</b> Gross sales price for all assets on line 6a 3,259,630,162				
	<b>7</b> Capital gain net income (from Part IV, line 2) . . . . .		58,532,370		
	<b>8</b> Net short-term capital gain . . . . .			35,029,931	
	<b>9</b> Income modifications . . . . .			5,010,494	
	<b>10a</b> Gross sales less returns and allowances 691,957				
<b>b</b> Less: Cost of goods sold . . . . . 277,277					
<b>c</b> Gross profit or (loss) (attach schedule) . . . . .	414,680		414,680		
<b>11</b> Other income (attach schedule) . . . . .	3,074,355	154,908	154,908		
<b>12 Total.</b> Add lines 1 through 11 . . . . .	116,126,477	107,832,827	89,755,562		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.	733,908	0	0	669,688
	<b>14</b> Other employee salaries and wages . . . . .	31,985,675	0	0	33,282,666
	<b>15</b> Pension plans, employee benefits . . . . .	12,288,040	0	0	12,819,312
	<b>16a</b> Legal fees (attach schedule) . . . . .	520,413	0	0	520,413
	<b>b</b> Accounting fees (attach schedule) . . . . .	122,849	0	0	122,849
	<b>c</b> Other professional fees (attach schedule) . . . . .	6,519,353	3,154,186	3,154,186	3,365,167
	<b>17</b> Interest . . . . .				
	<b>18</b> Taxes (attach schedule) (see instructions)	240,686	202,364	202,364	38,322
	<b>19</b> Depreciation (attach schedule) and depletion . . . . .	5,494,126	321,886	321,886	
	<b>20</b> Occupancy . . . . .	2,485,052	118,035	118,035	2,337,457
	<b>21</b> Travel, conferences, and meetings . . . . .	2,075,154	0	0	2,111,482
	<b>22</b> Printing and publications . . . . .	209,624	0	0	213,294
	<b>23</b> Other expenses (attach schedule) . . . . .	27,120,870	740,524	740,524	24,894,296
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	89,795,750	4,536,995	4,536,995	80,374,946
	<b>25</b> Contributions, gifts, grants paid . . . . .	1,452,820			1,452,820
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	91,248,570	4,536,995	4,536,995	81,827,766	
<b>27</b> Subtract line 26 from line 12:					
<b>a Excess of revenue over expenses and disbursements</b>	24,877,907				
<b>b Net investment income</b> (if negative, enter -0-)		103,295,832			
<b>c Adjusted net income</b> (if negative, enter -0-)			85,218,567		

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,806,647	1,882,732	1,882,732
	<b>2</b> Savings and temporary cash investments . . . . .	103,088,126	121,451,867	121,457,227
	<b>3</b> Accounts receivable ▶ Less: allowance for doubtful accounts ▶			
	<b>4</b> Pledges receivable ▶ Less: allowance for doubtful accounts ▶			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ 15,267 Less: allowance for doubtful accounts ▶ 0	17,393	15,267	15,267
	<b>8</b> Inventories for sale or use . . . . .	527,900	383,950	383,950
	<b>9</b> Prepaid expenses and deferred charges . . . . .	440,930	349,860	349,860
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)	289,506,910	327,828,699	328,591,745
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	1,104,314,030	1,107,316,443	1,246,495,299
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .	173,164,446	157,965,679	162,577,129
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ 31,264,284 Less: accumulated depreciation (attach schedule) ▶ 2,236,502	29,349,668	29,027,782	29,459,921
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	109,344,840	102,508,607	105,320,792
	<b>14</b> Land, buildings, and equipment: basis ▶ 67,512,556 Less: accumulated depreciation (attach schedule) ▶ 20,941,479	58,277,122	46,571,077	46,594,269
<b>15</b> Other assets (describe ▶ )	6,505,180	6,578,566	6,578,566	
<b>16 Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I) . . . . .	1,876,343,192	1,901,880,529	2,049,706,757	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	8,433,209	9,254,336	
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ )	3,360,507	3,198,810	
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	11,793,716	12,453,146	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .	1,864,549,476	1,889,427,383	
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .			
	<b>28</b> Paid-in or capital surplus, or land, bldg., and equipment fund			
<b>29</b> Retained earnings, accumulated income, endowment, or other funds				
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	1,864,549,476	1,889,427,383		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	1,876,343,192	1,901,880,529		

<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>			
<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .		<b>1</b>	1,864,549,476
<b>2</b> Enter amount from Part I, line 27a . . . . .		<b>2</b>	24,877,907
<b>3</b> Other increases not included in line 2 (itemize) ▶		<b>3</b>	
<b>4</b> Add lines 1, 2, and 3 . . . . .		<b>4</b>	1,889,427,383
<b>5</b> Decreases not included in line 2 (itemize) ▶		<b>5</b>	
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .		<b>6</b>	1,889,427,383

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2</b>	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		<b>2</b>	58,532,370
<b>3</b>	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		<b>3</b>	35,029,931

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2011			
2010			
2009			
2008			
2007			
<b>2</b>	<b>Total</b> of line 1, column (d)		<b>2</b>
<b>3</b>	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years		<b>3</b>
<b>4</b>	Enter the net value of noncharitable-use assets for 2012 from Part X, line 5		<b>4</b>
<b>5</b>	Multiply line 4 by line 3		<b>5</b>
<b>6</b>	Enter 1% of net investment income (1% of Part I, line 27b)		<b>6</b>
<b>7</b>	Add lines 5 and 6		<b>7</b>
<b>8</b>	Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.		<b>8</b>

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input checked="" type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: <u>3/18/99</u> (attach copy of letter if necessary—see instructions)			
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	<b>1</b>		N/A
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>		
<b>3</b>	Add lines 1 and 2	<b>3</b>		
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>		
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	<b>5</b>		
<b>6</b>	Credits/Payments:			
<b>a</b>	2012 estimated tax payments and 2011 overpayment credited to 2012	<b>6a</b>		
<b>b</b>	Exempt foreign organizations—tax withheld at source	<b>6b</b>		
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>		
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>		
<b>7</b>	Total credits and payments. Add lines 6a through 6d	<b>7</b>		
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	<b>9</b>		
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	<b>10</b>		
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2013 estimated tax</b> <b>Refunded</b>	<b>11</b>		

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		✓
<b>1b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		✓
<b>1c</b> Did the foundation file <b>Form 1120-POL</b> for this year?		✓
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. ▶ \$ _____ <b>(2)</b> On foundation managers. ▶ \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		✓
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		✓
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?		✓
<b>4b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		✓
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	✓	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>	✓	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ <u>VA MD DC WV PA OH KY TN IN IL</u>		
<b>8b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If "No," attach explanation</i>	✓	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	✓	
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		✓

**Part VII-A Statements Regarding Activities (continued)**

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	<b>11</b>		✓
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	<b>12</b>		✓
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <a href="http://www.shilohgardens.org">www.shilohgardens.org</a>	<b>13</b>	✓	
<b>14</b>	The books are in care of ► <a href="#">The Organization</a> Telephone no. ► <a href="tel:703-555-4444">703-555-4444</a> Located at ► <a href="#">4567 Hickory Lane Fairfax VA</a> ZIP+4 ► <a href="#">22031</a>			
<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here. . . . . and enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>15</b>		<input type="checkbox"/>
<b>16</b>	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ►	<b>16</b>	Yes	No ✓

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		Yes	No
<b>1a</b>	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? . . . . .	<b>1b</b>	✓
	Organizations relying on a current notice regarding disaster assistance check here . . . . . <input type="checkbox"/>		
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012? . . . . .	<b>1c</b>	✓
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b>	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	<b>2b</b>	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012.</i> ) . . . . .	<b>3b</b>	✓
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	✓
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	<b>4b</b>	✓

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

**5a** During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)  Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

**b** If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? **5b**  No  Yes

Organizations relying on a current notice regarding disaster assistance check here

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b**  No  Yes

If "Yes" to 6b, file Form 8870.

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **7b**  No  Yes

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
*****				

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Robert Palm 4567 Hickory Lane Fairfax VA 22031	Pres & CEO 40	323,146	121,021	3,000
Jane Hickory 4567 Hickory Lane Fairfax VA 22031	Chief Op Officer 40	253,792	9,450	0
John Oak 4567 Hickory Lane Fairfax VA 22031	CFO 40	215,000	18,000	0
Pierre L'Enfant 4567 Hickory Lane Fairfax VA 22031	Dir Development 40	221,458	18,000	0
Gambol N. Frivol 4567 Hickory Lane Fairfax VA 22031	Dir Horticulture 40	193,542	6,581	0
<b>Total</b> number of other employees paid over \$50,000				270

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Big Broker 5 Smellgood Street Cologne MN 55322	investment consulting	2,606,051
Bigger Broker 7842 Willow Way Audubon NJ 08106	investment custodian	510,044
Consultants LLC 6 Daylily Drive Chantilly, VA 20151	consulting	234,880
More Consultants 16 Calla Court Fairfax VA 22031	consulting	190,000
Out of Town Consultants 555 Madison Avenue New York NY 10028	consulting	186,762
<b>Total</b> number of others receiving over \$50,000 for professional services		16

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b> Received 1,417,000 visitors to gardens and historic mansion	45,723,112
<b>2</b> Provided environmental education seminars to 15,782 participants	27,548,989
<b>3</b> Developed and distributed environmental education program to 363 elementary schools and 276 high schools	8,555,665
<b>4</b>	

**Part IX-B Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3	

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities . . . . .	<b>1a</b>	1,675,398,624
<b>b</b>	Average of monthly cash balances . . . . .	<b>1b</b>	140,992,942
<b>c</b>	Fair market value of all other assets (see instructions) . . . . .	<b>1c</b>	55,911,073
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) . . . . .	<b>1d</b>	1,872,302,639
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .	<b>1e</b>	19,110,998
<b>2</b>	Acquisition indebtedness applicable to line 1 assets . . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d . . . . .	<b>3</b>	1,872,302,639
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions) . . . . .	<b>4</b>	28,084,540
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	1,844,218,099
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5 . . . . .	<b>6</b>	92,210,905

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6 . . . . .	<b>1</b>	
<b>2a</b>	Tax on investment income for 2012 from Part VI, line 5 . . . . .	<b>2a</b>	
<b>b</b>	Income tax for 2012. (This does not include the tax from Part VI.) . . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b . . . . .	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions . . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4 . . . . .	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions) . . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 . . . . .	<b>7</b>	

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 . . . . .	<b>1a</b>	81,827,766
<b>b</b>	Program-related investments—total from Part IX-B . . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .	<b>2</b>	0
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required) . . . . .	<b>3a</b>	0
<b>b</b>	Cash distribution test (attach the required schedule) . . . . .	<b>3b</b>	0
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	81,827,766
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions) . . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .	<b>6</b>	81,827,766

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
<b>1</b> Distributable amount for 2012 from Part XI, line 7 . . . . .				
<b>2</b> Undistributed income, if any, as of the end of 2012:				
<b>a</b> Enter amount for 2011 only . . . . .				
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2012:				
<b>a</b> From 2007 . . . . .				
<b>b</b> From 2008 . . . . .				
<b>c</b> From 2009 . . . . .				
<b>d</b> From 2010 . . . . .				
<b>e</b> From 2011 . . . . .				
<b>f</b> <b>Total</b> of lines 3a through e . . . . .				
<b>4</b> Qualifying distributions for 2012 from Part XII, line 4: ▶ \$ _____				
<b>a</b> Applied to 2011, but not more than line 2a . . . . .				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions) . . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions) . . . . .				
<b>d</b> Applied to 2012 distributable amount . . . . .				
<b>e</b> Remaining amount distributed out of corpus . . . . .				
<b>5</b> Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2011. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013 . . . . .				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) . . . . .				
<b>8</b> Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions) . . . . .				
<b>9</b> <b>Excess distributions carryover to 2013.</b> Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2008 . . . . .				
<b>b</b> Excess from 2009 . . . . .				
<b>c</b> Excess from 2010 . . . . .				
<b>d</b> Excess from 2011 . . . . .				
<b>e</b> Excess from 2012 . . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling . . . . . **05/25/1977**

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2012	(b) 2011	(c) 2010	(d) 2009	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	85,218,567	45,006,277	74,982,066	73,496,857	278,703,767
<b>b</b> 85% of line 2a . . . . .	72,435,782	38,255,335	63,734,756	62,472,328	236,898,202
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .	81,827,766	114,315,848	128,684,935	136,683,044	461,511,593
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .	1,452,820	94,900	8,932,953	1,824,179	12,304,852
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .	80,374,946	114,220,948	119,751,982	134,858,865	449,206,741
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
<b>b</b> "Endowment" alternative test—enter <sup>2</sup> / <sub>3</sub> of minimum investment return shown in Part X, line 6 for each year listed . . . . .	61,473,937	65,169,313	88,125,889	89,314,981	304,084,120
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					
<b>(4)</b> Gross investment income . . . . .					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
  
- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a** The name, address, and telephone number or e-mail of the person to whom applications should be addressed:
  
- b** The form in which applications should be submitted and information and materials they should include:
  
- c** Any submission deadlines:
  
- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XV** **Supplementary Information** (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Preservation Fund 1010 Penn Ave NW Washington DC 20223		509(a)1	program support	484,273
Nature Association 7696 Oak Street Annandale MN 55313		n/a	program support	484,273
Advance Charity 7 Daylily Drive Chantilly VA 20151		509(a)1	program support	484,274
<b>Total</b> . . . . . ▶ <b>3a</b>				1,452,820
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . . ▶ <b>3b</b>				





**Schedule of Contributors**

**2012**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of the organization

Employer identification number

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b>	<b>Employer identification number</b>
-----------------------------	---------------------------------------

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Ann Astilbe Unitrust ----- c/o Hickory Bank & Trust 222 Daylily Drive ----- Chantilly VA 20151 -----	\$ 2,435,211	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Homer Hollyhock Unitrust ----- c/o Hickory Bank & Trust 222 Daylily Drive ----- Chantilly VA 20151 -----	\$ 2,019,569	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Ann Astilbe Unitrust ----- c/o Hickory Bank & Trust 222 Daylily Drive ----- Chantilly VA 20151 -----	\$ 59,800	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Homer Hollyhock Unitrust ----- c/o Hickory Bank & Trust 222 Daylily Drive ----- Chantilly VA 20151 -----	\$ 43,223	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>	<b>Employer identification number</b>
-----------------------------	---------------------------------------

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	7,053 shares of Walnut Partners Ltd ----- ----- -----	\$ 59,800	11/23/2012 -----
4	5164 shares of Walnut Partners Ltd ----- ----- -----	\$ 43,223	2/22/2013 -----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

**GainLossFromSaleOtherAssetsSchedule (Part I, line 6a)**

Description Land  
Date acquired 4/1996  
How acquired Purchase  
Date sold 9/2012  
Purchaser Name Hickory Insurance Co.  
Gross sales price \$6,931,601  
Basis \$6,533,806  
Basis method Cost  
Sales Expense -0-  
Accum. depr. -0-

**SalesOfInventorySchedule (Part I, line 10c)**

<b>Description</b>	<b>Gross Sales</b>	<b>COGS</b>	<b>Gross Profit</b>
Garden café & gift shop	691,957	277,277	414,680

**OtherIncomeSchedule2 (Part I, line 11)**

<b>Description</b>	<b>Rev &amp; Exp per Books</b>	<b>Investment Income</b>	<b>Adj Net Income</b>
Miscellaneous	300,000	154,908	154,908
Admission fees	2,335,394	0	0
Visitor service fees	438,961	0	0

**LegalFeesSchedule (Part I, line 16a)**

<b>Description</b>	<b>Exp. per Books</b>	<b>Net Invest. Inc.</b>	<b>Adj. Net Inc.</b>	<b>Char. Purposes</b>
Law Firm #1	95,326			95,326
Law Firm #2	418,282			418,282
Settlement Costs	1,250			1,250
Various Attorneys & Costs	5,555			5,555

**AccountingFeesSchedule (Part I, line 16b)**

<b>Description</b>	<b>Exp. Per Books</b>	<b>Net Invest. Inc.</b>	<b>Adj. Net Inc.</b>	<b>Char. Purposes</b>
Accounting Firm #1	80,823			80,823
Accounting Firm #2	35,160			35,160
Accounting Firm #3	6,866			6,866

**OtherProfessionalFeesSchedule (Part I, line 16c)**

<b>Description</b>	<b>Exp. per Books</b>	<b>Net Invest. Inc.</b>	<b>Adj. Net Inc.</b>	<b>Char. Purposes</b>
Investment consulting	2,606,051	2,606,051	2,606,051	
Investment custodian	510,044	510,044	510,044	
Investment advisors	38,091	38,091	38,091	
Consulting	3,365,167			3,365,167

**Taxes Schedule (Part I, line 18)**

<i>Description</i>	<i>Exp. Per Books</i>	<i>Net Invest. Inc.</i>	<i>Adj. Net Inc.</i>	<i>Char. Purposes</i>
Excise & B&O taxes	12,381			12,381
Property taxes – rental	202,364	202,364	202,364	
Property taxes	22,267			22,267
Sales & use taxes	3,674			3,674

**Depreciation Schedule (Part I, line 19)**

<i>Description</i>	<i>Date acq.</i>	<i>Cost/ Basis</i>	<i>Prior Depr</i>	<i>Method</i>	<i>Rate/ Life</i>	<i>Depr Exp</i>	<i>Net Invest</i>	<i>Adj Net Income</i>
Building - investment	2/22/2006	9,233,948	1,755,222	S/L	35	301,560	301,560	301,560
Tenant improvements - investment	6/26/2004	622,378	159,394	S/L	30	20,326	20,326	20,326
Building	11/11/2004	35,290,807	9,663,634	S/L	30	3,212,766	0	0
Furniture & equipment	8/30/2010	20,716,431	5,672,752	S/L	6.25	1,860,637	0	0
Automobiles	3/17/2011	806,375	220,809	S/L	5	72,424	0	0
Leasehold improvements	10/1/2003	774,368	212,044	S/L	30	26,413	0	0

**Other Expenses Schedule (Part I, line 23)**

<i>Description</i>	<i>Exp. per Books</i>	<i>Net Invest. Inc.</i>	<i>Adj. Net Inc.</i>	<i>Char. Purposes</i>
Garden maintenance	18,554,184			17,068,134
Advertising & promotion	26,034			26,034
Automobile expense	160,557			160,557
Data Processing	26,430			26,430
Software & fixed assets < \$500	509,250			509,250
Equipment rental/lease	1,145,341			1,145,341
Dues & memberships	179,591			179,591
Staff training & development	577,242			577,242
Office supplies & postage	681,870			681,870
Repairs & maintenance	1,085,835			1,085,835
Temporary help	92,610			92,610
Communications	1,834,894			1,834,894
Miscellaneous	33,934			33,934
Moving expense	125,727			125,727
Recruitment expenses	101,614			101,614
BOT Deferred gains	135,685			135,685
Liability insurance	1,109,548			1,109,548
Rental property expenses	518,674	518,674	518,674	
Repairs & maint. – investment	221,850	221,850	221,850	

**OtherNotesLoansReceivableLongSchedule (Part II, line 7(b))**

Borrower Name	Walnut Ins. Co.
Relationship	none
Original amount	50000
Balance due	15267
Date of note	1/2006
Maturity date	12/2013
Repayment terms	on demand
Interest rate	.0625
Security	none
Purpose of loan	business relocation
Lender consideration	none
FMV consideration	0

**InvestmentsGovtObligationsSchedule (Part II, line 10a(B))**

<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
U.S. govt obligations	218,552,466	219,061,164
State & local govt obligations	109,276,233	109,530,581

**InvestmentsCorpStockSchedule (Part II, line 10b(B))**

<b>Entry #</b>	<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
1	2662 shares Maine Fund	6,372,062	12,251,447
2	7406 shares Requirement Fund	7,526,558	8,037,921
3	3060 shares Certification Group	8,171,635	5,265,751
4	3310 shares Updated Ltd	5,136,569	11,494,695
5	9491 shares Authorization Group	3,373,176	11,346,619
6	3044 shares That Fund	4,842,795	5,388,733
7	2899 shares Incorporated Group	10,653,455	12,486,068
8	6806 shares Provisions Company	6,410,648	11,573,826
9	3832 shares Well Fund	10,270,700	9,892,556
10	8096 shares Deletions Company	9,703,226	8,595,035
11	9398 shares Subordinate Group	11,307,672	7,547,082
12	5518 shares List Ltd	5,997,801	9,801,507
13	1731 shares Applicable Inc.	11,603,845	4,567,195
14	2893 shares Section Ltd	8,380,364	9,225,778
15	5297 shares Will Corp	6,206,996	9,843,622
16	5293 shares Employer Fund	6,708,066	7,115,535
17	5670 shares Exemption Company	6,996,509	5,727,924
18	3364 shares Remainder Inc.	5,070,870	8,806,539
19	4572 shares Own Ltd	3,665,536	5,634,055
20	4595 shares Tracking Inc.	9,373,105	8,424,865
21	4842 shares Described Group	7,782,289	8,229,450
22	8104 shares Subordinates Fund	7,910,244	11,339,845
23	5881 shares Group Group	4,576,090	11,959,455
24	4305 shares Does Ltd	6,172,370	5,366,108
25	4802 shares Forth Fund	3,953,843	5,020,985
26	3666 shares Appeal Company	9,046,798	12,601,864

<b>Entry #</b>	<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
27	6951 shares Extracted Corp	6,224,862	5,199,405
28	3169 shares Cincinnati Inc.	5,301,227	4,376,999
29	5851 shares Regarding Group	11,551,270	11,078,510
30	4428 shares Have Corp	6,802,973	4,927,156
31	1634 shares Subordinates Ltd	7,361,549	6,233,588
32	5699 shares Letters Corp	3,362,899	7,753,229
33	5663 shares Individual Group	6,650,199	6,006,945
34	7005 shares Withdrawal Company	5,223,896	11,335,972
35	8286 shares Obtain Ltd	6,700,057	12,350,898
36	6256 shares Duty Ltd	7,353,462	4,860,054
37	9781 shares Section Fund	9,117,322	12,342,835
38	2501 shares Because Ltd	7,341,708	5,160,029
39	6052 shares Section Inc.	10,561,200	5,739,238
40	7397 shares Than Inc.	10,530,032	6,615,960
41	2331 shares Should Inc.	6,701,326	6,405,106
42	9980 shares All Inc.	7,128,402	8,930,546
43	7313 shares Correspondence Group	6,343,117	7,536,547
44	8095 shares Necessarily Corp	8,987,334	4,244,197
45	3908 shares While Inc.	4,082,742	10,759,110
46	4434 shares Annotated Fund	5,465,963	6,870,276
47	2782 shares Obtained Group	3,249,909	10,114,500
48	7454 shares Director Inc.	9,891,877	6,036,323
49	2508 shares Receive Fund	5,080,523	9,976,539
50	4429 shares Copy Fund	8,605,024	11,288,839
51	6427 shares Uniform Group	11,476,446	6,127,842
52	3444 shares Governing Fund	10,766,943	9,767,403
53	8110 shares Code Ltd	7,723,059	5,952,836
54	2617 shares Include Corp	6,083,820	8,812,996
55	6307 shares Time Corp	8,010,817	6,055,454
56	2915 shares Ohio Fund	5,142,723	10,993,131
57	5185 shares Whatever Company	7,918,615	4,679,702
58	5034 shares Annual Corp	8,647,322	5,070,593
59	7603 shares Establish Group	8,178,173	10,576,886
60	7398 shares File Company	5,741,108	9,310,740
61	5971 shares Fresno Group	8,257,590	6,235,072
62	5294 shares Respect Ltd	8,098,581	9,504,451
63	6409 shares Subject Company	8,671,596	9,174,002
64	8907 shares More Group	9,969,112	8,026,434
65	2138 shares Identification Company	6,333,671	10,014,796
66	6382 shares Letter Inc.	3,880,954	8,028,206
67	6031 shares Files Group	9,107,531	7,128,344
68	7319 shares Cease Inc.	7,371,646	9,691,589
69	6745 shares Form Inc.	10,087,828	7,547,019
70	2381 shares Officers Inc.	6,081,795	5,150,311
71	1767 shares Gross Fund	6,197,919	11,178,539
72	3679 shares Changes Corp	4,850,158	9,388,262
73	5455 shares Subordinate Ltd	7,013,990	5,643,016
74	1816 shares Recognized Company	4,860,506	8,657,162
75	5502 shares Their Ltd	3,451,976	6,514,094
76	7363 shares Whether Fund	7,988,974	7,276,666

<b>Entry #</b>	<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
77	9457 shares Whole Inc.	5,946,387	11,893,510
78	6952 shares Return Corp	10,800,981	12,437,228
79	2264 shares Accordance Inc.	3,629,976	6,492,717
80	8873 shares Organization Company	3,677,848	11,705,185
81	7434 shares Foreign Company	5,425,696	11,278,533
82	7623 shares File Fund	10,006,552	7,951,869
83	9302 shares Letter Ltd	10,060,428	6,268,258
84	1071 shares Address Fund	10,758,189	9,204,002
85	2059 shares Day Corp	5,912,418	12,604,851
86	9697 shares Conditions Corp	11,344,481	5,214,203
87	3347 shares Subordinates Fund	9,252,366	11,160,906
88	9954 shares Examples Ltd	10,063,765	8,639,221
89	6652 shares Furnished Corp	9,986,456	7,063,869
90	8615 shares Under Fund	9,218,376	5,065,639
91	1094 shares Control Inc.	6,104,910	4,512,146
92	5375 shares Same Ltd	4,667,141	6,149,651
93	5546 shares Number Corp	9,084,782	4,535,208
94	9372 shares Only Ltd	6,035,203	5,904,723
95	4595 shares This Company	7,838,420	12,397,827
96	7573 shares Organized Company	3,880,242	7,194,690
97	3354 shares Received Group	7,764,609	9,180,620
98	6438 shares Fifteenth Fund	8,828,072	9,758,145
99	3736 shares Period Corp	10,569,364	7,247,203
100	9510 shares Organization Corp	3,255,646	5,088,940
101	8279 shares Internal Ltd	5,485,277	10,869,645
102	7543 shares Consideration Company	7,398,601	5,799,014
103	2340 shares Reinclusion Fund	6,053,723	6,765,227
104	6780 shares Arizona Fund	9,608,345	12,047,132
105	5352 shares Based Fund	5,879,381	4,995,738
106	3411 shares Changed Ltd	9,149,415	8,634,029
107	9738 shares Paragraph Corp	9,633,709	8,760,517
108	4545 shares From Company	8,239,818	7,355,378
109	5055 shares Continued Inc.	8,443,810	8,626,359
110	9937 shares State Corp	10,910,447	7,310,492
111	9931 shares Effective Corp	9,889,533	11,640,130
112	6972 shares Revenue Company	9,047,392	7,338,390
113	2135 shares Code Company	7,811,396	11,563,048
114	2007 shares Sometimes Group	5,346,987	7,842,729
115	9764 shares Included Company	3,333,366	12,434,579
116	6830 shares Director Corp	6,191,507	6,349,943
117	3544 shares Filing Group	4,405,994	6,996,498
118	5585 shares Following Corp	5,528,526	12,546,716
119	3410 shares This Ltd	3,789,982	10,311,094
120	1570 shares Requirements Group	7,462,713	9,387,336
121	2555 shares Parents Group	3,584,987	9,637,428
122	1915 shares Outstanding Inc.	7,645,844	11,867,135
123	9346 shares Issues Company	7,869,328	7,897,442
124	2268 shares Exempt Corp	6,908,211	11,482,216
125	1711 shares Satisfied Inc.	8,852,190	5,950,126
126	7860 shares Excepted Corp	8,364,336	9,764,028

<b>Entry #</b>	<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
127	6311 shares Letter Inc.	3,382,794	4,762,317
128	4617 shares Submitted Company	9,373,318	10,345,718
129	2219 shares Longer Inc.	10,503,923	9,546,520
130	6688 shares Date Ltd	9,371,894	11,833,926
131	1169 shares Million Ltd	3,708,786	11,337,464
132	7834 shares Procedures Company	4,207,748	4,591,756
133	7211 shares The Group	11,682,886	7,408,022
134	9749 shares Character Company	6,617,599	10,158,147
135	3873 shares Lieu Corp	5,642,581	11,074,513
136	4953 shares City Fund	8,597,706	8,420,226
137	2108 shares Done Group	10,043,526	6,067,899
138	2489 shares Would Inc.	5,039,682	5,763,365
139	7956 shares From Ltd	7,590,524	10,128,254
140	2009 shares Indicate Inc.	5,008,628	12,505,063
141	8515 shares Major Group	9,915,336	4,885,791
142	9088 shares Activities Company	8,251,414	5,642,277
143	3503 shares Affiliated Group	7,665,879	11,251,653
144	8757 shares Must Group	9,710,484	10,754,858
145	4467 shares Include Inc.	11,186,773	5,297,210
146	8071 shares Applying Group	10,088,451	5,133,511
147	7304 shares Over Fund	9,637,800	9,746,389
148	8856 shares Roosevelt Company	8,721,567	12,300,896
149	1147 shares However Company	11,675,070	4,225,204

**InvestmentsCorpBondsSchedule (Part II, line 10c(B))**

<b>Entry #</b>	<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
1	Filed Enterprises 6.15%, Aug 27, 2023	3,338,022	3,194,946
2	Optionally Corp 9.89%, Dec 06, 2013	3,537,068	1,941,324
3	Line International, Inc. 6.93%, Sep 19, 2014	3,508,645	4,378,622
4	Deduction Enterprises 6.38%, Jun 02, 2022	2,366,946	1,911,627
5	Filed Corp 8.75%, May 11, 2017	2,309,919	4,466,392
6	Partnership International, Inc. 9.78%, Jul 02, 2013	3,124,873	2,447,127
7	However Enterprises 7.72%, Nov 06, 2014	3,378,162	2,131,133
8	Entity Corp 7.55%, Aug 22, 2016	3,579,489	4,848,460
9	Filer International, Inc. 9.87%, May 14, 2015	5,578,475	3,396,816
10	Losses Enterprises 9.40%, Mar 22, 2020	2,203,138	3,913,617
11	Attached Corp 6.91%, Nov 29, 2018	3,014,390	3,285,402
12	Rules International, Inc. 8.14%, Sep 30, 2017	5,932,230	4,558,814
13	Who'S Enterprises 9.71%, Aug 03, 2025	3,882,164	4,031,148
14	Filer Corp 7.19%, Aug 12, 2015	3,081,974	4,352,010
15	Groups International, Inc. 5.96%, May 31, 2023	1,500,556	4,837,654
16	Schemas Enterprises 8.30%, Oct 22, 2014	4,131,011	3,671,502
17	Its Corp 5.18%, Jul 31, 2018	3,546,159	3,945,470
18	Data International, Inc. 8.08%, Aug 28, 2021	4,998,542	3,786,380
19	Definition Enterprises 5.17%, May 29, 2024	3,187,769	2,983,570
20	Allotted Corp 9.12%, Aug 03, 2015	1,684,883	2,210,694
21	Whether International, Inc. 5.35%, Sep 19, 2017	4,988,590	3,690,554
22	Also Enterprises 6.40%, Mar 14, 2015	2,989,576	2,287,007
23	Discussing Corp 8.40%, Oct 08, 2015	6,092,970	4,954,001

<b>Entry #</b>	<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
24	Schema International, Inc. 6.82%, May 25, 2014	2,311,612	3,417,613
25	Only Enterprises 7.79%, Sep 30, 2016	5,122,659	2,224,387
26	Example Corp 9.37%, Nov 23, 2023	2,847,366	4,314,614
27	Therefore International, Inc. 6.73%, Jul 30, 2014	4,312,570	4,812,430
28	Schedule Enterprises 9.11%, May 11, 2020	1,607,626	3,063,733
29	Required Corp 7.37%, May 23, 2019	2,197,177	3,532,584
30	States International, Inc. 6.49%, Jul 23, 2024	2,991,582	2,184,918
31	Business Enterprises 5.20%, May 06, 2015	1,404,564	4,523,797
32	Significantly International, Inc. 8.17%, Apr 18, 2015	2,683,178	3,337,725
33	Position Enterprises 6.56%, Oct 15, 2018	1,276,221	3,613,740
34	Requires Corp 6.70%, Feb 11, 2026	5,409,233	2,972,269
35	This International, Inc. 6.82%, Mar 18, 2019	3,183,097	4,482,609
36	Incorrect Enterprises 6.04%, Jan 22, 2025	4,562,282	3,830,352
37	Policy Corp 6.31%, Oct 12, 2023	5,696,569	2,382,258
38	Violated International, Inc. 8.32%, May 13, 2014	1,232,126	3,432,117
39	Personnel Enterprises 5.61%, Jun 14, 2016	1,538,647	3,955,192
40	Do Corp 6.20%, May 14, 2024	2,681,207	3,166,443
41	Requirements International, Inc. 8.52%, May 06, 2019	1,436,816	2,965,537
42	Really Corp 8.09%, Apr 13, 2014	2,409,383	3,576,174
43	From International, Inc. 5.92%, Mar 27, 2024	4,530,699	4,696,209
44	Higher Enterprises 7.23%, Nov 19, 2022	2,770,994	4,562,158
45	Question Corp 6.06%, Aug 06, 2024	5,351,306	2,546,017
46	Implementing International, Inc. 5.91%, Sep 20, 2015	4,906,232	2,038,905
47	Requiring Enterprises 9.07%, Feb 21, 2016	3,546,982	1,721,078

**InvestmentsLandSchedule2 (Part II, line 11)**

<b>Description</b>	<b>Cost/Basis</b>	<b>Accum. Depr.</b>	<b>Book Value</b>	<b>FMV</b>
Land	21,407,958		21,407,958	21,418,617
Building	9,233,948	2,056,782	7,177,166	7,598,646
Tenant Improvements	622,378	179,720	442,658	442,658

**InvestmentsOtherSchedule2 (Part II, line 13)**

<b>Description</b>	<b>Basis of Valuation</b>	<b>Book Value</b>	<b>FMV</b>
1.5% holding in Bizarre Investments LLC	cost	102,508,607	105,320,792

**LandEtcSchedule2 (Part II, line 14)**

<b>Description</b>	<b>Cost/Basis</b>	<b>Accum. Depr.</b>	<b>Book Value</b>	<b>FMV</b>
Land	9,924,576		9,924,576	9,947,767
Building	35,290,807	12,833,262	22,457,545	27,643,442
Furniture & equipment	20,716,431	7,533,390	13,183,041	8,088,283
Automobiles	806,375	293,233	513,142	291,374
Leasehold improvements	774,367	281,593	492,774	623,403

**OtherAssetsSchedule (Part II, line 15)**

<i>Description</i>	<i>BOY Book Value</i>	<i>EOY Book Value</i>	<i>FMV</i>
Interest & dividends receivable	5,453,160	4,545,679	4,545,679
Rent receivable	102,492	67,499	67,499
Deposits	281,524	208,384	208,384
Construction in progress	1,522	1,303,533	1,303,533
Services agreement receivable	326,864	150,000	150,000
Miscellaneous receivable	339,618	303,471	303,471

**OtherLiabilitiesSchedule (Part II, line 22)**

<i>Description</i>	<i>BOY Amount</i>	<i>EOY Amount</i>
BOT deferred income & interest	2,313,992	2,324,562
RM deferred income & interest	394,187	595,906
Deposits from tenants	39,835	46,869
Unclaimed property	8,889	8,889
Insurance claim reserve	603,604	222,584

**Capital Gain & Losses (Part IV, Line 1)**

<i>Description</i>	<i>P/D</i>	<i>Date Acq.</i>	<i>Date Sold</i>	<i>Sales Price</i>	<i>Depr.</i>	<i>Cost/Basis</i>	<i>Gain or Loss</i>	<i>Total Gains/Losses</i>
Publicly traded securities (LTCG)				1,308,835,761		1,285,333,322	23,502,439	23,502,439
Publicly traded securities (ST)				1,950,794,401		1,915,764,470	35,029,931	35,029,931

**ExpenditureResponsibilityStatement (Part VII-B, line 5c)**

Grantee's name: Nature Association  
 Grantee's address: 7696 Oak Street Annandale MN 55313  
 Grant date: 8/31/2012  
 Grant amount: \$484,273  
 Grant purpose: establishment of wildlife sanctuary  
 Amount expended: \$300,000  
 Any diversion by grantee?: No  
 Dates of reports: 11/30/2012; 2/28/2013; 5/31/2013  
 Date of verification: n/a  
 Results of verification: n/a

**Officers, Directors, Trustees (Part VIII, line 1)**

<b>Name</b>	<b>Address</b>	<b>Title</b>	<b>Hours</b>	<b>Compensation</b>	<b>EB Plans</b>	<b>Exp. Acct.</b>
George W. Kirk	6 Caladium Ct Washington DC 20224	Trustee Emeritus	7	90,092	13,888	0
D. H. Hill	123 Oak St Fairfax VA 22031	Trustee	16	77,778	0	0
Henrietta Heth	4567 Hickory Lane Fairfax VA 22031	Secretary	17	111,113	13,888	
E. P. Alexander	1515 Foxglove Dr Washington DC 20224	Treasurer	14	53,332	6,668	
Steven Holly	4567 Hickory Lane Fairfax VA 22031	Trustee	16	77,778	0	0
Mary Ann Marigold	4567 Hickory Lane Fairfax VA 22031	Trustee	9	77,778	0	0
Rebecca Rosebud	4567 Hickory Lane Fairfax VA 22031	Vice Chair	15	111,113	13,888	0

**Employee Compensation Explanation (Part VIII, line 2(a))**

<b>Name</b>	<b>Explanation</b>
Robert Palm	Compensation was determined to be reasonable by an impartial panel of experts.
Jane Hickory	Compensation was concluded to be equitable by an independent group of experts.
John Oak	Compensation was established as reasonable by an independent panel of specialists.
Pierre L'Enfant	Compensation was analyzed by an unbiased team of authorities.
Gambol N. Frivol	Compensation was determined to be reasonable by an impartial panel of experts.

**Reduction Explanation Statement (Part X, line 1e)**

Shiloh Gardens Foundation has substantial investments in privately held stock of Walnut Partners Ltd included on line 1c of Part X. The Foundation owned an average of 3,546,521 shares of Walnut. The value of these securities as established by the company averages \$31,851,663. The Foundation claims a discount averaging \$19,110,998. The reduction claimed on line 1e is based on the illiquid and restricted nature of these holdings in that there is no market for the privately held Walnut shares. The Foundation hired an independent third party to perform a valuation study of these shares and the discount is based on their findings.

**TY2012 990-PF Test Scenario #2**

**PreparerFirm**

**EIN** – 11-9000032

**PreparerFirmBusinessName** – Camellia Bookkeeping Service

**PreparerFirmAddress** – 645 Salem St, Nixon, NV 89424

**MultipleSoftwarePackagesUsed** -- no

**Originator**

**EFIN** – as assigned

**Type** – ERO

**PractitionerPIN**

**EFIN** – as assigned

**PIN** – as assigned

**PinEnteredBy** -- *ERO*

**SignatureOption** -- *Pin Number*

**ReturnType** – *990-PF*

**TaxPeriodBeginDate** – 1/1/2012

**TaxPeriodEndDate** – 12/31/2012

**Filer**

**EIN** – 11-9000023

**Name** – Holly Trust

**NameControl** -- HOLL

**Phone** – 617-555-1212

**USAddress** – 980 Tiarella Trail Chestnut Hill MA 02467

**Officer**

**Name** – Steven Holly

**Title** -- Trustee

**Phone** – 617-555-1212

**EmailAddress** --

**DateSigned** – self select

**TaxpayerPIN** – self select

**Preparer**

**Name** – Test N. Camellia

**PTIN** – P00000022

**Phone** – 775-555-1313

**EmailAddress** --

**DatePrepared** – self select

**SelfEmployed** -- N

**TaxYear** -- 2012

**binaryAttachmentCount** – 0

**Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation**

Department of the Treasury  
Internal Revenue Service

**Note.** The foundation may be able to use a copy of this return to satisfy state reporting requirements.

**Open to public inspection**

**For calendar year 2012 or tax year beginning , 2012, and ending , 20**

Name of foundation <b>Holly Trust</b>		<b>A Employer identification number</b> 11-9000023
Number and street (or P.O. box number if mail is not delivered to street address) <b>980 Tiarella Trail</b>	Room/suite	<b>B Telephone number (see instructions)</b> 617-555-1212
City or town, state, and ZIP code <b>Chestnut Hill MA 02467</b>		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D</b> 1. Foreign organizations, check here . . . . . <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation . . . . . <input type="checkbox"/>
<b>H</b> Check type of organization: <input type="checkbox"/> Section 501(c)(3) exempt private foundation <input checked="" type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here . . . . . <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$ 73,083,426</b>	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . . . . . <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)				
	<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments	24,285	24,285		
	<b>4</b> Dividends and interest from securities . . . . .	1,464,640	1,464,640		
	<b>5a</b> Gross rents . . . . .				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	1,048,806			
	<b>b</b> Gross sales price for all assets on line 6a <b>9,936,276</b>				
	<b>7</b> Capital gain net income (from Part IV, line 2) . . . . .		1,048,806		
	<b>8</b> Net short-term capital gain . . . . .				
	<b>9</b> Income modifications . . . . .				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less: Cost of goods sold . . . . .					
<b>c</b> Gross profit or (loss) (attach schedule) . . . . .					
<b>11</b> Other income (attach schedule) . . . . .	181,235	-47,811			
<b>12 Total.</b> Add lines 1 through 11 . . . . .	2,718,966	2,489,920			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.	192,875	25,000		167,875
	<b>14</b> Other employee salaries and wages . . . . .	196,131	36,873		159,258
	<b>15</b> Pension plans, employee benefits . . . . .	21,755	4,090		17,665
	<b>16a</b> Legal fees (attach schedule) . . . . .	525			525
	<b>b</b> Accounting fees (attach schedule) . . . . .	28,053	14,026		14,027
	<b>c</b> Other professional fees (attach schedule) . . . . .	225,677			225,677
	<b>17</b> Interest . . . . .				
	<b>18</b> Taxes (attach schedule) (see instructions)	58,237	8,628		15,034
	<b>19</b> Depreciation (attach schedule) and depletion . . . . .	5,665	5,665		
	<b>20</b> Occupancy . . . . .	162,631	40,658		121,973
	<b>21</b> Travel, conferences, and meetings . . . . .	242,924			242,924
	<b>22</b> Printing and publications . . . . .	3,570			3,570
	<b>23</b> Other expenses (attach schedule) . . . . .	407,374	388,421		18,953
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	1,545,417	523,361		3,150,216
	<b>25</b> Contributions, gifts, grants paid . . . . .	2,162,735			987,481
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	3,708,152	523,361		3,150,216	
<b>27</b> Subtract line 26 from line 12:					
<b>a Excess of revenue over expenses and disbursements</b>	-989,186				
<b>b Net investment income</b> (if negative, enter -0-)		1,966,559			
<b>c Adjusted net income</b> (if negative, enter -0-)					

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	10,957	2,257	2,257
	<b>2</b> Savings and temporary cash investments . . . . .	4,173,430	3,226,285	3,226,285
	<b>3</b> Accounts receivable ▶ Less: allowance for doubtful accounts ▶			
	<b>4</b> Pledges receivable ▶ Less: allowance for doubtful accounts ▶			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ 15,000 Less: allowance for doubtful accounts ▶ 0	0	15,000	15,000
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .	33,712	82,852	82,852
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)	319,890	309,308	354,475
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	40,001,211	40,754,895	62,742,762
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ Less: accumulated depreciation (attach schedule) ▶			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	7,722,340	6,421,920	6,434,464
	<b>14</b> Land, buildings, and equipment: basis ▶ 208,515 Less: accumulated depreciation (attach schedule) ▶ 141,098	21,876	67,417	0
<b>15</b> Other assets (describe ▶ )	155,837	225,331	225,331	
<b>16 Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I) . . . . .	52,439,253	51,105,265	73,083,426	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	339,454	208,019	
	<b>18</b> Grants payable . . . . .	3,666,167	3,025,000	
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .		427,800	
	<b>22</b> Other liabilities (describe ▶ )			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	4,005,621	3,660,819	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .	48,433,632	47,444,446	
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .			
	<b>28</b> Paid-in or capital surplus, or land, bldg., and equipment fund			
<b>29</b> Retained earnings, accumulated income, endowment, or other funds				
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	48,433,632	47,444,446		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	52,439,253	51,105,265		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	48,433,632
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-989,186
<b>3</b> Other increases not included in line 2 (itemize) ▶	<b>3</b>	
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	47,444,446
<b>5</b> Decreases not included in line 2 (itemize) ▶	<b>5</b>	
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	<b>6</b>	47,444,446

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b>	*****			
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2</b>	Capital gain net income or (net capital loss) $\left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 7} \\ \text{If (loss), enter -0- in Part I, line 7} \end{array} \right\}$		<b>2</b>	1,048,806
<b>3</b>	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2011	3,586,131	76,523,211	.046863
2010	5,406,373	78,237,881	.069102
2009	2,945,588	72,132,615	.040836
2008	2,314,516	64,778,349	.035730
2007	2,116,769	61,658,660	.034330

<b>2</b>	Total of line 1, column (d)	<b>2</b>	.226861
<b>3</b>	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	.045372
<b>4</b>	Enter the net value of noncharitable-use assets for 2012 from Part X, line 5	<b>4</b>	67,559,151
<b>5</b>	Multiply line 4 by line 3	<b>5</b>	3,065,294
<b>6</b>	Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	19,666
<b>7</b>	Add lines 5 and 6	<b>7</b>	3,084,960
<b>8</b>	Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	<b>8</b>	3,150,216

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)			
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	<b>1</b>	19,666	
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>		
<b>3</b>	Add lines 1 and 2	<b>3</b>	19,666	
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>		
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	<b>5</b>	19,666	
<b>6</b>	Credits/Payments:			
<b>a</b>	2012 estimated tax payments and 2011 overpayment credited to 2012	<b>6a</b>	90,009	
<b>b</b>	Exempt foreign organizations—tax withheld at source	<b>6b</b>		
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>		
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>		
<b>7</b>	Total credits and payments. Add lines 6a through 6d	<b>7</b>	90,009	
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	<b>9</b>		
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	<b>10</b>	70,343	
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2013 estimated tax</b> 40,000 <b>Refunded</b>	<b>11</b>	30,343	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		✓
<b>1b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		✓
<b>1c</b> Did the foundation file <b>Form 1120-POL</b> for this year?		✓
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. ▶ \$ _____ <b>(2)</b> On foundation managers. ▶ \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		✓
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		✓
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?	✓	
<b>4b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	✓	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		✓
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	✓	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>	✓	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ▶		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If "No," attach explanation</i>	✓	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		✓
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		✓

**Part VII-A Statements Regarding Activities (continued)**

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	<b>11</b>		<input checked="" type="checkbox"/>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	<b>12</b>		<input checked="" type="checkbox"/>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <a href="http://www.hollytrust.org">www.hollytrust.org</a>	<b>13</b>	<input checked="" type="checkbox"/>	
<b>14</b>	The books are in care of ▶ <a href="#">Anne Astilbe CPA</a> Telephone no. ▶ <a href="#">617-555-9876</a> Located at ▶ <a href="#">454 Willow Way Chestnut Hill MA</a> ZIP+4 ▶ <a href="#">02467</a>			
<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here. . . . . ▶ <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶ <b>15</b> <span style="float:right">0</span>			
<b>16</b>	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ▶ <a href="#">SZ</a>	<b>16</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		Yes	No
<b>1a</b>	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? . . . . . <b>1b</b>		<input checked="" type="checkbox"/>
	Organizations relying on a current notice regarding disaster assistance check here . . . . . ▶ <input type="checkbox"/>		
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012? . . . . . <b>1c</b>		<input checked="" type="checkbox"/>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b>	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . . <b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012.</i> ) . . . . . <b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <b>4a</b>		<input checked="" type="checkbox"/>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012? <b>4b</b>		<input checked="" type="checkbox"/>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** *(continued)*

**5a** During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)  Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

**b** If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? **5b**  Yes  No  
 Organizations relying on a current notice regarding disaster assistance check here

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No  
*If "Yes," attach the statement required by Regulations section 53.4945–5(d).*

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b**  Yes  No  
*If "Yes" to 6b, file Form 8870.*

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **7b**  Yes  No

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
*****				

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total** number of other employees paid over \$50,000

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
.....		
.....		
.....		
.....		
.....		
.....		
<b>Total</b> number of others receiving over \$50,000 for professional services . . . . .		▶

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
<b>1</b> .....	
<b>2</b> .....	
<b>3</b> .....	
<b>4</b> .....	

**Part IX-B Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
<b>1</b> .....	
<b>2</b> .....	
All other program-related investments. See instructions.	
<b>3</b> .....	
<b>Total.</b> Add lines 1 through 3 . . . . .	
▶	

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities . . . . .	<b>1a</b>	65,133,994
<b>b</b>	Average of monthly cash balances . . . . .	<b>1b</b>	3,194,705
<b>c</b>	Fair market value of all other assets (see instructions) . . . . .	<b>1c</b>	259,272
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) . . . . .	<b>1d</b>	68,587,971
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d . . . . .	<b>3</b>	68,587,971
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions) . . . . .	<b>4</b>	1,028,820
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	67,559,151
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5 . . . . .	<b>6</b>	3,377,958

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6 . . . . .	<b>1</b>	3,377,958
<b>2a</b>	Tax on investment income for 2012 from Part VI, line 5 . . . . .	<b>2a</b>	19,666
<b>b</b>	Income tax for 2012. (This does not include the tax from Part VI.) . . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b . . . . .	<b>2c</b>	19,666
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .	<b>3</b>	3,358,292
<b>4</b>	Recoveries of amounts treated as qualifying distributions . . . . .	<b>4</b>	229,046
<b>5</b>	Add lines 3 and 4 . . . . .	<b>5</b>	3,587,338
<b>6</b>	Deduction from distributable amount (see instructions) . . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 . . . . .	<b>7</b>	3,587,338

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 . . . . .	<b>1a</b>	3,150,216
<b>b</b>	Program-related investments—total from Part IX-B . . . . .	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required) . . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule) . . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	3,150,216
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions) . . . . .	<b>5</b>	19,666
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .	<b>6</b>	3,130,550

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
<b>1</b> Distributable amount for 2012 from Part XI, line 7 . . . . .				3,587,338
<b>2</b> Undistributed income, if any, as of the end of 2012:				
<b>a</b> Enter amount for 2011 only . . . . .			0	
<b>b</b> Total for prior years: 20____,20____,20____		0		
<b>3</b> Excess distributions carryover, if any, to 2012:				
<b>a</b> From 2007 . . . . .				
<b>b</b> From 2008 . . . . .				
<b>c</b> From 2009 . . . . .				
<b>d</b> From 2010 . . . . .				1,543,766
<b>e</b> From 2011 . . . . .				
<b>f</b> <b>Total</b> of lines 3a through e . . . . .	1,543,766			
<b>4</b> Qualifying distributions for 2012 from Part XII, line 4: ▶ \$ <u>3,150,216</u>				
<b>a</b> Applied to 2011, but not more than line 2a . . . . .			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions) . . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions) . . . . .	0			
<b>d</b> Applied to 2012 distributable amount . . . . .				3,150,216
<b>e</b> Remaining amount distributed out of corpus . . . . .	0			
<b>5</b> Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a).)	437,122			437,122
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .	1,106,644			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . .		0		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2011. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) . . . . .	0			
<b>8</b> Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions) . . . . .	0			
<b>9</b> <b>Excess distributions carryover to 2013.</b> Subtract lines 7 and 8 from line 6a . . . . .	1,106,644			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2008 . . . . .				
<b>b</b> Excess from 2009 . . . . .				
<b>c</b> Excess from 2010 . . . . .				1,106,644
<b>d</b> Excess from 2011 . . . . .				
<b>e</b> Excess from 2012 . . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling . . . . . ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2012	(b) 2011	(c) 2010	(d) 2009	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
<b>b</b> "Endowment" alternative test—enter <sup>2</sup> / <sub>3</sub> of minimum investment return shown in Part X, line 6 for each year listed . . . . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					
<b>(4)</b> Gross investment income . . . . .					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
  
- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a** The name, address, and telephone number or e-mail of the person to whom applications should be addressed:
  
- b** The form in which applications should be submitted and information and materials they should include:
  
- c** Any submission deadlines:
  
- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XV** **Supplementary Information** (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<p><b>a</b> <i>Paid during the year</i></p> <p>*****</p>				
<p><b>Total</b> . . . . .</p>			<b>3a</b>	2,162,735
<p><b>b</b> <i>Approved for future payment</i></p> <p>School of Medicine 134 Anemone Ave Raintown WA 98530</p> <p>Big Hospital 135 Anemone Ave Raintown WA 98530</p> <p>University of Raintown 458 Daylily Drive Raintwon WA 98530</p>				
		509(a)(1)	program support	300,000
		509(a)(1)	program support	2,500,000
		509(a)(1)	program support	225,000
<p><b>Total</b> . . . . .</p>			<b>3b</b>	3,025,000





**OtherIncomeSchedule2 (Part I, line 11)**

<i>Description</i>	<i>Amount</i>	<i>Net Inv. Inc.</i>
Through partnership investments	-48,631	-48,631
Cancelled pledges	203,500	0
Refunded pledges	25,546	0
Misc income	820	820

**LegalFeesSchedule (Part I, line 16a)**

<i>Description</i>	<i>Exp. per Books</i>	<i>Net Invest. Inc.</i>	<i>Adj. Net Inc.</i>	<i>Char. Purposes</i>
Legal fees	525			525

**AccountingFeesSchedule (Part I, line 16b)**

<i>Description</i>	<i>Exp. Per Books</i>	<i>Net Invest. Inc.</i>	<i>Adj. Net Inc.</i>	<i>Char. Purposes</i>
Penn Oak & Co.	28,053	14,026		14,027

**OtherProfessionalFeesSchedule (Part I, line 16c)**

<i>Description</i>	<i>Exp. per Books</i>	<i>Net Invest. Inc.</i>	<i>Adj. Net Inc.</i>	<i>Char. Purposes</i>
Consulting fees	225,677			225,677

**TaxesSchedule (Part I, line 18)**

<i>Description</i>	<i>Exp. Per Books</i>	<i>Net Invest. Inc.</i>	<i>Adj. Net Inc.</i>	<i>Char. Purposes</i>
Federal excise taxes	34,575	0		0
Foreign taxes withheld	5,239	5,239		0
NYS filing fees	1,500	0		1,500
Payroll taxes	16,667	3,133		13,534

**DepreciationSchedule (Part I, line 19)**

<i>Description</i>	<i>Date acq.</i>	<i>Cost/ Basis</i>	<i>Prior Depr</i>	<i>Method</i>	<i>Rate/ Life</i>	<i>Depr Exp</i>
Office furniture & equipment	1/5/1999	208,515		S/L	20	5,665

**OtherExpensesSchedule (Part I, line 23a)**

<b>Description</b>	<b>Exp. per Books</b>	<b>Net Invest. Inc.</b>	<b>Adj. Net Inc.</b>	<b>Char. Purposes</b>
Directors liability insurance	8,340	4,170		4,170
Custodial fees	363,250	363,250		0
Bank service charges	5	5		0
Insurance – office	1,629	814		815
Office expense	5,234	2,617		2,617
Postage & mailing expense	8,092	4,046		4,046
Dues & subscriptions	2,300	1,150		1,150
Misc expense	2,665	1,333		1,332
Meals	314	0		314
Rental & maintenance	8,085	4,042		4,043
Carfare	241	121		120
Management fees	1,526	1,526		0
Kitchen supplies	693	347		346
Amortization	5,000	5,000		0

**AmortizationSchedule (Part I, line 23a)**

<b>Description</b>	patent amortization
<b>Date acquired</b>	5/12/2009
<b>Amount amortized</b>	\$85,000
<b>Prior deduction</b>	\$15,000
<b>Amortization period</b>	204
<b>Current amortization</b>	\$5,000
<b>Total amortization</b>	\$20,000

**OtherNotesLoansReceivableShortSchedule2 (Part II, line 7(b))**

<b>Name of Organization</b>	<b>Balance Due</b>
Day Care Center	15,000

**InvestmentsGovtObligationsSchedule (Part II, line 10a(B))**

<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
US govt obligations	9,308	9,925
State & local govt obligations	300,000	344,550

**InvestmentsCorpStockSchedule (Part II, line 10b(B))**

<b>Entry #</b>	<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
1	1242 shares Charter Fund	304,194	807,515
2	1319 shares Including Company	384,284	683,367
3	4295 shares Actual Ltd.	602,749	762,391
4	7972 shares Advance Inc.	645,503	710,686
5	6174 shares Annual Corp.	274,930	675,553
6	8023 shares Application Fund	579,186	561,455
7	1540 shares Apply Company	261,491	752,032
8	2410 shares Appropriate Ltd.	679,664	590,437
9	6807 shares Authorize Inc.	526,440	713,599
10	2384 shares Based Corp.	486,058	626,084
11	5449 shares Been Fund	617,770	669,061
12	1764 shares Being Company	247,891	643,776
13	1341 shares Best Ltd.	628,819	821,569
14	5057 shares Central Inc.	206,884	509,792
15	1233 shares Change Corp.	390,037	812,048
16	4206 shares Come Fund	415,138	813,511
17	7329 shares Continued Company	540,042	529,978
18	5551 shares Copy Ltd.	545,313	709,161
19	6698 shares Cypress Inc.	444,358	686,112
20	9975 shares Described Corp.	296,234	686,911
21	2088 shares District Fund	393,685	712,899
22	3209 shares Document Company	222,798	587,012
23	6026 shares Duplicate Ltd.	592,508	628,817
24	3773 shares During Inc.	452,233	812,312
25	3759 shares Each Corp.	307,078	792,140
26	9783 shares Effect Fund	264,742	715,762
27	9536 shares Evidence Company	422,533	697,831
28	6646 shares Exempt Ltd.	644,850	805,445
29	6486 shares Exemption Inc.	591,444	780,128
30	7484 shares Exist Corp.	575,945	654,235
31	4296 shares Federal Fund	607,316	621,184
32	7527 shares Following Company	359,485	755,381
33	2167 shares From Ltd.	551,886	587,549
34	1849 shares Governmental Inc.	628,781	690,367
35	4193 shares Group Corp.	311,725	781,310
36	8166 shares Having Fund	276,898	533,544
37	8004 shares Immediate Company	214,514	553,836
38	5586 shares Included Ltd.	396,983	501,389
39	1204 shares Indicate Inc.	435,142	687,898
40	3455 shares Indicated Corp.	569,371	638,271
41	4491 shares Information Fund	409,711	825,753
42	4262 shares Information Company	557,416	568,145
43	8410 shares Instrumentality Ltd.	666,351	654,380
44	7615 shares Internal Inc.	421,872	751,165
45	6930 shares Issued Corp.	397,082	545,916
46	8690 shares Letter Fund	447,847	569,295
47	3366 shares Located Company	464,204	553,972
48	3620 shares Longer Ltd.	204,411	540,540

<b>Entry #</b>	<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
49	5568 shares Massachusetts Inc.	594,941	540,048
50	9870 shares Meet Corp.	340,656	590,189
51	3964 shares Method Fund	552,277	558,700
52	6257 shares Must Company	627,852	729,983
53	2556 shares Necessary Ltd.	318,873	640,205
54	7181 shares Nevertheless Inc.	350,073	605,852
55	9860 shares Notice Corp.	343,390	655,968
56	5035 shares Obtain Fund	503,995	704,674
57	8768 shares Occurred Company	511,263	584,540
58	6900 shares Office Ltd.	324,944	772,171
59	2927 shares Order Inc.	420,868	679,143
60	8497 shares Organization Corp.	623,735	639,722
61	8425 shares Present Fund	223,785	746,869
62	7023 shares Procedure Company	671,819	687,591
63	1795 shares Proposed Ltd.	326,903	555,182
64	4028 shares Provide Inc.	438,013	692,920
65	2630 shares Purposes Corp.	419,085	774,852
66	9740 shares Receipts Fund	404,100	619,280
67	8676 shares Relating Company	210,740	614,638
68	7617 shares Reports Ltd.	308,325	632,893
69	6639 shares Representative Inc.	499,034	775,654
70	9965 shares Resubmit Corp.	290,689	682,460
71	9924 shares Return Fund	207,458	651,180
72	3539 shares Returns Company	263,008	583,667
73	8367 shares Same Ltd.	677,359	666,981
74	3866 shares Section Inc.	466,917	731,696
75	7297 shares Sent Corp.	431,744	524,939
76	6764 shares Service Fund	326,559	720,878
77	3116 shares Should Company	428,776	779,978
78	8292 shares Status Ltd.	477,119	808,449
79	2683 shares Still Inc.	248,616	646,304
80	7217 shares Street Corp.	553,281	573,290
81	6090 shares Submission Fund	402,879	696,440
82	4217 shares Submit Company	232,209	826,139
83	1907 shares Subordinate Ltd.	313,597	771,970
84	1803 shares Supervision Inc.	402,773	650,087
85	5831 shares Supplemental Corp.	627,851	599,112
86	7929 shares Supplied Fund	312,501	584,865
87	6007 shares Through Company	207,827	707,464
88	2719 shares Time Ltd.	530,582	633,322
89	5672 shares Under Inc.	338,497	757,570
90	9357 shares Units Corp.	488,186	584,284
91	9277 shares Wants Fund	408,061	542,999
92	4254 shares Which Company	677,655	589,756
93	1716 shares With Ltd.	484,821	743,607
94	4785 shares Years Inc.	475,463	572,737

**InvestmentsOtherSchedule2 (Part II, line 13)**

<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
Investment Basket	279,440	291,675
Masters Fund	5,096,160	5,096,160
Hotel Capital	299,374	299,683
Blanket Partnership	330,065	330,065

**LandEtcSchedule2 (Part II, line 14)**

<b>Description</b>	<b>Cost/Basis</b>	<b>Accum. Depr.</b>	<b>Book Value</b>	<b>FMV</b>
Office furniture & equipment	208,515	141,098	67,417	0

**OtherAssetsSchedule (Part II, line 15)**

<b>Description</b>	<b>BOY Book Value</b>	<b>EOY Book Value</b>	<b>FMV</b>
Accrued interest receivable	110,455	110,983	110,983
Misc receivable	45,382	114,348	114,348
Accrued interest receivable	110,455	110,983	110,983
Misc receivable	45,382	114,348	114,348

**MortgagesAndNotesPayableSchedule (Part II, line 21)**

<b>Lender's name</b>	First Bank & Trust
<b>Lender's title</b>	N/A
<b>Relationship to insider</b>	none
<b>Original amount of loan</b>	\$ 500,000
<b>Balance due</b>	\$ 427,800
<b>Date of note</b>	7/3/2012
<b>Maturity date</b>	6/30/2016
<b>Repayment terms</b>	on demand
<b>Interest rate</b>	5.3%
<b>Security provided by borrower</b>	securities
<b>Purpose of loan</b>	purchase of computers
<b>Description of lender consideration</b>	none
<b>Consideration FMV</b>	

**Capital Gain & Losses (Part IV, Line 1)**

<b>Description</b>	<b>P/D</b>	<b>Date Acq.</b>	<b>Date Sold</b>	<b>Sales Price</b>	<b>Depr.</b>	<b>Cost/Basis</b>	<b>Gain or Loss</b>	<b>Total Gains/Losses</b>
Publicly traded securities				1,936,276		887,470	1,048,806	1,048,806

**Officers, Directors, Trustees (Part VIII, line 1)**

<i>Name</i>	<i>Address</i>	<i>Title</i>	<i>Hours</i>	<i>Compensation</i>	<i>EB Plans</i>	<i>Exp. Acct.</i>
Steven Holly	980 Tiarella Trail Anytown MA 02467	Trustee	40	100,000	0	0
Andrew Astilbe	980 Tiarella Trail Anytown MA 02467	Trustee	0	0	0	0
William Wallflower	980 Tiarella Trail Anytown MA 02467	Trustee	2	2,875	0	0
Arthur Anemone	980 Tiarella Trail Anytown MA 02467	Trustee	0	0	0	0
Mary Ann Marigold	980 Tiarella Trail Anytown MA 02467	Trustee	10	40,000	0	0
Rebecca Rosebud	980 Tiarella Trail Anytown MA 02467	Trustee	5	25,000	0	0
Karen Holly	980 Tiarella Trail Anytown MA 02467	Trustee	5	25,000	0	0

**Compensation Explanation (Part VIII, line 1)**

<i>Name</i>	<i>Explanation</i>
Steven Holly	Compensation was determined to be reasonable by an impartial panel of experts.
William Wallflower	Compensation was concluded to be equitable by an independent group of experts.
Mary Ann Marigold	Compensation was established as reasonable by an independent panel of specialists.
Rebecca Rosebud	Compensation was analyzed by an unbiased team of authorities.
Karen Holly	Compensation was determined to be reasonable by an impartial panel of experts.

**Contributions Paid (Part XV, line 3a)**

<i>Entry #</i>	<i>Name</i>	<i>Address</i>	<i>Fdn Status</i>	<i>Purpose</i>	<i>Amount</i>
1	Added Charity	5604 Anemone Avenue Chestnut Hill MA 02467	509(a)(1)	scholarships	54,000
2	After Fund	730 Daylily Drive Nixon NV 89424	509(a)(1)	program support	39,500
3	Agency Foundation	9844 Walnut Way Cologne MN 55322	509(a)(1)	building fund	36,250
4	Annual Association	1333 Astilbe Avenue Chantilly VA 22021	509(a)(2)	program support	30,200
5	Appear Community Fund	3097 Tiarella Trail Fairfax VA 22031	509(a)(1)	aid to indigent	43,825
6	Applications Charity	8152 Rosbud Road Audubon NJ 08106	509(a)(1)	program development	42,860
7	Attachments Fund	1452 Anemone Avenue New York NY 10028	509(a)(1)	scholarships	40,895
8	Authorization Foundation	7054 Daylily Drive Chestnut Hill MA 02468	509(a)(1)	program support	37,930
9	Based Association	7464 Walnut Way Nixon NV 89425	509(a)(2)	building fund	43,965
10	Basis Community Fund	9525 Astilbe Avenue Cologne MN 55323	509(a)(1)	program support	37,000

<b>Entry #</b>	<b>Name</b>	<b>Address</b>	<b>Fdn Status</b>	<b>Purpose</b>	<b>Amount</b>
11	Begin Charity	3380 Tiarella Trail Chantilly VA 22022	509(a)(1)	aid to indigent	31,035
12	Calendar Fund	9782 Rosbud Road Fairfax VA 22032	509(a)(1)	program development	42,070
13	Center Foundation	446 Anemone Avenue Audubon NJ 08107	509(a)(1)	scholarships	54,105
14	Central Association	7828 Daylily Drive New York NY 10029	509(a)(2)	program support	53,140
15	Change Community Fund	4166 Walnut Way Chestnut Hill MA 02469	509(a)(1)	building fund	52,175
16	Conditions Charity	4343 Astilbe Avenue Nixon NV 89426	509(a)(1)	program support	41,210
17	Continued Fund	1102 Tiarella Trail Cologne MN 55324	509(a)(1)	aid to indigent	50,245
18	Control Foundation	3590 Rosbud Road Chantilly VA 22023	509(a)(1)	program development	54,280
19	Credit Association	3541 Anemone Avenue Fairfax VA 22033	509(a)(2)	scholarships	29,315
20	Date Community Fund	6707 Daylily Drive Audubon NJ 08108	509(a)(1)	program support	46,350
21	Determination Charity	5353 Walnut Way New York NY 10030	509(a)(1)	building fund	47,385
22	Discussion Fund	5136 Astilbe Avenue Chestnut Hill MA 02470	509(a)(1)	program support	46,420
23	Each Foundation	2817 Tiarella Trail Nixon NV 89427	509(a)(1)	aid to indigent	44,455
24	Effect Association	2911 Rosbud Road Cologne MN 55325	509(a)(2)	program development	45,490
25	Exemption Community Fund	3537 Anemone Avenue Chantilly VA 22024	509(a)(1)	scholarships	40,525
26	File Charity	5212 Daylily Drive Fairfax VA 22034	509(a)(1)	program support	47,560
27	Filing Fund	9918 Walnut Way Audubon NJ 08109	509(a)(1)	building fund	49,595
28	From Foundation	8463 Astilbe Avenue New York NY 10031	509(a)(1)	program support	49,630
29	General Association	8815 Tiarella Trail Chestnut Hill MA 02471	509(a)(2)	aid to indigent	30,665
30	Governed Community Fund	4651 Rosbud Road Nixon NV 89428	509(a)(1)	program development	47,700
31	Governing Charity	9207 Anemone Avenue Cologne MN 55326	509(a)(1)	scholarships	46,735
32	Have Foundation	1413 Walnut Way Fairfax VA 22035	509(a)(1)	building fund	43,805
33	However Association	5589 Astilbe Avenue Audubon NJ 08110	509(a)(2)	program support	41,840
34	Identification Community Fund	2216 Tiarella Trail New York NY 10032	509(a)(1)	aid to indigent	53,875
35	Includes Charity	8253 Rosbud Road Chestnut Hill MA 02472	509(a)(1)	program development	54,910

<b>Entry #</b>	<b>Name</b>	<b>Address</b>	<b>Fdn Status</b>	<b>Purpose</b>	<b>Amount</b>
36	Information Fund	1132 Anemone Avenue Nixon NV 89429	509(a)(1)	scholarships	47,945
37	Instrument Foundation	1175 Daylily Drive Cologne MN 55327	509(a)(1)	program support	36,980
38	Letter Association	800 Walnut Way Chantilly VA 22026	509(a)(2)	building fund	39,015
39	Mailing Community Fund	5237 Astilbe Avenue Fairfax VA 22036	509(a)(1)	program support	37,050
40	Months Charity	3715 Tiarella Trail Audubon NJ 08111	509(a)(1)	aid to indigent	46,085
41	Must Fund	2023 Rosbud Road New York NY 10033	509(a)(1)	program development	43,120
42	Names Foundation	5360 Anemone Avenue Chestnut Hill MA 02473	509(a)(1)	scholarships	48,155
43	National Association	2476 Daylily Drive Nixon NV 89430	509(a)(2)	program support	37,190
44	Nevada Community Fund	9383 Walnut Way Cologne MN 55328	509(a)(1)	building fund	31,225
45	Next Charity	7077 Astilbe Avenue Chantilly VA 22027	509(a)(1)	program support	50,260
46	Number Fund	1991 Tiarella Trail Fairfax VA 22037	509(a)(1)	aid to indigent	46,295
47	Obtain Foundation	8446 Rosbud Road Audubon NJ 08112	509(a)(1)	program development	47,330
48	Office Association	1465 Anemone Avenue New York NY 10034	509(a)(2)	scholarships	47,365
49	Ogden Community Fund	886 Daylily Drive Chestnut Hill MA 02474	509(a)(1)	program support	53,780

**TY2012 990-PF Test Scenario #3**

**PreparerFirm**

**EIN** -- n/a

**PreparerFirmBusinessName** -- none

**PreparerFirmAddress** -- none

**MultipleSoftwarePackagesUsed** -- no

**Originator**

**EFIN** -- as assigned

**Type** -- ERO

**PractitionerPIN**

**EFIN** -- as assigned

**PIN** -- as assigned

**PinEnteredBy** -- *Taxpayer*

**SignatureOption** -- *Pin Number*

**ReturnType** -- *990-PF*

**TaxPeriodBeginDate** -- 10/1/2012

**TaxPeriodEndDate** -- 9/30/2013

**Filer**

**EIN** -- 11-9000024

**Name** -- Penn Oak Foundation

**NameControl** -- PENN

**Phone** -- 510-555-1616

**USAddress** -- 9753 Perfume Street, Cologne, MN 55322

**Officer**

**Name** -- Patsy Pine

**Title** -- Chair

**Phone** -- 510-555-1616

**EmailAddress** --

**DateSigned** -- self-select

**TaxpayerPIN** -- self-select

**Preparer**

**Name** -- none

**PTIN** -- n/a

**Phone** --

**EmailAddress** --

**DatePrepared** --

**SelfEmployed** --

**TaxYear** -- 2012

**binaryAttachmentCount** -- 0

**Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation**

Department of the Treasury  
Internal Revenue Service

**Note.** The foundation may be able to use a copy of this return to satisfy state reporting requirements.

**Open to public inspection**

**For calendar year 2012 or tax year beginning** October 1 , **2012, and ending** September 30 , **20** 13

Name of foundation <b>Penn Oak Foundation</b>		<b>A Employer identification number</b> 11-9000024
Number and street (or P.O. box number if mail is not delivered to street address) <b>9753 Perfume Street</b>	Room/suite	<b>B Telephone number (see instructions)</b> 510-555-1616
City or town, state, and ZIP code <b>Cologne MN 55322</b>		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D</b> 1. Foreign organizations, check here . . . <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation . . . <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here . . . <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$</b> <u>1,176,968,796</u>	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis.)</i>	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . . . <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	1,000,000			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments	3,500,337	3,500,337		
	<b>4</b> Dividends and interest from securities . . . . .	30,653,505	30,653,505		
	<b>5a</b> Gross rents . . . . .				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	31,915,992			
	<b>b</b> Gross sales price for all assets on line 6a <u>12,098,938,176</u>				
	<b>7</b> Capital gain net income (from Part IV, line 2) . . . . .		31,915,992		
	<b>8</b> Net short-term capital gain . . . . .				
	<b>9</b> Income modifications . . . . .				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less: Cost of goods sold . . . . .					
<b>c</b> Gross profit or (loss) (attach schedule) . . . . .					
<b>11</b> Other income (attach schedule) . . . . .					
<b>12 Total.</b> Add lines 1 through 11 . . . . .	67,069,834	66,069,834			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.	1,385,067	301,605		1,083,462
	<b>14</b> Other employee salaries and wages . . . . .	1,251,120	22,745		1,228,375
	<b>15</b> Pension plans, employee benefits . . . . .	680,991	62,017		618,974
	<b>16a</b> Legal fees (attach schedule) . . . . .	38,604	11,405		27,199
	<b>b</b> Accounting fees (attach schedule) . . . . .	60,413	30,206		30,207
	<b>c</b> Other professional fees (attach schedule) . . . . .	2,178,418	1,603,365		575,053
	<b>17</b> Interest . . . . .				
	<b>18</b> Taxes (attach schedule) (see instructions)	931,630			21,393
	<b>19</b> Depreciation (attach schedule) and depletion . . . . .	547,195			
	<b>20</b> Occupancy . . . . .	339,540	7,920		331,620
	<b>21</b> Travel, conferences, and meetings . . . . .	389,766	33,299		356,467
	<b>22</b> Printing and publications . . . . .	28,406	829		27,577
	<b>23</b> Other expenses (attach schedule) . . . . .	139,723	5,688		134,035
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	7,970,873	2,079,079		4,434,362
	<b>25</b> Contributions, gifts, grants paid . . . . .	111,757,485			53,083,397
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	119,728,358	2,079,079		57,517,759	
<b>27</b> Subtract line 26 from line 12:					
<b>a Excess of revenue over expenses and disbursements</b>	(52,658,524)				
<b>b Net investment income</b> (if negative, enter -0-)		63,990,755			
<b>c Adjusted net income</b> (if negative, enter -0-)					

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	50,315	19,143	19,143
	<b>2</b> Savings and temporary cash investments . . . . .	151,822,854	191,422,590	191,422,590
	<b>3</b> Accounts receivable ▶ <span style="float: right;">239</span>			
	Less: allowance for doubtful accounts ▶	1,512	239	239
	<b>4</b> Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶			
	Less: allowance for doubtful accounts ▶			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .	3,995	327,542	327,542
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)	338,590,953	240,553,462	240,553,462
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	300,906,035	339,528,819	339,528,819
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .	250,744,443	259,258,660	259,258,660
	<b>11</b> Investments—land, buildings, and equipment: basis ▶			
Less: accumulated depreciation (attach schedule) ▶				
<b>12</b> Investments—mortgage loans . . . . .				
<b>13</b> Investments—other (attach schedule) . . . . .	259,574,986	136,394,625	136,394,625	
<b>14</b> Land, buildings, and equipment: basis ▶ <span style="float: right;">12,402,960</span>				
Less: accumulated depreciation (attach schedule) ▶ <span style="float: right;">2,942,560</span>	10,007,595	9,460,400	9,460,400	
<b>15</b> Other assets (describe ▶ _____ )	6,717	3,316	3,316	
<b>16 Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I) . . . . .	1,311,709,405	1,176,968,796	1,176,968,796	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	543,621	423,146	
	<b>18</b> Grants payable . . . . .	156,397,809	165,281,545	
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____ )	253,482,040	132,692,379	
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	410,423,470	298,397,070	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> . . . . . <input type="checkbox"/>			
	<b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .			
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/>			
	<b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .	815,550,406	815,550,406	
<b>28</b> Paid-in or capital surplus, or land, bldg., and equipment fund				
<b>29</b> Retained earnings, accumulated income, endowment, or other funds	85,735,529	63,021,320		
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	901,285,935	878,571,726		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	1,311,709,405	1,176,968,796		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	901,285,935
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	(52,658,524)
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	30,507,760
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	879,135,171
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	563,445
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	<b>6</b>	878,571,726

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b>	*****			
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0- ) or Losses (from col. (h))	
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2</b>	Capital gain net income or (net capital loss) $\left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 7} \\ \text{If (loss), enter -0- in Part I, line 7} \end{array} \right\}$		<b>2</b>	31,915,992
<b>3</b>	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2011	74,489,946	1,080,797,356	.068921
2010	103,536,439	1,185,137,388	.087362
2009	81,849,880	1,249,258,033	.065519
2008	35,203,574	1,284,541,687	.027406
2007	94,949,055	1,303,898,180	.072819

<b>2</b>	Total of line 1, column (d)	<b>2</b>	.322027
<b>3</b>	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	.064405
<b>4</b>	Enter the net value of noncharitable-use assets for 2012 from Part X, line 5	<b>4</b>	1,021,812,170
<b>5</b>	Multiply line 4 by line 3	<b>5</b>	65,809,813
<b>6</b>	Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	639,908
<b>7</b>	Add lines 5 and 6	<b>7</b>	66,449,721
<b>8</b>	Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	<b>8</b>	67,305,345

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)			
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	<b>1</b>	639,908	
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>		
<b>3</b>	Add lines 1 and 2	<b>3</b>	639,908	
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>		
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	<b>5</b>	639,908	
<b>6</b>	Credits/Payments:			
<b>a</b>	2012 estimated tax payments and 2011 overpayment credited to 2012	<b>6a</b>	575,000	
<b>b</b>	Exempt foreign organizations—tax withheld at source	<b>6b</b>		
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>		
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>		
<b>7</b>	Total credits and payments. Add lines 6a through 6d	<b>7</b>	575,000	
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	<b>9</b>	64,908	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	<b>10</b>		
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2013 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>		

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		✓
<b>1b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		✓
<b>1c</b> Did the foundation file <b>Form 1120-POL</b> for this year?		✓
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. ▶ \$ _____ <b>(2)</b> On foundation managers. ▶ \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	✓	
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		✓
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?		✓
<b>4b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		✓
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	✓	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>	✓	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MN		
<b>8b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If "No," attach explanation</i>	✓	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		✓
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	✓	

**Part VII-A Statements Regarding Activities (continued)**

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	<b>11</b>		✓
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	<b>12</b>		✓
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <a href="http://www.pennoakfoundation.org">www.pennoakfoundation.org</a>	<b>13</b>	✓	
<b>14</b>	The books are in care of ► <u>Walter Oak</u> Telephone no. ► <u>510-555-1616</u> Located at ► <u>9753 Perfume Street Cologne MN</u> ZIP+4 ► <u>55322</u>			
<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here. . . . . and enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>15</b>		<input type="checkbox"/>
<b>16</b>	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ►	<b>16</b>	Yes	No

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		Yes	No
<b>1a</b>	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? . . . . .	<b>1b</b>	✓
	Organizations relying on a current notice regarding disaster assistance check here . . . . . <input type="checkbox"/>		
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012? . . . . .	<b>1c</b>	✓
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b>	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	<b>2b</b>	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012.</i> ) . . . . .	<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	✓
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	<b>4b</b>	✓

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

**5a** During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)  Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

**b** If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? **5b**  No  Yes

Organizations relying on a current notice regarding disaster assistance check here

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b**  No  Yes

If "Yes" to 6b, file Form 8870.

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **7b**  No  Yes

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
*****				

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Evan Euonymus 9753 Perfume Street Cologne MN 55322	Sr. Program Officer 40	159,500	35,556	0
Arlene Astilbe 9753 Perfume Street Cologne MN 55322	Sr. Program Officer 40	127,713	31,171	0
Rachel Rugosa 9753 Perfume Street Cologne MN 55322	Sr. Program Officer 40	127,713	27,567	0
Harriette Hollyhock 9753 Perfume Street Cologne MN 55322	Sr. Program Officer 40	97,038	27,705	0
Dwayne Lilly 9753 Perfume Street Cologne MN 55322	Internal Auditor 40	83,353	27,647	0

**Total** number of other employees paid over \$50,000 **5**

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Big Broker 5 Smellgood Street Cologne MN 55322	investment management	401,141
Bigger Broker 7842 Willow Way Audubon NJ 08106	investment management	389,059
Even Bigger Broker 6 Daylily Drive Chantilly VA 22021	investment management	225,343
Extremely Huge Broker 16 Calla Court Fairfax VA 22031	investment management	218,725
Very Biggest Broker 555 Madison Avenue New York NY 10028	investment management	119,951
<b>Total</b> number of others receiving over \$50,000 for professional services . . . . .		<b>3</b>

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b> .....	
<b>2</b> .....	
<b>3</b> .....	
<b>4</b> .....	

**Part IX-B Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
<b>1</b> .....	
<b>2</b> .....	
All other program-related investments. See instructions.	
<b>3</b> .....	
<b>Total.</b> Add lines 1 through 3 . . . . .	

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities . . . . .	<b>1a</b>	1,037,013,973
<b>b</b>	Average of monthly cash balances . . . . .	<b>1b</b>	27,691
<b>c</b>	Fair market value of all other assets (see instructions) . . . . .	<b>1c</b>	331,097
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) . . . . .	<b>1d</b>	1,037,372,761
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d . . . . .	<b>3</b>	1,037,372,761
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions) . . . . .	<b>4</b>	15,560,591
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	1,021,812,170
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5 . . . . .	<b>6</b>	51,090,608

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6 . . . . .	<b>1</b>	51,090,608
<b>2a</b>	Tax on investment income for 2012 from Part VI, line 5 . . . . .	<b>2a</b>	639,908
<b>b</b>	Income tax for 2012. (This does not include the tax from Part VI.) . . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b . . . . .	<b>2c</b>	639,908
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .	<b>3</b>	50,450,701
<b>4</b>	Recoveries of amounts treated as qualifying distributions . . . . .	<b>4</b>	38,617
<b>5</b>	Add lines 3 and 4 . . . . .	<b>5</b>	50,489,318
<b>6</b>	Deduction from distributable amount (see instructions) . . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 . . . . .	<b>7</b>	50,489,318

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 . . . . .	<b>1a</b>	57,517,759
<b>b</b>	Program-related investments—total from Part IX-B . . . . .	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .	<b>2</b>	16,032
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required) . . . . .	<b>3a</b>	9,771,554
<b>b</b>	Cash distribution test (attach the required schedule) . . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	67,305,345
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions) . . . . .	<b>5</b>	639,908
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .	<b>6</b>	66,665,437

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
<b>1</b> Distributable amount for 2012 from Part XI, line 7 . . . . .				50,489,318
<b>2</b> Undistributed income, if any, as of the end of 2012:				
<b>a</b> Enter amount for 2011 only . . . . .				
<b>b</b> Total for prior years: 20____,20____,20____				
<b>3</b> Excess distributions carryover, if any, to 2012:				
<b>a</b> From 2007 . . . . .	32,035,537			
<b>b</b> From 2008 . . . . .	3,695,543			
<b>c</b> From 2009 . . . . .	20,593,450			
<b>d</b> From 2010 . . . . .	45,357,800			
<b>e</b> From 2011 . . . . .	21,321,432			
<b>f</b> <b>Total</b> of lines 3a through e . . . . .	123,003,762			
<b>4</b> Qualifying distributions for 2012 from Part XII, line 4: ► \$ <u>67,305,345</u>				
<b>a</b> Applied to 2011, but not more than line 2a . . . . .				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions) . . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions) . . . . .				
<b>d</b> Applied to 2012 distributable amount . . . . .				50,489,318
<b>e</b> Remaining amount distributed out of corpus . . . . .	16,816,027			
<b>5</b> Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .	139,819,789			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2011. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) . . . . .				
<b>8</b> Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions) . . . . .	32,035,537			
<b>9</b> <b>Excess distributions carryover to 2013.</b> Subtract lines 7 and 8 from line 6a . . . . .	107,784,252			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2008 . . . . .	3,695,543			
<b>b</b> Excess from 2009 . . . . .	20,593,450			
<b>c</b> Excess from 2010 . . . . .	45,357,800			
<b>d</b> Excess from 2011 . . . . .	21,321,432			
<b>e</b> Excess from 2012 . . . . .	16,816,027			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling . . . . . ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2012	(b) 2011	(c) 2010	(d) 2009	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
<b>b</b> "Endowment" alternative test—enter <sup>2</sup> / <sub>3</sub> of minimum investment return shown in Part X, line 6 for each year listed . . . . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					
<b>(4)</b> Gross investment income . . . . .					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

- 1 Information Regarding Foundation Managers:**
- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
  - b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**  
 Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a** The name, address, and telephone number or e-mail of the person to whom applications should be addressed:  
\*\*\*\*\*
- b** The form in which applications should be submitted and information and materials they should include:  
\*\*\*\*\*
- c** Any submission deadlines:  
\*\*\*\*\*
- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  
\*\*\*\*\*

**Part XV** **Supplementary Information** (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<p><b>a</b> <i>Paid during the year</i></p> <p>*****</p>				
<p><b>Total</b> . . . . .</p>			<b>3a</b>	53,083,397
<p><b>b</b> <i>Approved for future payment</i></p> <p>Information Fund 6099 Hickory Blvd Buffalo MN 55322</p> <p>Addition Association 20 Central Street Cologne MN 55322</p> <p>Bulletin Fund 81 Fifth Blvd Hamburg MN 55341</p>				
	509(a)(1)		program development	1,500,000
	509(a)(1)		scholarships	500,000
	509(a)(1)		operating budget	100,000
<p><b>Total</b> . . . . .</p>			<b>3b</b>	2,100,000





# Schedule of Contributors

**2012**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

Name of the organization

Employer identification number

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

### Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b>	<b>Employer identification number</b>
-----------------------------	---------------------------------------

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Penn Oak, Jr. ----- 9753 Perfume Street ----- Cologne MN 55322 -----	\$ 500,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Penn Oak, III ----- 9753 Perfume Street ----- Cologne MN 55322 -----	\$ 500,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

## Payment Record

Routing Transit Number	012456778
Bank Account Number	111-222-3456
Account Type	checking
Payment Amount	\$ 64,908
Requested Payment Date	02/15/2014
Taxpayer Daytime Phone	510-555-1616

**LegalFeesSchedule (Part I, line 16a)**

<i>Description</i>	<i>Exp. per Books</i>	<i>Net Invest. Inc.</i>	<i>Adj. Net Inc.</i>	<i>Char. Purposes</i>
Legal fees	38,604	11,405		27,199

**AccountingFeesSchedule (Part I, line 16b)**

<i>Description</i>	<i>Exp. Per Books</i>	<i>Net Invest. Inc.</i>	<i>Adj. Net Inc.</i>	<i>Char. Purposes</i>
Audit & tax services	60,413	30,206		30,207

**OtherProfessionalFeesSchedule (Part I, line 16c)**

<i>Description</i>	<i>Exp. per Books</i>	<i>Net Invest. Inc.</i>	<i>Adj. Net Inc.</i>	<i>Char. Purposes</i>
Investment management	1,601,075	1,601,075		
Consulting	565,562	2,290		563,272
Outside temp service	120	0		120
Annual report distribution	11,661	0		11,661

**TaxesSchedule (Part I, line 18)**

<i>Description</i>	<i>Exp. Per Books</i>	<i>Net Invest. Inc.</i>	<i>Adj. Net Inc.</i>	<i>Char. Purposes</i>
Federal excise taxes	910,237			
Property taxes	21,393			21,393

**DepreciationSchedule (Part I, line 19)**

<i>Description</i>	<i>Date acq.</i>	<i>Cost/ Basis</i>	<i>Prior Depr</i>	<i>Method</i>	<i>Rate/ Life</i>	<i>Depr Exp</i>
Office furniture & fixtures	6/30/2005	712,594	403,239	S/L	7	92,116
Office equipment	6/30/2005	1,152,151	911,802	S/L	5	208,291
Software	12/31/2006	133,718	104,669	S/L	3	23,911
Vehicles	12/31/2008	40,053	9,782	S/L	7	2,234
Building	6/30/2005	9,165,864	965,873	S/L	39	220,643

**OtherExpensesSchedule (Part I, line 23a)**

<i>Description</i>	<i>Exp. per Books</i>	<i>Net Invest. Inc.</i>	<i>Adj. Net Inc.</i>	<i>Char. Purposes</i>
Staff seminars	5,627			5,627
Education	4,168			4,168
Dues	5,018			5,018
Noncapital equipment	5,160	77		5,083
Automobile expense	1,851	185		1,666
Personnel & service support	15,240	134		15,106
Insurance	37,757	1,388		36,369
Benefit plan administration	2,752	344		2,408
Technical maintenance	15,540	105		15,435
Office supplies	13,314	1,331		11,983
Postage	20,508	2,051		18,457
Website expenses	4,844	73		4,771
Public relations	6,465			6,465
Program expenses	1,479			1,479

**InvestmentsGovtObligationsSchedule (Part II, line 10a(B))**

<i>Description</i>	<i>Book Value</i>	<i>FMV</i>
U.S. govt obligations	238,814,668	238,814,668
State & local govt obligations	1,738,794	1,738,794

**InvestmentsCorpStockSchedule (Part II, line 10b(B))**

<i>Entry #</i>	<i>Description</i>	<i>Book Value</i>	<i>FMV</i>
1	3372 shares of Apple Corporation	614,421	614,421
2	4346 shares of Return Limited	1,088,188	1,088,188
3	2433 shares of Depreciation Fund	1,444,180	1,444,180
4	3401 shares of Form Enterprises	668,116	668,116
5	3690 shares of However International, Inc.	590,320	590,320
6	2168 shares of Used, Inc.	975,821	975,821
7	4256 shares of Even Group	735,271	735,271
8	3285 shares of Are Company	543,785	543,785
9	3049 shares of Nature Corporation	500,932	500,932
10	1359 shares of For Limited	337,299	337,299
11	3103 shares of Straddles Fund	451,614	451,614
12	2686 shares of Form Enterprises	359,737	359,737
13	2639 shares of Completing International, Inc.	510,090	510,090
14	4196 shares of Should, Inc.	1,353,259	1,353,259
15	2998 shares of Schema Group	910,241	910,241
16	2099 shares of There Company	1,641,429	1,641,429
17	1644 shares of And Corporation	1,596,871	1,596,871
18	1455 shares of Each Limited	626,036	626,036
19	1357 shares of Information Fund	1,400,634	1,400,634
20	1522 shares of Element Enterprises	357,869	357,869
21	4198 shares of Or International, Inc.	741,223	741,223
22	1779 shares of Both, Inc.	601,568	601,568
23	1616 shares of Completed Group	1,302,361	1,302,361

<b>Entry #</b>	<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
24	1366 shares of Attached Company	1,339,371	1,339,371
25	3432 shares of Everyone Corporation	1,197,058	1,197,058
26	2680 shares of Wolf Limited	991,799	991,799
27	2803 shares of Form Fund	1,055,020	1,055,020
28	3598 shares of Numbers Enterprises	856,649	856,649
29	3956 shares of On International, Inc.	868,032	868,032
30	3447 shares of To, Inc.	1,172,924	1,172,924
31	1764 shares of Of Group	1,522,274	1,522,274
32	1430 shares of Schedule Company	580,002	580,002
33	3626 shares of Mef Corporation	507,336	507,336
34	3000 shares of Business Limited	835,299	835,299
35	4223 shares of What'S Fund	846,513	846,513
36	2421 shares of Eta Enterprises	842,426	842,426
37	4350 shares of Form International, Inc.	530,670	530,670
38	4026 shares of Edit, Inc.	410,450	410,450
39	3343 shares of Why Group	886,300	886,300
40	2111 shares of Software Company	1,407,780	1,407,780
41	4524 shares of This Corporation	1,534,599	1,534,599
42	1430 shares of Correction Limited	838,879	838,879
43	2280 shares of Limited Fund	1,529,560	1,529,560
44	4761 shares of Have Enterprises	444,341	444,341
45	3855 shares of We International, Inc.	626,753	626,753
46	2766 shares of Electronic, Inc.	475,611	475,611
47	2360 shares of We Group	1,150,519	1,150,519
48	1658 shares of Returns Company	467,463	467,463
49	2496 shares of Likely Corporation	760,430	760,430
50	2812 shares of Most Limited	800,452	800,452
51	2399 shares of Filers Fund	1,041,928	1,041,928
52	3939 shares of Independent Enterprises	1,009,307	1,009,307
53	3111 shares of Resources International, Inc.	473,003	473,003
54	4514 shares of Irrelevant, Inc.	769,205	769,205
55	1216 shares of Short Group	710,713	710,713
56	1554 shares of The Company	901,642	901,642
57	1146 shares of Well Corporation	794,938	794,938
58	3994 shares of Advantage Limited	1,276,237	1,276,237
59	2719 shares of Well Fund	915,649	915,649
60	4431 shares of Position Enterprises	348,181	348,181
61	1772 shares of Because International, Inc.	1,148,031	1,148,031
62	2349 shares of One, Inc.	1,256,054	1,256,054
63	1524 shares of To Group	436,348	436,348
64	1042 shares of The Company	427,254	427,254
65	3139 shares of Anything Corporation	1,338,604	1,338,604
66	1567 shares of Continuously Limited	1,629,684	1,629,684
67	1461 shares of We Fund	368,287	368,287
68	1651 shares of Rules Enterprises	869,147	869,147
69	4816 shares of Donna International, Inc.	1,517,699	1,517,699
70	3033 shares of Their, Inc.	756,425	756,425
71	2250 shares of Rules Group	1,287,603	1,287,603
72	4889 shares of Made Company	1,075,417	1,075,417
73	3661 shares of The Corporation	768,821	768,821

<b>Entry #</b>	<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
74	2910 shares of Same Limited	929,690	929,690
75	3124 shares of Promise Fund	1,539,241	1,539,241
76	2902 shares of Rules Enterprises	1,326,766	1,326,766
77	4800 shares of Furthermore International, Inc.	820,339	820,339
78	4861 shares of That, Inc.	1,252,438	1,252,438
79	4796 shares of Problems Group	753,701	753,701
80	1290 shares of Some Company	1,071,343	1,071,343
81	3853 shares of Rules Corporation	580,307	580,307
82	2773 shares of Automatically Limited	850,767	850,767
83	1293 shares of A Fund	1,486,740	1,486,740
84	4801 shares of Explained Enterprises	613,900	613,900
85	1768 shares of Determined International, Inc.	1,654,153	1,654,153
86	2197 shares of Review, Inc.	490,687	490,687
87	3510 shares of Form Group	591,263	591,263
88	4474 shares of Eta Company	951,180	951,180
89	3995 shares of When Corporation	1,587,916	1,587,916
90	3117 shares of Invoked Limited	1,591,791	1,591,791
91	3072 shares of Information Fund	1,155,005	1,155,005
92	2214 shares of Another Enterprises	733,981	733,981
93	1826 shares of And/Or International, Inc.	1,155,506	1,155,506
94	1611 shares of Rules, Inc.	336,762	336,762
95	1095 shares of Business Group	451,013	451,013
96	3346 shares of Current Company	1,119,882	1,119,882
97	2697 shares of Choice Corporation	841,195	841,195
98	2000 shares of Incorporated Limited	380,248	380,248
99	4512 shares of P Fund	1,547,320	1,547,320
100	4173 shares of Deductions Enterprises	1,016,875	1,016,875
101	4888 shares of Allowable International, Inc.	483,126	483,126
102	2474 shares of Instruction, Inc.	637,456	637,456
103	3258 shares of Form Group	733,562	733,562
104	1140 shares of Determining Company	1,018,239	1,018,239
105	2516 shares of Closing Corporation	591,926	591,926
106	3066 shares of No Limited	846,785	846,785
107	2834 shares of Form Fund	859,834	859,834
108	4173 shares of Schedule Enterprises	1,627,325	1,627,325
109	4544 shares of On International, Inc.	1,113,373	1,113,373
110	2906 shares of Yet, Inc.	611,637	611,637
111	3703 shares of Shared Group	671,868	671,868
112	2294 shares of Example Company	1,634,236	1,634,236
113	2435 shares of Expenses Corporation	1,300,991	1,300,991
114	3095 shares of They Limited	1,153,784	1,153,784
115	4618 shares of More Fund	671,858	671,858
116	4372 shares of Filers Enterprises	1,531,968	1,531,968
117	3234 shares of When International, Inc.	1,554,921	1,554,921
118	2670 shares of Always, Inc.	1,352,665	1,352,665
119	1836 shares of Business Group	367,375	367,375
120	3063 shares of Example Company	1,188,780	1,188,780
121	4066 shares of Filed Corporation	662,426	662,426
122	4602 shares of Corporations Limited	445,539	445,539
123	1372 shares of Different Fund	422,218	422,218

<b>Entry #</b>	<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
124	1554 shares of Always Enterprises	984,251	984,251
125	2838 shares of Business International, Inc.	1,248,689	1,248,689
126	4360 shares of Two, Inc.	1,114,136	1,114,136
127	3562 shares of Processed Group	1,463,721	1,463,721
128	1120 shares of Return Company	1,501,378	1,501,378
129	1799 shares of Each Corporation	1,045,770	1,045,770
130	1227 shares of Schema Limited	1,557,197	1,557,197
131	1657 shares of Alpha Fund	1,166,524	1,166,524
132	1984 shares of Schema Enterprises	1,045,587	1,045,587
133	4804 shares of Return International, Inc.	1,102,335	1,102,335
134	1200 shares of Return, Inc.	1,027,986	1,027,986
135	3114 shares of Using Group	759,408	759,408
136	4786 shares of However Company	1,377,827	1,377,827
137	1145 shares of Without Corporation	662,273	662,273
138	2736 shares of Only Limited	1,611,399	1,611,399
139	2111 shares of Other Fund	1,309,053	1,309,053
140	2990 shares of Because Enterprises	734,475	734,475
141	4472 shares of Business International, Inc.	702,564	702,564
142	4624 shares of Required, Inc.	497,920	497,920
143	1415 shares of Equivalent Group	1,280,599	1,280,599
144	4394 shares of Rules Company	1,291,999	1,291,999
145	4618 shares of Problem Corporation	439,885	439,885
146	1511 shares of Presently Limited	655,535	655,535
147	1917 shares of Tege Fund	460,558	460,558
148	4137 shares of Rules Enterprises	641,000	641,000
149	2943 shares of Eta'S International, Inc.	1,035,820	1,035,820
150	1237 shares of Extent, Inc.	721,954	721,954
151	3253 shares of Policy Group	1,144,650	1,144,650
152	3564 shares of Service Company	1,210,813	1,210,813
153	1256 shares of Instances Corporation	720,872	720,872
154	3557 shares of Incorporated Limited	1,136,130	1,136,130
155	3850 shares of Treat Fund	1,163,193	1,163,193
156	1744 shares of Returns Enterprises	1,515,041	1,515,041
157	1961 shares of Have International, Inc.	1,199,121	1,199,121
158	4392 shares of Will, Inc.	1,360,502	1,360,502
159	1834 shares of File Group	366,522	366,522
160	1922 shares of Shared Company	767,819	767,819
161	4166 shares of Cost Corporation	357,767	357,767
162	4932 shares of Usefulness Limited	1,055,408	1,055,408
163	4882 shares of Implement Fund	670,939	670,939
164	1776 shares of Compliance Enterprises	456,544	456,544
165	2724 shares of Could International, Inc.	1,012,446	1,012,446
166	3843 shares of Shared, Inc.	754,912	754,912
167	1413 shares of With Group	1,031,871	1,031,871
168	1499 shares of Though Company	448,710	448,710
169	3027 shares of When Corporation	1,075,991	1,075,991
170	1790 shares of Size Limited	1,107,809	1,107,809
171	2020 shares of Rules Fund	380,845	380,845
172	4924 shares of Considered Enterprises	776,010	776,010
173	3780 shares of Other International, Inc.	1,198,962	1,198,962

<b>Entry #</b>	<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
174	2132 shares of Shared, Inc.	1,113,356	1,113,356
175	3392 shares of Other Group	452,851	452,851
176	2390 shares of Monitor Company	575,327	575,327
177	2010 shares of Make Corporation	1,063,689	1,063,689
178	4602 shares of Canine Limited	1,058,636	1,058,636
179	1079 shares of Relayed Fund	522,408	522,408
180	2527 shares of Position Enterprises	1,563,056	1,563,056
181	2443 shares of Would International, Inc.	1,623,115	1,623,115
182	4597 shares of Ill-Considered, Inc.	880,919	880,919
183	3657 shares of Demonstrably Group	339,910	339,910
184	4483 shares of Matter Company	853,461	853,461
185	4296 shares of Then Corporation	1,393,272	1,393,272
186	1966 shares of Would Limited	1,025,369	1,025,369
187	3411 shares of Conversations Fund	1,598,719	1,598,719
188	1173 shares of Using Enterprises	1,521,517	1,521,517
189	2915 shares of Them International, Inc.	1,113,207	1,113,207
190	4002 shares of Have, Inc.	1,651,256	1,651,256
191	1025 shares of Used Group	1,247,843	1,247,843
192	1744 shares of Invokes Company	776,143	776,143
193	2150 shares of Telephone Corporation	1,153,601	1,153,601
194	4976 shares of That Limited	1,541,052	1,541,052
195	1830 shares of Information Fund	541,074	541,074
196	1414 shares of Example Enterprises	412,875	412,875
197	4744 shares of Will International, Inc.	810,588	810,588
198	3492 shares of Does, Inc.	1,041,838	1,041,838
199	3963 shares of Shared Group	1,435,023	1,435,023
200	1490 shares of That Company	979,195	979,195
201	1240 shares of Potassium Corporation	690,859	690,859
202	3026 shares of Argument Limited	1,001,003	1,001,003
203	4571 shares of Regulations Fund	1,185,578	1,185,578
204	3934 shares of Must Enterprises	1,072,634	1,072,634
205	2010 shares of Rules International, Inc.	1,300,015	1,300,015
206	4260 shares of Paper, Inc.	867,183	867,183
207	2577 shares of Business Group	797,981	797,981
208	2712 shares of Business Company	640,090	640,090
209	4332 shares of Instructions Corporation	1,408,470	1,408,470
210	2393 shares of Attach Limited	1,653,678	1,653,678
211	4369 shares of Deductions Fund	1,124,060	1,124,060
212	4581 shares of Original Enterprises	739,581	739,581
213	4444 shares of Schedule International, Inc.	414,521	414,521
214	1814 shares of Quantities, Inc.	1,039,277	1,039,277
215	2631 shares of Inventory Group	1,518,654	1,518,654
216	2132 shares of Business Company	861,609	861,609
217	3303 shares of Schedule Corporation	471,895	471,895
218	4679 shares of Other Limited	487,257	487,257
219	3129 shares of Itself Fund	1,382,698	1,382,698
220	1558 shares of There Enterprises	716,283	716,283
221	1275 shares of That International, Inc.	1,186,414	1,186,414
222	2047 shares of Filers, Inc.	1,312,616	1,312,616
223	3538 shares of Reported Group	1,203,720	1,203,720

<b>Entry #</b>	<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
224	4727 shares of Claim Company	1,394,224	1,394,224
225	2496 shares of Commonly Corporation	1,096,183	1,096,183
226	3766 shares of Return Limited	345,959	345,959
227	3500 shares of Shared Fund	542,942	542,942
228	1101 shares of Same Enterprises	1,523,243	1,523,243
229	2786 shares of Non-Profit International, Inc.	806,693	806,693
230	3349 shares of Gains, Inc.	1,259,452	1,259,452
231	2080 shares of Individuals Group	639,380	639,380
232	4665 shares of Attached Company	1,062,528	1,062,528
233	2357 shares of Depending Corporation	1,588,311	1,588,311
234	4558 shares of Blank Limited	1,501,624	1,501,624
235	3373 shares of Rules Fund	811,643	811,643
236	4952 shares of Primary Enterprises	779,520	779,520
237	1053 shares of These International, Inc.	1,175,976	1,175,976
238	1846 shares of Attachment, Inc.	999,948	999,948
239	4495 shares of Piece Group	1,455,082	1,455,082
240	3336 shares of Element Company	1,568,341	1,568,341
241	4932 shares of Space Corporation	450,213	450,213
242	2244 shares of Control Limited	1,227,727	1,227,727
243	4871 shares of Schema Fund	932,626	932,626
244	3170 shares of When Enterprises	1,181,122	1,181,122
245	2456 shares of Same International, Inc.	1,103,333	1,103,333
246	2281 shares of Schema, Inc.	1,554,244	1,554,244
247	4668 shares of Exception Group	1,343,140	1,343,140
248	4602 shares of Letters Company	1,047,847	1,047,847
249	1553 shares of Hand Corporation	746,432	746,432
250	2904 shares of Filers Limited	1,334,447	1,334,447
251	4471 shares of Rules Fund	612,593	612,593
252	1860 shares of Attachment Enterprises	754,776	754,776
253	3241 shares of Service International, Inc.	1,007,098	1,007,098
254	3401 shares of Differ, Inc.	1,334,155	1,334,155
255	3329 shares of Trust Group	412,006	412,006
256	2957 shares of Taking Company	1,557,038	1,557,038
257	4925 shares of Forms Corporation	911,774	911,774
258	3308 shares of Well Limited	771,117	771,117
259	4510 shares of Position Fund	891,264	891,264
260	2367 shares of That Enterprises	1,071,118	1,071,118
261	1888 shares of Would International, Inc.	1,012,144	1,012,144
262	3484 shares of Center, Inc.	456,000	456,000
263	2288 shares of Where Group	969,746	969,746
264	2523 shares of Appropriate Company	764,594	764,594
265	1438 shares of Electronic Corporation	554,515	554,515
266	1577 shares of Does Limited	1,040,511	1,040,511
267	3674 shares of Acknowledged Fund	345,733	345,733
268	1211 shares of Held Enterprises	994,941	994,941
269	2138 shares of Electronically International, Inc.	1,390,571	1,390,571
270	1879 shares of Forms, Inc.	1,046,719	1,046,719
271	1230 shares of Creating Group	1,612,876	1,612,876
272	1793 shares of Level Company	1,198,288	1,198,288
273	3302 shares of Rules Corporation	1,141,753	1,141,753

<b>Entry #</b>	<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
274	4035 shares of Needs Limited	653,600	653,600
275	1358 shares of Resolve Fund	1,365,090	1,365,090
276	3582 shares of Forms Enterprises	1,620,381	1,620,381
277	2013 shares of Pushing International, Inc.	601,004	601,004
278	4390 shares of These, Inc.	1,061,745	1,061,745
279	2632 shares of Move Group	548,091	548,091
280	4726 shares of Organizational Company	1,637,530	1,637,530
281	3630 shares of Shared Corporation	461,713	461,713
282	2972 shares of Whether Limited	1,360,893	1,360,893
283	4171 shares of Returns Fund	1,563,726	1,563,726
284	4161 shares of Forms Enterprises	1,586,503	1,586,503
285	4086 shares of Than International, Inc.	967,102	967,102
286	4614 shares of Business, Inc.	1,365,797	1,365,797
287	2166 shares of Certain Group	604,295	604,295
288	1255 shares of Silver Company	1,527,304	1,527,304
289	2005 shares of Some Corporation	855,876	855,876
290	1707 shares of That Limited	1,225,727	1,225,727
291	4540 shares of Same Fund	1,213,043	1,213,043
292	3754 shares of They Enterprises	1,376,002	1,376,002
293	2907 shares of False International, Inc.	1,319,796	1,319,796
294	3036 shares of What, Inc.	1,393,550	1,393,550
295	1739 shares of Responsibility Group	1,124,239	1,124,239
296	1097 shares of Fact Company	1,167,068	1,167,068
297	4727 shares of With Corporation	1,075,703	1,075,703
298	1695 shares of Schemas Limited	917,544	917,544
299	2664 shares of Package Fund	363,317	363,317
300	1810 shares of Apparently Enterprises	1,155,054	1,155,054
301	1985 shares of Shared International, Inc.	1,227,681	1,227,681
302	2010 shares of And, Inc.	499,197	499,197
303	2130 shares of Conversation Group	561,253	561,253
304	1301 shares of Specific Company	854,446	854,446
305	1597 shares of Type Corporation	445,774	445,774
306	2472 shares of Filed Limited	1,427,903	1,427,903
307	2967 shares of Invoked Fund	1,405,647	1,405,647
308	1234 shares of Even Enterprises	490,170	490,170
309	3833 shares of Comes International, Inc.	793,528	793,528
310	4650 shares of Shared, Inc.	725,660	725,660
311	4581 shares of Activity Group	393,937	393,937
312	3101 shares of Being Company	617,871	617,871
313	1367 shares of Are Corporation	831,185	831,185
314	3507 shares of Encompass Limited	1,602,495	1,602,495
315	2313 shares of Alone Fund	1,449,720	1,449,720
316	3248 shares of Processing Enterprises	685,106	685,106
317	2579 shares of Rules International, Inc.	1,569,403	1,569,403
318	3006 shares of Rules, Inc.	1,587,687	1,587,687
319	1786 shares of States Group	662,648	662,648
320	2787 shares of Schedule Company	1,323,890	1,323,890
321	3320 shares of That Corporation	467,038	467,038
322	2316 shares of Gone Limited	559,226	559,226
323	3606 shares of Line Fund	861,878	861,878

<b>Entry #</b>	<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
324	1181 shares of Cost Enterprises	444,600	444,600
325	2900 shares of Yes International, Inc.	505,010	505,010
326	3334 shares of Rule, Inc.	569,412	569,412
327	2548 shares of Line Group	1,366,185	1,366,185
328	1513 shares of Checked Company	449,762	449,762
329	2260 shares of Repeated Corporation	770,715	770,715
330	2023 shares of Business Limited	934,415	934,415
331	3846 shares of Groups Fund	1,511,312	1,511,312
332	1613 shares of Schemas Enterprises	415,095	415,095
333	1438 shares of Its International, Inc.	1,383,796	1,383,796
334	3689 shares of Data, Inc.	876,758	876,758
335	1713 shares of Definition Group	608,250	608,250
336	3938 shares of Allotted Company	560,069	560,069
337	4734 shares of Whether Corporation	1,170,960	1,170,960
338	1991 shares of Also Limited	813,584	813,584
339	1530 shares of Discussing Fund	1,258,914	1,258,914
340	1255 shares of Schema Enterprises	684,658	684,658
341	3702 shares of Only International, Inc.	1,147,188	1,147,188
342	1765 shares of Example, Inc.	925,706	925,706
343	3426 shares of Therefore Group	886,808	886,808
344	3222 shares of Schedule Company	1,095,311	1,095,311
345	2812 shares of Required Corporation	1,056,971	1,056,971
346	4911 shares of States Limited	1,406,914	1,406,914
347	1288 shares of Business Fund	974,079	974,079
348	2585 shares of Center Enterprises	877,545	877,545
349	4659 shares of Significantly International, Inc.	375,524	375,524
350	3358 shares of Biscuit, Inc.	1,000,783	1,000,783

**InvestmentsCorpBondsSchedule (Part II, line 10c(B))**

<b>Entry #</b>	<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
1	Above Enterprises 11.82%, 12/15/2023	2,408,205	2,408,205
2	Accounting Inc 12.4%, 11/15/2016	1,341,344	1,341,344
3	Additions Corp 5.06%, 2/15/2020	1,893,205	1,893,205
4	Affected Corp 7.13%, 8/15/2015	1,898,417	1,898,417
5	Agency Group 8.68%, 12/15/2034	1,709,463	1,709,463
6	Already Inc 10.03%, 2/15/2030	1,887,737	1,887,737
7	Also Corp 8.89%, 6/15/2014	2,077,653	2,077,653
8	Also International 10.33%, 12/15/2033	1,324,467	1,324,467
9	Annual Fund 12.34%, 8/15/2015	1,554,427	1,554,427
10	Annual Group 12.17%, 1/15/2029	1,844,644	1,844,644
11	Application Enterprises 11.17%, 10/15/2023	2,425,166	2,425,166
12	Are Ltd 6.96%, 7/15/2035	1,952,850	1,952,850
13	Austin Group 7.99%, 6/15/2020	2,455,088	2,455,088
14	Authorization Ltd 11.97%, 1/15/2020	1,337,930	1,337,930
15	Avenue International 11.63%, 9/15/2031	2,200,571	2,200,571
16	Basis International 9.21%, 11/15/2030	1,721,750	1,721,750
17	Before Corp 10.59%, 4/15/2020	2,256,440	2,256,440
18	Belief Ltd 5.42%, 9/15/2030	1,541,181	1,541,181
19	Best Corp 11.64%, 10/15/2016	2,076,154	2,076,154

<b>Entry #</b>	<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
20	Center Group 5.58%, 6/15/2023	1,640,118	1,640,118
21	Center International 7.2%, 4/15/2025	1,293,984	1,293,984
22	Centers Group 12.74%, 7/15/2020	1,679,220	1,679,220
23	Central Corp 8.45%, 5/15/2024	1,864,945	1,864,945
24	Central Enterprises 5.16%, 12/15/2024	1,299,505	1,299,505
25	Central Fund 8.32%, 1/15/2022	2,017,967	2,017,967
26	Central Incorporated 9.8%, 9/15/2014	1,614,858	1,614,858
27	Central Ltd 11.27%, 5/15/2018	1,339,963	1,339,963
28	Changes International 7.41%, 9/15/2023	2,114,314	2,114,314
29	Clarified Inc 5.36%, 12/15/2024	1,715,688	1,715,688
30	Completed Ltd 10.97%, 4/15/2023	1,618,874	1,618,874
31	Completion Incorporated 7.17%, 1/15/2018	1,933,462	1,933,462
32	Concerns Ltd 6.09%, 1/15/2026	1,264,770	1,264,770
33	Continued Enterprises 9.65%, 8/15/2029	1,745,031	1,745,031
34	Control International 11.35%, 1/15/2036	1,570,422	1,570,422
35	Defined Corp 11.68%, 1/15/2018	2,288,619	2,288,619
36	Described International 12.87%, 11/15/2021	1,783,385	1,783,385
37	Determine Ltd 8.59%, 4/15/2031	2,310,583	2,310,583
38	Developments Fund 9.22%, 11/15/2018	1,953,018	1,953,018
39	District Fund 5.26%, 10/15/2017	1,598,782	1,598,782
40	District Incorporated 12.89%, 6/15/2027	1,363,267	1,363,267
41	Each Enterprises 10.91%, 9/15/2017	1,658,569	1,658,569
42	Each Inc 6.28%, 7/15/2031	2,052,568	2,052,568
43	Employer International 8.25%, 1/15/2029	1,832,106	1,832,106
44	End Inc 6.09%, 9/15/2027	2,095,909	2,095,909
45	Examined Incorporated 6.56%, 11/15/2014	1,417,093	1,417,093
46	Exemption Corp 12.52%, 8/15/2021	1,451,843	1,451,843
47	Exemption Enterprises 6.08%, 9/15/2029	1,883,584	1,883,584
48	Exemption Fund 6.93%, 9/15/2014	1,391,621	1,391,621
49	Exemption Fund 6.94%, 6/15/2035	1,921,301	1,921,301
50	Exemption Group 8.54%, 10/15/2036	2,136,211	2,136,211
51	Exemption Inc 7.14%, 8/15/2015	2,489,248	2,489,248
52	Exemption Incorporated 8.24%, 10/15/2014	2,229,679	2,229,679
53	Exemption Ltd 12.86%, 10/15/2016	1,887,356	1,887,356
54	From Group 7.04%, 12/15/2015	2,099,076	2,099,076
55	Furnished Group 7.73%, 6/15/2016	2,444,037	2,444,037
56	Group Enterprises 12.61%, 7/15/2027	1,823,068	1,823,068
57	Group Fund 5.1%, 7/15/2016	2,307,632	2,307,632
58	Group Group 8.69%, 7/15/2022	1,788,370	1,788,370
59	Group Ltd 7.1%, 7/15/2035	2,395,432	2,395,432
60	Have Corp 11.8%, 4/15/2015	1,916,353	1,916,353
61	Hawaii Inc 12.77%, 9/15/2028	2,416,737	2,416,737
62	Included Fund 12.78%, 8/15/2033	1,883,318	1,883,318
63	Inclusion Inc 7.55%, 11/15/2034	1,285,412	1,285,412
64	Information International 6.11%, 12/15/2014	1,459,173	1,459,173
65	Internal Corp 6.58%, 10/15/2019	2,439,976	2,439,976
66	Introduction Group 7%, 1/15/2020	2,041,747	2,041,747
67	Involves Fund 11.2%, 8/15/2027	2,075,855	2,075,855
68	Issue Incorporated 7.41%, 12/15/2025	2,462,062	2,462,062
69	Issued Group 10.87%, 10/15/2032	2,153,306	2,153,306

<b>Entry #</b>	<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
70	Kansas Fund 5.88%, 4/15/2026	2,451,192	2,451,192
71	Letter Enterprises 10.67%, 4/15/2017	1,916,606	1,916,606
72	Letter Group 11.92%, 5/15/2017	2,395,175	2,395,175
73	Mailing Corp 9.97%, 8/15/2014	1,905,166	1,905,166
74	Manner International 10.41%, 5/15/2020	1,573,226	1,573,226
75	Many Ltd 12.92%, 8/15/2015	2,252,072	2,252,072
76	Michigan Enterprises 11.46%, 11/15/2034	2,502,145	2,502,145
77	Month Fund 8.2%, 6/15/2029	2,323,414	2,323,414
78	More International 12.93%, 4/15/2025	1,398,696	1,398,696
79	Must Incorporated 5.6%, 10/15/2026	2,485,647	2,485,647
80	Nothing Ltd 6.81%, 1/15/2035	1,949,063	1,949,063
81	Notice Ltd 12.36%, 10/15/2019	1,597,222	1,597,222
82	Number Inc 11.13%, 1/15/2014	2,324,577	2,324,577
83	Office Corp 5.25%, 5/15/2031	1,537,252	1,537,252
84	Office Ltd 9.07%, 11/15/2014	2,333,236	2,333,236
85	Ofthis Corp 10.51%, 9/15/2016	1,365,336	1,365,336
86	One Fund 6.64%, 4/15/2026	1,933,940	1,933,940
87	Only Ltd 9.22%, 7/15/2027	2,202,217	2,202,217
88	Organization Corp 10.77%, 8/15/2020	1,604,692	1,604,692
89	Organization Enterprises 11.53%, 8/15/2025	1,756,181	1,756,181
90	Organization Incorporated 5%, 4/15/2021	2,062,074	2,062,074
91	Organized Enterprises 6.93%, 7/15/2014	2,454,153	2,454,153
92	Out International 7.3%, 11/15/2020	2,171,862	2,171,862
93	Outlined Inc 6.41%, 11/15/2030	1,736,653	1,736,653
94	Over Incorporated 10.8%, 1/15/2019	2,002,500	2,002,500
95	Own Enterprises 7.34%, 6/15/2024	1,337,925	1,337,925
96	Own Group 6.41%, 9/15/2018	2,152,467	2,152,467
97	Paragraph Enterprises 5.75%, 9/15/2033	1,728,373	1,728,373
98	Periods Enterprises 9.46%, 11/15/2034	2,133,298	2,133,298
99	Procedure Ltd 12.39%, 12/15/2014	1,447,840	1,447,840
100	Purposes Incorporated 9.09%, 6/15/2024	1,423,899	1,423,899
101	Recognition Group 12.37%, 11/15/2022	1,882,123	1,882,123
102	Recognize Group 6.21%, 4/15/2017	2,078,278	2,078,278
103	Regarding International 5.09%, 7/15/2025	2,445,525	2,445,525
104	Require Incorporated 6.96%, 8/15/2029	1,405,635	1,405,635
105	Retained Incorporated 12.98%, 5/15/2020	1,706,118	1,706,118
106	Returns Fund 11.02%, 3/15/2021	1,611,223	1,611,223
107	Revenue Inc 7.71%, 6/15/2018	1,983,029	1,983,029
108	Revised Corp 8.62%, 5/15/2023	1,854,224	1,854,224
109	Same Inc 7.04%, 12/15/2029	1,275,040	1,275,040
110	Same Incorporated 6.02%, 9/15/2018	2,344,479	2,344,479
111	Sample Enterprises 10.57%, 3/15/2027	1,511,243	1,511,243
112	Section Corp 9.07%, 12/15/2033	1,289,124	1,289,124
113	Separately Ltd 9.58%, 12/15/2022	1,567,446	1,567,446
114	Service Inc 12.68%, 1/15/2018	1,887,073	1,887,073
115	Specifically Enterprises 6.51%, 12/15/2020	1,829,689	1,829,689
116	Status Fund 8.89%, 1/15/2034	2,168,220	2,168,220
117	Submitted Ltd 9.69%, 9/15/2031	2,307,304	2,307,304
118	Subordinate Incorporated 5.13%, 10/15/2028	2,325,228	2,325,228
119	Subordinates Group 6.2%, 1/15/2017	1,669,033	1,669,033

<b>Entry #</b>	<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
120	Subordinates Inc 6.05%, 8/15/2036	2,067,785	2,067,785
121	Such Enterprises 11.05%, 3/15/2023	2,149,420	2,149,420
122	Supervision Corp 12.4%, 6/15/2029	1,886,112	1,886,112
123	Support Ltd 12.51%, 12/15/2038	2,411,094	2,411,094
124	That International 11.69%, 6/15/2032	1,599,061	1,599,061
125	Thatch Incorporated 6.6%, 5/15/2023	1,599,311	1,599,311
126	Their Fund 5.23%, 3/15/2021	1,546,813	1,546,813
127	They Group 11.72%, 12/15/2035	2,251,328	2,251,328
128	Those Fund 11.68%, 4/15/2020	1,466,254	1,466,254
129	Though International 7.51%, 9/15/2014	1,810,825	1,810,825
130	Time International 7.03%, 12/15/2014	2,372,315	2,372,315
131	Under Corp 5.06%, 8/15/2032	1,703,255	1,703,255
132	Under Inc 9.17%, 1/15/2036	2,319,355	2,319,355
133	Under International 9.57%, 10/15/2023	1,640,967	1,640,967
134	Unions Fund 6.33%, 4/15/2026	2,126,778	2,126,778
135	Will Incorporated 5.66%, 12/15/2015	1,324,253	1,324,253
136	With Group 11.01%, 5/15/2036	1,961,299	1,961,299
137	With Inc 9.62%, 5/15/2017	2,068,193	2,068,193

**InvestmentsOtherSchedule2 (Part II, line 13)**

<b>Description</b>	<b>Cost/FMV</b>	<b>Book Value</b>	<b>FMV</b>
Securities collateral received	F	132,278,908	132,278,908
Accrued interest	F	4,115,717	4,115,717

**LandEtcSchedule2 (Part II, line 14)**

<b>Description</b>	<b>Cost/Basis</b>	<b>Accum. Depr.</b>	<b>Book Value</b>	<b>FMV</b>
Office furniture	712,594	495,355	217,239	217,239
Office equipment	1,152,151	1,120,093	32,058	32,058
software	133,718	128,580	5,138	5,138
Vehicles	40,053	12,016	28,037	28,037
Artwork	165,967	0	165,967	165,967
Land	1,032,613	0	1,032,613	1,032,613
Building	9,165,864	1,186,516	7,979,348	7,979,348

**OtherAssetsSchedule (Part II, line 15)**

<b>Description</b>	<b>BOY Book Value</b>	<b>EOY Book Value</b>	<b>FMV</b>
Deposits	6,717	3,316	3,316

**OtherLiabilitiesSchedule (Part II, line 22)**

<b>Description</b>	<b>BOY Amount</b>	<b>EOY Amount</b>
Payable under securities lending program	253,363,012	132,278,908
Federal excise tax payable	119,028	413,471

**OtherIncreasesSchedule (Part III, line 3)**

<i>Description</i>	<i>Amount</i>
Unrealized gains on investments	30,507,760

**OtherDecreasesSchedule (Part III, line 5)**

<i>Description</i>	<i>Amount</i>
Prior period adjustment	563,445

**Capital Gain & Losses (Part IV, Line 1)**

<i>Description</i>	<i>P/D</i>	<i>Date Acq.</i>	<i>Date Sold</i>	<i>Sales Price</i>	<i>Depr</i>	<i>Cost/Basis</i>	<i>Gain or Loss</i>	<i>Total Gains/Losses</i>
Publicly traded securities				12,098,938,176		12,067,022,184	31,915,992	31,915,992

**Officers, Directors, Trustees (Part VIII, line 1)**

<i>Name</i>	<i>Address</i>	<i>Title</i>	<i>Hours</i>	<i>Compensation</i>	<i>EB Plans</i>	<i>Exp. Acct.</i>
Patsy Pine	9753 Perfume St Cologne MN 55322	Board Chair	20	61,500	0	0
Jean Oak-Holly	9753 Perfume St Cologne MN 55322	Vice Chair	20	50,250	0	194
Sarah Oak Hickory	9753 Perfume St Cologne MN 55322	Treasurer	25	56,250	0	998
Elizabeth O. Walnut	9753 Perfume St Cologne MN 55322	Trustee	5	50,250	0	500
Jane Maple	9753 Perfume St Cologne MN 55322	Trustee	10	55,500	0	215
Bradford Pear	9753 Perfume St Cologne MN 55322	Trustee	5	49,500	0	0
Loblolly Pine	9753 Perfume St Cologne MN 55322	Trustee	5	51,000	0	1,831
Penn Oak, Jr.	9753 Perfume St Cologne MN 55322	Secretary	15	56,250	0	0
George W. Kirk	9753 Perfume St Cologne MN 55322	Trustee	5	50,250	0	458
J. Lawrence Chamberlain	9753 Perfume St Cologne MN 55322	Trustee	5	50,250	0	0
George Thomas	9753 Perfume St Cologne MN 55322	Trustee	5	49,500	0	0
Belle Hood	9753 Perfume St Cologne MN 55322	Trustee	5	49,500	0	1,977
Thomas J. Jackson	9753 Perfume St Cologne MN 55322	Exec. Dir.	45	354,669	96,933	19,434
D. H. Hill	9753 Perfume St Cologne MN 55322	Exec. VP	45	214,686	37,749	0
Earl Van Dorn	9753 Perfume St Cologne MN 55322	CFO	45	185,711	41,107	0

**ActivitiesNotPreviouslyReportedExplanation (Part VII-A, line 2)**

The Foundation has instituted a new grant-making program with an emphasis on educational programs for preschool children from low-income families in Oak and Loblolly Counties. Grants will be awarded to schools and other educational organizations to support existing programs and to develop new programs. Capital grants for new facilities may also be awarded in some cases.

**SubstantialContributorsSchedule (Part VII-A, line 10)**

<b>Name</b>	<b>Address</b>
Penn Oak, III	9753 Perfume St, Cologne MN 55322

**ExpenditureResponsibilityStatement (Part VII-B, line 5c)**

Grantee's name: Program Fund  
 Grantee's address: 6594 Oak Avenue, Annandale MN 55315  
 Grant date: 1/3/2013  
 Grant amount: 309,000  
 Grant purpose: To fund 2013 operating budget of grantee  
 Amount expended: 309,000  
 Any diversion by grantee?: No  
 Dates of reports: 08/31/2012  
 Date of verification:  
 Results of verification: N/A

**ContractorCompensationExplanation (Part VIII, line 3)**

<b>Name</b>	<b>Explanation</b>
Big Broker	Compensation is based on investment performance
Bigger Broker	Compensation is based on investment performance
Even Bigger Broker	Compensation is based on size of portfolio managed
Extremely Huge Broker	Compensation is based on size of portfolio managed
Very Biggest Broker	Compensation is based on investment performance and size of portfolio managed

**Application submission information (Part XV, lines 2a – 2d)**

**Entry #1:**

Name of grant program – Local Grants Program

Name of person to get applications – Evan Euonymus

Address – 9753 Perfume Street Cologne MN 55322

Telephone – 510-555-1616

Form & content – The Foundation does not accept unsolicited proposals. To be considered for a grant you must first submit a one -page letter of inquiry. This letter should include or address the following:

organizational information

implementation timeline or deadline of program/project or match

type of grant applying for:

program/project

general operating support

matching

capital

Should you be invited to apply, you will receive a formal notice and instructions. We accept the state common grant application form. Terms and conditions apply to all grants. Acceptance of a proposal does not guarantee funding. Please see our website for additional information.

Submission deadlines – none

Restrictions on awards – This program is restricted to 501(c)(3) organizations operating in Oak County. Preference will be given to organizations providing educational or health care services to the urban poor.

**Entry #2:**

Name of grant program – National Rural Grants Program

Name of person to get applications – Arlene Astilbe

Address – 9753 Perfume Street Cologne MN 55322

Email address – [nationalrural@grants.org](mailto:nationalrural@grants.org)

Form & content – Use the application form available on our website, and be sure to submit all of the required attachments listed in its instructions.

Submission deadlines – December 31 of each year

Restrictions on awards – Preference will be given to organizations providing educational, infrastructure, or community development services in underserved rural areas.

**Entry #3:**

Name of grant program – Medical Grants Program

Name of person to get applications – Rachel Rugosa

Address – 9753 Perfume Street Cologne MN 55322

Telephone – 510-555-1616

Form & content – Use the application form available on our website, and be sure to submit all of the required attachments listed in its instructions.

Submission deadlines – September 30 of each year

Restrictions on awards – Preference will be given to organizations with a long-term commitment to providing medical services to underserved low-income communities and to organizations conducting research on medical issues with disparate impact on minority groups

**Contributions Paid (Part XV, line 3a)**

<b>Entry #</b>	<b>Name</b>	<b>Address</b>	<b>Fdn Status</b>	<b>Purpose</b>	<b>Amount</b>
1	Each Fund	647 Hickory Blvd Buffalo MN 55318	509(a)(1)	program development	776,000
2	Private Association	7258 Second Street Buffalo MN 55325	509(a)(1)	program development	299,000
3	Nature Association	7696 Oak Street Annandale MN 55313	509(a)(2)	program support	702,000
4	Different Charity	824 First Avenue Stewart MN 55389	509(a)(1)	building fund	533,000
5	Recognition Fund	3165 Hickory Blvd Buffalo MN 55326	509(a)(1)	program development	322,000
6	Letter Association	2598 First Street Stewart MN 55395	509(a)(1)	building fund	421,000
7	Organizations Foundation	7755 Hickory Way Buffalo MN 55324	509(a)(1)	program development	589,000
8	Some Association	2675 Second Street Buffalo MN 55329	509(a)(1)	program development	766,000
9	During Foundation	463 Major Way Stewart MN 55390	509(a)(1)	building fund	213,000
10	Then Charity	2686 Second Avenue Buffalo MN 55331	509(a)(1)	program development	453,000
11	Their Fund	4629 Fifth Blvd Hamburg MN 55357	509(a)(1)	operating budget	315,000
12	Subordinates Association	6701 Minor Street Hamburg MN 55356	509(a)(1)	operating budget	804,000
13	Advance Charity	48 First Avenue Stewart MN 55385	509(a)(1)	building fund	698,000
14	Bulletin Fund	81 Fifth Blvd Hamburg MN 55341	509(a)(1)	operating budget	293,000
15	Affiliated Association	36 Second Street Buffalo MN 55313	509(a)(1)	program development	516,000

<b>Entry #</b>	<b>Name</b>	<b>Address</b>	<b>Fdn Status</b>	<b>Purpose</b>	<b>Amount</b>
16	Revoked Foundation	1587 Elm Way Cologne MN 55337	509(a)(1)	scholarships	485,000
17	Employer Foundation	154 Main Way Annandale MN 55308	509(a)(2)	program support	641,000
18	Involving Charity	8529 Central Avenue Cologne MN 55332	509(a)(1)	scholarships	590,000
19	Have Association	714 Second Street Buffalo MN 55321	509(a)(1)	program development	468,000
20	Bank Fund	84 Hickory Blvd Buffalo MN 55314	509(a)(1)	program development	618,000
21	Service Association	7395 Central Street Cologne MN 55338	509(a)(1)	scholarships	606,000
22	Central Association	46 Oak Street Annandale MN 55305	509(a)(2)	program support	824,000
23	Exercise Foundation	519 Elm Way Cologne MN 55329	509(a)(1)	scholarships	678,000
24	Filing Fund	856 Major Blvd Stewart MN 55392	509(a)(1)	building fund	231,000
25	Each Association	223 Minor Street Hamburg MN 55344	509(a)(1)	operating budget	346,000
26	Sections Charity	1839 Minor Avenue Hamburg MN 55354	509(a)(1)	operating budget	607,000
27	Cypress Association	554 Central Street Cologne MN 55326	509(a)(1)	scholarships	354,000
28	Whose Charity	5152 First Avenue Stewart MN 55405	509(a)(1)	building fund	453,000
29	Rule Association	7290 Oak Street Annandale MN 55317	509(a)(2)	program support	628,000
30	Under Charity	1571 Minor Avenue Hamburg MN 55358	509(a)(1)	operating budget	682,000
31	Requirement Fund	6875 Fifth Blvd Hamburg MN 55353	509(a)(1)	operating budget	232,000
32	Conditions Foundation	23 Hickory Way Buffalo MN 55316	509(a)(1)	program development	234,000
33	Exempt Fund	489 Fifth Blvd Hamburg MN 55345	509(a)(1)	operating budget	592,000
34	Wants Association	5536 Central Street Cologne MN 55342	509(a)(1)	scholarships	632,000
35	Procedure Fund	7422 Elm Blvd Cologne MN 55335	509(a)(1)	scholarships	842,000
36	Section Fund	7942 Major Blvd Stewart MN 55400	509(a)(1)	building fund	898,000
37	Such Fund	5490 Hickory Blvd Buffalo MN 55330	509(a)(1)	program development	479,000
38	Revenue Charity	8735 Second Avenue Buffalo MN 55327	509(a)(1)	program development	560,000
39	Individual Association	3783 Minor Street Hamburg MN 55348	509(a)(1)	operating budget	687,000
40	Purpose Association	8770 Minor Street Hamburg MN 55352	509(a)(1)	operating budget	485,000
41	Exemption Charity	173 Second Avenue Buffalo MN 55319	509(a)(1)	program development	580,000

<b>Entry #</b>	<b>Name</b>	<b>Address</b>	<b>Fdn Status</b>	<b>Purpose</b>	<b>Amount</b>
42	Provide Foundation	4765 Major Way Stewart MN 55398	509(a)(1)	building fund	652,000
43	Nevertheless Fund	5592 Major Blvd Stewart MN 55396	509(a)(1)	building fund	652,000
44	Having Fund	799 Elm Blvd Cologne MN 55331	509(a)(1)	scholarships	475,000
45	Other Association	7918 Central Street Cologne MN 55334	509(a)(1)	scholarships	415,000
46	Status Fund	2798 Elm Blvd Cologne MN 55339	509(a)(1)	scholarships	234,000
47	Seven Fund	8346 Main Blvd Annandale MN 55318	509(a)(2)	program support	440,000
48	Ceased Foundation	76 Elm Way Cologne MN 55325	509(a)(1)	scholarships	354,000
49	Required Association	4109 First Street Stewart MN 55399	509(a)(1)	building fund	739,000
50	Come Charity	67 Minor Avenue Hamburg MN 55342	509(a)(1)	operating budget	337,000
51	Included Charity	2515 Oak Avenue Annandale MN 55311	509(a)(2)	program support	805,000
52	Signed Foundation	2454 Fifth Way Hamburg MN 55355	509(a)(1)	operating budget	629,000
53	Short Charity	7424 First Avenue Stewart MN 55401	509(a)(1)	building fund	246,000
54	Federal Association	553 Oak Street Annandale MN 55309	509(a)(2)	program support	698,000
55	Still Charity	3960 Oak Avenue Annandale MN 55319	509(a)(2)	program support	874,000
56	Organization Charity	2410 Minor Avenue Hamburg MN 55350	509(a)(1)	operating budget	499,000
57	Furnished Association	155 Central Street Cologne MN 55330	509(a)(1)	scholarships	301,000
58	Located Fund	8103 Fifth Blvd Hamburg MN 55349	509(a)(1)	operating budget	593,000
59	Issued Foundation	1539 Main Way Annandale MN 55312	509(a)(2)	program support	871,000
60	Forth Charity	895 Minor Avenue Hamburg MN 55346	509(a)(1)	operating budget	375,000
61	Four Foundation	701 Hickory Way Buffalo MN 55320	509(a)(1)	program development	866,000
62	Subordinate Foundation	5064 Major Way Stewart MN 55402	509(a)(1)	building fund	384,000
63	Authorize Association	33 Minor Street Hamburg MN 55340	509(a)(1)	operating budget	423,000
64	Director Foundation	259 Fifth Way Hamburg MN 55343	509(a)(1)	operating budget	527,000
65	Days Fund	258 Main Blvd Annandale MN 55306	509(a)(2)	program support	652,000
66	Both Association	28 First Street Stewart MN 55387	509(a)(1)	building fund	837,000
67	Application Foundation	64 Major Way Stewart MN 55386	509(a)(1)	building fund	488,000

<b>Entry #</b>	<b>Name</b>	<b>Address</b>	<b>Fdn Status</b>	<b>Purpose</b>	<b>Amount</b>
68	Postal Foundation	4728 Fifth Way Hamburg MN 55351	509(a)(1)	operating budget	589,000
69	Political Charity	7966 First Avenue Stewart MN 55397	509(a)(1)	building fund	868,000
70	Been Charity	71 Central Avenue Cologne MN 55324	509(a)(1)	scholarships	788,000
71	Update Foundation	3793 Hickory Way Buffalo MN 55332	509(a)(1)	program development	717,000
72	Has Foundation	708 Fifth Way Hamburg MN 55347	509(a)(1)	operating budget	754,000
73	Evidence Association	412 First Street Stewart MN 55391	509(a)(1)	building fund	762,000
74	Supplied Charity	8673 Central Avenue Cologne MN 55340	509(a)(1)	scholarships	718,000
75	Below Foundation	58 Main Way Annandale MN 55304	509(a)(2)	program support	609,000
76	Governing Fund	599 Main Blvd Annandale MN 55310	509(a)(2)	program support	856,000
77	The Association	8412 First Street Stewart MN 55403	509(a)(1)	building fund	587,000
78	Cease Charity	45 Second Avenue Buffalo MN 55315	509(a)(1)	program development	739,000
79	To Association	3606 Oak Street Annandale MN 55321	509(a)(2)	program support	292,000
80	Group Charity	713 First Avenue Stewart MN 55393	509(a)(1)	building fund	490,000
81	Send Foundation	3993 Hickory Way Buffalo MN 55328	509(a)(1)	program development	749,000
82	When Fund	5153 Main Blvd Annandale MN 55322	509(a)(2)	program support	405,000
83	Massachusetts Charity	1804 Second Avenue Buffalo MN 55323	509(a)(1)	program development	390,000
84	Indenture Foundation	7766 Major Way Stewart MN 55394	509(a)(1)	building fund	262,000
85	Document Charity	264 Oak Avenue Annandale MN 55307	509(a)(2)	program support	628,000
86	Already Charity	45 Oak Avenue Annandale MN 55303	509(a)(2)	program support	832,000
87	Own Fund	8776 Main Blvd Annandale MN 55314	509(a)(2)	program support	637,000
88	Change Fund	54 Major Blvd Stewart MN 55388	509(a)(1)	building fund	412,000
89	Program Fund	6594 Oak Avenue Annandale MN 55315	n/a	program support	309,000
90	That Foundation	7678 Main Way Annandale MN 55320	509(a)(2)	program support	207,000
91	Addition Association	20 Central Street Cologne MN 55322	509(a)(1)	scholarships	491,000
92	Additional Fund	69 Main Blvd Annandale MN 55302	509(a)(2)	program support	208,000
93	District Fund	352 Elm Blvd Cologne MN 55327	509(a)(1)	scholarships	597,000

<b>Entry #</b>	<b>Name</b>	<b>Address</b>	<b>Fdn Status</b>	<b>Purpose</b>	<b>Amount</b>
94	Representative Foundation	1918 Main Way Annandale MN 55316	509(a)(2)	program support	302,397
95	Ultimately Fund	4854 Major Blvd Stewart MN 55404	509(a)(1)	building fund	744,000
96	Recognizing Charity	2386 Central Avenue Cologne MN 55336	509(a)(1)	scholarships	643,000

### **GeneralExplanationAttachment**

The Executive Director of the Penn Oak Foundation provides volunteer direct services to community organizations with respect to board training, resource development training, strategic planning services, and consulting. In 2012, 80 hours of such services were provided to 3 local organizations.

**FORM 990-N  
TEST SCENARIO #1**

**HEADER INFO:**

**Tax Period Begin Date:** 1/1/2012  
**Tax Period End Date:** 12/31/2012  
**Tax Year:** 2012  
**Multiple Software Packages Used:** N

**Originator:**           **EFIN:**                   self select  
                              **Type:**                   OnlineFiler  
                              **Practitioner PIN:**   none  
                              **Pin Entered By:**    N/A

**Return Type:**        990-N

**Filer:**                **EIN:**                    11-9000025  
                              **Name:**                Supporting Organization Inc  
                              **Name Control:**      SUPP  
                              **Address:**            655 Bradford Street Nixon NV 89424

**990-N INFO**

**Gross receipts less than \$5,000 and supports a religious organization:**

**DBA Name:**

**Website Address:**       www.supportingorganization.org

**Name of Officer:**        Penn Oak

**Address of Officer:**     655 Bradford Street Nixon NV 89424



**FORM 990-N  
TEST SCENARIO #3**

**HEADER INFO:**

**Tax Period Begin Date:** 7/1/2012  
**Tax Period End Date:** 6/30/2013  
**Tax Year:** 2012  
**Multiple Software Packages Used:** N

**Originator:**           **EFIN:**                   self select  
                          **Type:**                   OnlineFiler  
                          **Practioner PIN:**       none  
                          **Pin Entered By:**       N/A

**Return Type:**       990-N

**Filer:**               **EIN:**           11-9000027  
                          **Name:**        Veterans Organization  
                          **Name Control:**   VETE  
                          **Address:**    1234 Hickory Lane Fairfax VA 22031

**990-N INFO**

**Gross Receipts Less Than \$50,000:**    

**DBA Name:**

**Website Address:**

**Name of Officer:**           Oldest Soldier

**Address of Officer:**       9876 Oak Hill Fairfax VA 22031



**TY 2012 1120-POL Test Scenario #1**

**TaxPeriodEndDate -- 12/31/2012**

**PreparerFirm**

**EIN** -- 11-9000025

**PreparerFirmBusinessName** -- ELECTRONIC TAX FILERS, INC.

**PreparerFirmAddress** -- 100 TECHO DRIVE  
RAINTOWN, WA 98530

**MultipleSoftwarePackagesUsed** -- no

**Originator**

**EFIN** -- as assigned

**Type** -- ERO

**PractitionerPIN**

**EFIN** -- as assigned

**PIN** -- as assigned

**PinEnteredBy** -- n/a

**SignatureOption** -- Binary Attachment 8453 Signature Document

**ReturnType** -- 1120-POL

**TaxPeriodBeginDate** -- 1/1/2012

**Filer**

**EIN** -- 11-9000015

**Name** -- Kolkwizia Political Action Committee

**NameControl** -- KOLK

**USAddress** -- 3504 West Oak Blvd.  
Tampa, FL 33607

**Officer**

**Name** -- Test K. Insightful

**Title** -- Chairman

**Phone** -- 813-555-1212

**EmailAddress** --

**DateSigned** -- self-select

**TaxpayerPIN** -- self-select

**AuthorizeThirdParty** -- Y

**Preparer**

**Name** -- John Doe

**PTIN** -- P99999997

**Phone** -- 206-555-1212

**EmailAddress** --

**DatePrepared** -- self select

**SelfEmployed** --N

**binaryAttachmentCount** -- 1

**U.S. Income Tax Return for Certain Political Organizations**

► Information about Form 1120-POL and its instructions  
 is available at [www.irs.gov/form1120pol](http://www.irs.gov/form1120pol).

**2012**

For calendar year 2012 or other tax year beginning \_\_\_\_\_, 2012, and ending \_\_\_\_\_, 20

Check the box if this is a section 501(c) organization

Check if: <input type="checkbox"/> Final return <input type="checkbox"/> Name change <input type="checkbox"/> Address change <input type="checkbox"/> Amended return	Name of organization <b>Kolkwizia Political Action Committee</b>	Employer identification number <b>11-9000015</b>
	Number, street, and room or suite no. (If a P.O. box, see instructions.) <b>3504 West Oak Blvd</b>	<b>Candidates for U.S. Congress Only</b> If this is a principal campaign committee, and it is the ONLY political committee, check here <input type="checkbox"/> If this is a principal campaign committee, but is NOT the only political committee, check here and attach a copy of designation (See instructions.) <input type="checkbox"/>
	City or town, state, and ZIP code <b>Tampa FL 33607</b>	

<b>Income</b>	<b>1</b> Dividends (attach schedule)	<b>1</b>	
	<b>2</b> Interest	<b>2</b>	14227
	<b>3</b> Gross rents	<b>3</b>	
	<b>4</b> Gross royalties	<b>4</b>	
	<b>5</b> Capital gain net income (attach Schedule D (Form 1120))	<b>5</b>	0
	<b>6</b> Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	<b>6</b>	
	<b>7</b> Other income and nonexempt function expenditures (see instructions)	<b>7</b>	
	<b>8 Total income.</b> Add lines 1 through 7	<b>8</b>	14227
<b>Deductions</b>	<b>9</b> Salaries and wages	<b>9</b>	
	<b>10</b> Repairs and maintenance	<b>10</b>	
	<b>11</b> Rents	<b>11</b>	
	<b>12</b> Taxes and licenses	<b>12</b>	1185
	<b>13</b> Interest	<b>13</b>	
	<b>14</b> Depreciation (attach Form 4562)	<b>14</b>	
	<b>15</b> Other deductions (attach schedule)	<b>15</b>	
	<b>16 Total deductions.</b> Add lines 9 through 15	<b>16</b>	1185
	<b>17</b> Taxable income before specific deduction of \$100 (see instructions). Section 501(c) organizations show:		
	<b>a</b> Amount of net investment income		
<b>b</b> Aggregate amount expended for an exempt function (attach schedule)	<b>17c</b>	13042	
<b>18</b> Specific deduction of \$100 (not allowed for newsletter funds defined under section 527(g))	<b>18</b>	100	
<b>Tax</b>	<b>19 Taxable income.</b> Subtract line 18 from line 17c. (If line 19 is zero or less, see the instructions.)	<b>19</b>	12942
	<b>20 Income tax.</b> (see instructions)	<b>20</b>	4530
	<b>21 Tax credits.</b> (Attach the applicable credit forms.) (see instructions)	<b>21</b>	
	<b>22 Total tax.</b> Subtract line 21 from line 20	<b>22</b>	4530
	<b>23</b> Payments: <b>a</b> Tax deposited with Form 7004	<b>23a</b>	4551
	<b>b</b> Credit for tax paid on undistributed capital gains (attach Form 2439)	<b>23b</b>	
	<b>c</b> Credit for federal tax on fuels (attach Form 4136)	<b>23c</b>	
	<b>d Total payments.</b> Add lines 23a through 23c	<b>23d</b>	4551
<b>24 Tax due.</b> Subtract line 23d from line 22. See instructions for depository method of payment	<b>24</b>		
<b>25 Overpayment.</b> Subtract line 22 from line 23d	<b>25</b>	21	

**Additional Information**

**1** At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (such as a bank account, securities account, or other financial account) in a foreign country? (see instructions)  Yes  No  
 If "Yes," enter the name of the foreign country \_\_\_\_\_

**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the organization may have to file Form 3520  Yes  No

**3** Enter the amount of tax-exempt interest received or accrued during the tax year  \$ \_\_\_\_\_

**4** Date organization formed  7/21/92

**5a** The books are in care of  Test K. Insightful **b** Enter name of candidate  \_\_\_\_\_

**c** The books are located at  3504 West Oak Blvd Tampa FL **d** Telephone No.  813-555-1212

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check  if self-employed PTIN \_\_\_\_\_

Firm's name  \_\_\_\_\_ Firm's EIN  \_\_\_\_\_

Firm's address  \_\_\_\_\_ Phone no. \_\_\_\_\_

## TY2012 1120POL Test Scenario #2

**TaxPeriodEndDate** -- 12/31/2012

**PreparerFirm**

**EIN** – n/a

**PreparerFirmBusinessName** – n/a

**PreparerFirmAddress** – none

**MultipleSoftwarePackagesUsed** – no

**Originator**

**EFIN** – as assigned

**Type** – ERO

**PractitionerPIN**

**EFIN** – as assigned

**PIN** – as assigned

**PinEnteredBy** – Taxpayer

**SignatureOption** -- Pin Number

**ReturnType** – 1120-POL

**TaxPeriodBeginDate** – 1/1/2012

**Filer**

**EIN** – 11-9000004

**Name** – National Hyrax Association

**NameControl** -- NATI

**USAddress** -- 1234 Weeping Willow Lane, Anaheim, CA 92812

**Officer**

**Name** -- Test U. Phrozintows

**Title** -- Treasurer

**Phone** – 714-555-1212

**EmailAddress** --

**DateSigned** – self-select

**TaxpayerPIN** – self-select

**AuthorizeThirdParty** – Y

**Preparer**

**Name** – Test J. Caesar

**PTIN** – P99999998

**Phone** – 703-555-1212

**EmailAddress** –

**DatePrepared** – self select

**SelfEmployed** – Y

**binaryAttachmentCount** – 0

**U.S. Income Tax Return for Certain Political Organizations**

► Information about Form 1120-POL and its instructions  
 is available at [www.irs.gov/form1120pol](http://www.irs.gov/form1120pol).

**2012**

For calendar year 2012 or other tax year beginning \_\_\_\_\_, 2012, and ending \_\_\_\_\_, 20

Check the box if this is a section 501(c) organization

Check if:	Name of organization	Employer identification number
<input type="checkbox"/> Final return	National Hyrax Association	11-9000004
<input type="checkbox"/> Name change	Number, street, and room or suite no. (If a P.O. box, see instructions.)	<b>Candidates for U.S. Congress Only</b> If this is a principal campaign committee, and it is the ONLY political committee, check here <input type="checkbox"/> If this is a principal campaign committee, but is NOT the only political committee, check here and attach a copy of designation (See instructions.) <input type="checkbox"/>
<input type="checkbox"/> Address change	1234 Weeping Willow Lane	
<input type="checkbox"/> Amended return	City or town, state, and ZIP code	
	Anaheim CA 92812	

<b>Income</b>	<b>1</b> Dividends (attach schedule)	<b>1</b>	
	<b>2</b> Interest	<b>2</b>	
	<b>3</b> Gross rents	<b>3</b>	
	<b>4</b> Gross royalties	<b>4</b>	
	<b>5</b> Capital gain net income (attach Schedule D (Form 1120))	<b>5</b>	0
	<b>6</b> Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	<b>6</b>	
	<b>7</b> Other income and nonexempt function expenditures (see instructions)	<b>7</b>	
	<b>8</b> <b>Total income.</b> Add lines 1 through 7	<b>8</b>	
<b>Deductions</b>	<b>9</b> Salaries and wages	<b>9</b>	
	<b>10</b> Repairs and maintenance	<b>10</b>	
	<b>11</b> Rents	<b>11</b>	
	<b>12</b> Taxes and licenses	<b>12</b>	
	<b>13</b> Interest	<b>13</b>	
	<b>14</b> Depreciation (attach Form 4562)	<b>14</b>	
	<b>15</b> Other deductions (attach schedule)	<b>15</b>	
	<b>16</b> <b>Total deductions.</b> Add lines 9 through 15	<b>16</b>	
	<b>17</b> Taxable income before specific deduction of \$100 (see instructions). Section 501(c) organizations show:		
	<b>a</b> Amount of net investment income		700
<b>b</b> Aggregate amount expended for an exempt function (attach schedule)		620	
<b>17c</b>		620	
<b>18</b> Specific deduction of \$100 (not allowed for newsletter funds defined under section 527(g))	<b>18</b>	100	
<b>Tax</b>	<b>19</b> <b>Taxable income.</b> Subtract line 18 from line 17c. (If line 19 is zero or less, see the instructions.)	<b>19</b>	520
	<b>20</b> <b>Income tax.</b> (see instructions)	<b>20</b>	78
	<b>21</b> <b>Tax credits.</b> (Attach the applicable credit forms.) (see instructions)	<b>21</b>	
	<b>22</b> Total tax. Subtract line 21 from line 20	<b>22</b>	78
	<b>23</b> Payments: <b>a</b> Tax deposited with Form 7004	<b>23a</b>	
	<b>b</b> Credit for tax paid on undistributed capital gains (attach Form 2439)	<b>23b</b>	
	<b>c</b> Credit for federal tax on fuels (attach Form 4136)	<b>23c</b>	
	<b>d</b> <b>Total payments.</b> Add lines 23a through 23c	<b>23d</b>	
<b>24</b> <b>Tax due.</b> Subtract line 23d from line 22. See instructions for depository method of payment	<b>24</b>	78	
<b>25</b> <b>Overpayment.</b> Subtract line 22 from line 23d	<b>25</b>		

<b>Additional Information</b>	<b>1</b> At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (such as a bank account, securities account, or other financial account) in a foreign country? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name of the foreign country _____
	<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the organization may have to file Form 3520 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$ 0
	<b>4</b> Date organization formed <input type="checkbox"/> 5/27/1992
	<b>5a</b> The books are in care of <input type="checkbox"/> The Organization <b>b</b> Enter name of candidate _____ <b>c</b> The books are located at <input type="checkbox"/> 1234 Weeping Willow Lane <b>d</b> Telephone No. <input type="checkbox"/> 714-555-1212

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____	Date _____	Title _____	May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
----------------------------	------------	-------------	---

<b>Paid Preparer Use Only</b>	Print/Type preparer's name _____	Preparer's signature _____	Date _____	Check <input type="checkbox"/> if self-employed	PTIN _____
	Firm's name <input type="checkbox"/> _____	Firm's EIN <input type="checkbox"/> _____			
	Firm's address <input type="checkbox"/> _____	Phone no. _____			

Form 1120-POL, line 17b, Exempt Function Expenditures

<i>Description</i>	<i>Amount</i>
Purchase of political barbecue tickets	250
Campaign contributions	<u>370</u>
Total	620

## Payment Record

Routing Transit Number	012456778
Bank Account Number	111-222-3456
Account Type	checking
Payment Amount	\$78
Requested payment date	3-15-2013
Taxpayer Daytime Phone	714-555-1212

**TY2012 8868 Test Scenario #1**

**TaxPeriodEndDate** – 12/31/2012

**Originator**

**EFIN** – as assigned

**Type** – ERO

**PractitionerPIN**

**EFIN** – as assigned

**PIN** –

**PinEnteredBy** – *ERO or Taxpayer*

**SignatureOption** – *Pin Number or Binary Attachment 8453 Signature Document*

**ReturnType** – 8868

**TaxPeriodBeginDate** – 1/1/2012

**Filer**

**EIN** – 11-9000022

**Name** – Echinacea Endowment

**NameControl** -- ECHI

**USAddress** – 1234 Weeping Willow Lane  
Anaheim CA 92813

**Officer**

**Name** – Walter Oak

**Title** – Trustee

**DateSigned** – self select

**TaxpayerPIN** – self select

**TaxYear** -- 2012

**BinaryAttachmentCount** – 0

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

(Rev. January 2013)

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

	Enter filer's identifying number, see instructions	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <u>Echinacea Endowment</u>	Employer identification number (EIN) or <u>11-9000022</u>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <u>1234 Weeping Willow Lane</u>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>Anaheim CA 92813</u>	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ The Organization 1234 Weeping Willow Lane Anaheim CA 92813

Telephone No. ▶ 714-555-1212 FAX No. ▶ 714-555-1313

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 20 12 or

▶  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	23,000
<b>b</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.	<b>3b</b>	\$	20,000
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	3,000

**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.

## Payment Record

Routing Transit Number	012456778
Bank Account Number	111-222-3456
Account Type	checking
Payment Amount	\$3,000
Requested Payment Date	5/15/2013
Taxpayer Daytime Phone	714-555-1212

**TY2012 8868 Test Scenario #2**

**TaxPeriodEndDate** – 12/31/2012

**Originator**

**EFIN** – as assigned

**Type** – ERO

**PractitionerPIN**

**EFIN** – as assigned

**PIN** –

**PinEnteredBy** – *ERO or Taxpayer*

**SignatureOption** – *Pin Number or Binary Attachment 8453 Signature Document*

**ReturnType** – 8868

**TaxPeriodBeginDate** – 1/1/2012

**Filer**

**EIN** – 11-9000004

**Name** – National Hyrax Association

**NameControl** -- NATI

**USAddress** – 1234 Weeping Willow Lane Anaheim CA 92812

**Officer**

**Name** – Test U. Phrozintows

**Title** – Treasurer

**DateSigned** – self select

**TaxpayerPIN** – self select

**TaxYear** -- 2012

**BinaryAttachmentCount** – 0

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

(Rev. January 2013)

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <u>National Hyrax Association</u>	Employer identification number (EIN) or <u>11-9000004</u>
	Number, street, and room or suite no. If a P.O. box, see instructions. <u>1234 Weeping Willow Lane</u>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>Anaheim CA 92812</u>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► National Hyrax Assn 1234 Weeping Willow Lane Anaheim CA 92812

Telephone No. ► 714-555-1212 FAX No. ► 714-555-1313

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
►  calendar year 20 12 or

►  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</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.	<b>3b</b>	\$
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**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.

**TY2012 8868 Test Scenario #3**

**TaxPeriodEndDate** – 12/31/2012

**Originator**

**EFIN** – as assigned

**Type** – ERO

**PractitionerPIN**

**EFIN** – as assigned

**PIN** –

**PinEnteredBy** – *ERO or Taxpayer*

**SignatureOption** – *Pin Number or Binary Attachment 8453 Signature Document*

**ReturnType** – 8868

**TaxPeriodBeginDate** – 1/1/2012

**Filer**

**EIN** – 11-9000022

**Name** – Echinacea Endowment

**NameControl** -- ECHI

**USAddress** – 1234 Weeping Willow Lane  
Anaheim CA 92813

**Officer**

**Name** – Walter Oak

**Title** – Trustee

**DateSigned** – self select

**TaxpayerPIN** – self select

**TaxYear** -- 2012

**BinaryAttachmentCount** – 0

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

(Rev. January 2013)

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).  
A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

	Enter filer's identifying number, see instructions	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ .....

Telephone No. ▶ ..... FAX No. ▶ .....

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until \_\_\_\_\_, 20\_\_\_\_, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 20 \_\_\_\_ or  
▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</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.	<b>3b</b>	\$	
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	

**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.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <u>Echinacea Endowment</u>	Employer identification number (EIN) or <u>11-9000022</u>
	Number, street, and room or suite no. If a P.O. box, see instructions. <u>1234 Weeping Willow Lane</u>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>Anaheim CA 92813</u>	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of  The Organization 1234 Weeping Willow Lane Anaheim CA 92813  
 Telephone No.  714-555-1212 FAX No.  714-555-1313
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until November 15, 20 13 .
- 5 For calendar year 2012 , or other tax year beginning \_\_\_\_\_ , 20 \_\_\_\_\_ , and ending \_\_\_\_\_ , 20 \_\_\_\_\_ .
- 6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period
- 7 State in detail why you need the extension Additional time is needed due to unavoidable absence of the taxpayer.

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	23,000
<b>b</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 and any amount paid previously with Form 8868.	<b>8b</b>	\$	23,000
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  Date

**TY2012 8868 Test Scenario #4**

**TaxPeriodEndDate** – 12/31/2012

**Originator**

**EFIN** – as assigned

**Type** – ERO

**PractitionerPIN**

**EFIN** – as assigned

**PIN** –

**PinEnteredBy** – *ERO or Taxpayer*

**SignatureOption** – *Pin Number or Binary Attachment 8453 Signature Document*

**ReturnType** – 8868

**TaxPeriodBeginDate** – 1/1/2012

**Filer**

**EIN** – 11-9000004

**Name** – National Hyrax Association

**NameControl** -- NATI

**USAddress** – 1234 Weeping Willow Lane Anaheim CA 92812

**Officer**

**Name** – Test U. Phrozintows

**Title** – Treasurer

**DateSigned** – self select

**TaxpayerPIN** – self select

**TaxYear** -- 2012

**BinaryAttachmentCount** – 0

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

(Rev. January 2013)

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

	Enter filer's identifying number, see instructions	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ .....

Telephone No. ▶ ..... FAX No. ▶ .....

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until \_\_\_\_\_, 20\_\_\_\_, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20 \_\_\_\_ or

▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</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.	<b>3b</b>	\$	
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	

**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.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  ▶

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <u>National Hyrax Association</u>	Employer identification number (EIN) or <u>11-9000004</u>
	Number, street, and room or suite no. If a P.O. box, see instructions. <u>1234 Weeping Willow Lane</u>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>Anaheim CA 92812</u>	

Enter the Return code for the return that this application is for (file a separate application for each return) ▶

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ▶ National Hyrax Assn 1234 Weeping Willow Lane Anaheim CA 92812  
 Telephone No. ▶ 714-555-1212 FAX No. ▶ 714-555-1313
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until November 15, 20 13 .
- 5 For calendar year 2012, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_ .
- 6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period
- 7 State in detail why you need the extension There was a hyrax crisis involving a critical shortage of hyraxes and we had to attend to the crisis.

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</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 and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ \_\_\_\_\_ Title ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_