Form	990-EZ

Short Form 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)
 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



Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the	2011 calenda	ar year, or tax year beginning , 2011	, and ending		, 20
В	Check if ap	oplicable:	C Name of organization		D Employ	ver identification number
	Address cl	hange				
	Name cha	inge	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telepho	one number
Н	Initial retur					
Н	Terminated Amended		City or town, state or country, and ZIP + 4	•	F Group	Exemption
	Application				Numb	er 🕨
G	Account	ting Method:	□ Cash □ Accrual Other (specify) ►	н	Check ►	if the organization is not
I	Websit	:e:►			required t	o attach Schedule B
J	Tax-exem	npt status (che	eck only one) – _ 501(c)(3) _ 501(c) () ◀ (insert no.) _ 4947(a)(1) or	r 🗌 527	(Form 990), 990-EZ, or 990-PF).
Κ	Check 🕨	► 🗌 if the	e organization is not a section 509(a)(3) supporting organization or a section	527 organizatio	on and its	gross receipts are normally
	not more	e than \$50,00	0. A Form 990-EZ or Form 990 return is not required though Form 990-N ((e-postcard) ma	ay be requi	red (see instructions). But if
	-		ses to file a return, be sure to file a complete return.			
L	Add lines	5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more	, or if total assets	s (Part II,	
_						\$
B	Part I		e, Expenses, and Changes in Net Assets or Fund Balan			,
			the organization used Schedule O to respond to any question	in this Part I		<u></u>
	1		ons, gifts, grants, and similar amounts received		· ·	1
	2	-	ervice revenue including government fees and contracts		· ·	2
	3	Membersh	ip dues and assessments		· · L	3
	4	Investment			· · L	4
	5a		ount from sale of assets other than inventory 5a			
	b		or other basis and sales expenses			
	с 6		ss) from sale of assets other than inventory (Subtract line 5b from d fundraising events	line 5a)		5c
ē	a	Gross inc	ome from gaming (attach Schedule G if greater than	1		
Revenue	b	-		of contributior		
ě			aising events reported on line 1) (attach Schedule G if the			
ш			th gross income and contributions exceeds \$15,000) 6b			
	с	Less: direc	t expenses from gaming and fundraising events 6c			
	d		e or (loss) from gaming and fundraising events (add lines 6a ar	d 6b and su	btract	
		line 6c) .				6d
	7a	Gross sale	s of inventory, less returns and allowances 7a			
	b	Less: cost	of goods sold			
	с	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line $7\overline{a}$)		'	7c
	8	Other reve	nue (describe in Schedule O)			8
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. 🕨	9
	10	Grants and	I similar amounts paid (list in Schedule O)		· · _	10
	11	•	aid to or for members			11
es	12		ther compensation, and employee benefits			12
Expenses	13		al fees and other payments to independent contractors			13
ăx	14		y, rent, utilities, and maintenance			14
Ш́			ublications, postage, and shipping			15
	16		enses (describe in Schedule O)			16
	17		enses. Add lines 10 through 16			17
ţ	18		(deficit) for the year (Subtract line 17 from line 9)			18
sse	19		or fund balances at beginning of year (from line 27, column (A			
ţĂ		-	r figure reported on prior year's return)			19
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)			20
	21		or fund balances at end of year. Combine lines 18 through 20	· · · · ·	. 🕨 🛛	Earm 990-E7 (2011)

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Pa	rt II Balance Sheets. (see the instructions	for Part II.)				
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II....		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments				22	
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		[24	
25	Total assets		[25	
26	Total liabilities (describe in Schedule O)		[26	
27	Net assets or fund balances (line 27 of column	n (B) must agree with	n line 21)		27	
Par	Statement of Program Service Accome Check if the organization used Schedule	•		•	(Rec	Expenses juired for section
Wha	t is the organization's primary exempt purpose?					c)(3) and 501(c)(4)
as n	ribe the organization's program service accompli neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the			4947	nizations and section 7(a)(1) trusts; optional thers.)
28						
	(Grants \$) If this amount	includes foreign gra	nts, check here		28a	
29						
	(Grants \$) If this amount	includes foreign gra	nts check here	▶ □	29a	
30						
	(Grants \$) If this amount	includes foreign gra	nte, chock boro		30a	
31	Other program services (describe in Schedule O)				30a	
01		includes foreign gra			31a	
32	Total program service expenses (add lines 28a				32	
Par						tions for Part IV)
	Check if the organization used Schedule					
	encort in the organization accar conclude	(b) Title and average	(c) Reportable	(d) Health benefits,	<u> </u>	· · · · <u>·</u>
	(a) Name and address	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)			Estimated amount of other compensation
		-				

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Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		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	33	Yes	No
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. Otherwise, explain the change on Schedule O (see instructions)	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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? If "Yes," complete Schedule C, Part III	35b 35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a Did the organization file Form 1120-POL for this year?	37b		
b 39 a b 40a b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities 39b Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	38a		
c	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? If "Yes," complete Schedule L, Part I	40b		
d	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		
41 42a	List the states with which a copy of this return is filed. ► The organization's books are in care of ► Located at ►			
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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	Yes	No
с 43	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ►	42c	. 1	
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a 45b		

Form 990-EZ (2011)

46								F	Page
46					.94			Yes	-
	Dia to	I the organization engage, directly or i	ndirectly, in political of	campaign activities of	n behalf of o	r in opposit	tion		
David	10	candidates for public office? If "Yes,"	complete Schedule (C, Part I			. 46		V
Part	VI	Section 501(c)(3) organization	s and section 4947	7(a)(1) nonexempt	charitable	trusts on	ly. All se	ction	
		501(C)(3) organizations and sect	ion 4947(a)(1) none	xempt charitable tr	usts must a	answer qu	estions 4	7-49	b
		and 52, and complete the tables	s for lines 50 and 51	1.		1			
		Check if the organization used Sc	hedule O to respond	d to any guestion in	this Part VI				Г
				, 1				Yes	D.
47	Did	the organization engage in lobbying	activities or have a	section 501(h) election	on in effect	during the	tax	res	No
	yea	r? If "Yes," complete Schedule C, Par	tll			during the			
48	Is th	ne organization a school as described i					. 47	-	V
49a	Did	the organization make any transfers t	o an exempt pop-cha	aritable related ergeni	Schedule E		. 48		V
b	If "`	res," was the related organization a se	ection 527 organizatio	anable related organi	zation?		. 49a		V
50	Cor	mplete this table for the organization's	s five highest comper	sated employees (at	· · · · ·	· · ·	. 49b		
	em	ployees) who each received more than	s \$100,000 of compo	isated employees (of	ner than offic	cers, direct	ors, truste	es an	d ke
				T T T T T T T T T T T T T T T T T T T			e, enter "N	lone."	
	(a)	Name and address of each employee	(b) Title and average	(c) Reportable	(d) Health contributions		(e) Estimate	d amou	int of
		paid more than \$100,000	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans,		other con		
				(101113 11 2) 1003-11100)	comper	nsation			
lone									
51	\$100	plete this table for the organization'	s live nighest compe	insaled independent		who each			
(a)		0,000 of compensation from the orga and address of each independent contractor pai	nization. If there is no	(b) Type of serv			Compensatio		tha
			nization. If there is no	ne, enter "None."					tha
			nization. If there is no	ne, enter "None."					thai
			nization. If there is no	ne, enter "None."					thai
			nization. If there is no	ne, enter "None."					thai
			nization. If there is no	ne, enter "None."					
(a)			nization. If there is no	ne, enter "None."					
one	Name	and address of each independent contractor pai	nization. If there is no	ne, enter "None." (b) Type of serv		(c) (Compensatio		thai
one d 52	Name Total Did t	and address of each independent contractor pai	nization. If there is no id more than \$100,000	vne, enter "None." (b) Type of serv (b) Type of serv (b) Type of serv (b) Type of serv (b) Type of serv (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	ice	(c) ((c) (() ((1) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Compensatio		
one d 52	Name Total Did t none	and address of each independent contractor pain I number of other independent contractor the organization complete Schedule A exempt charitable trusts must attach a s of periury. I declare that I have examined this re-	nization. If there is no id more than \$100,000 	(b) Type of serv (b) Type of serv (b) Type of serv (c) (3) organizations (c) (3) organizations (c) (3) organizations	ice and 4947(a)	(c) ((c) ((1)	Compensation	on 	
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d d 52	Name Total Did t none	and address of each independent contractor paid I number of other independent contra- the organization complete Schedule A exempt charitable trusts must attach a s of perjury, I declare that I have examined this re- nd complete. Declaration of preparer (other than	nization. If there is no id more than \$100,000 	(b) Type of serv (b) Type of serv (b) Type of serv (c) (3) organizations (c) (3) organizations (c) (3) organizations	and 4947(a)	(c) ((c) ((1)	Compensation	on 	
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d 52 ign ere aid repa	Name Total Did t none enalties rect, arr	and address of each independent contractor paid I number of other independent contra- the organization complete Schedule A exempt charitable trusts must attach a s of perjury, I declare that I have examined this re- and complete. Declaration of preparer (other than Sighature of officer John M. Tranquada, Treasurer Type or print name and title Print/Type preparer's name	nization. If there is no id more than \$100,000 	(b) Type of serv (b) Type of serv over \$100,000 I 01(c)(3) organizations o A ing schedules and stateme mation of which preparer h	ice and 4947(a)	(c) ((1) (1) (1) (1) (1) (1) (1) (1	Compensation	on 	
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d 52 ign ere aid repa se C	Name Total Did t none enalties rect, ar	and address of each independent contractor paid I number of other independent contra- the organization complete Schedule A exempt charitable trusts must attach a s of perjury, I declare that I have examined this re- and complete. Declaration of preparer (other than Sighature of officer John M. Tranquada, Treasurer Type or print name and title Print/Type preparer's name	Preparer's signature	(b) Type of serv (b) Type of serv over \$100,000 I 01(c)(3) organizations A	and 4947(a)	(c) ((1) (1) (1) (1) (1) (1) (1) (1	Compensation	on 	

Form 990-EZ (2011)

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(Form	990	or	990)-EZ

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Pa	rt I Reason	for Public Cha	rity Status (All orga	nization	s must c	omplete	this pa	rt.) See i	nstructio	ons.	
The	organization is not	a private founda	ation because it is: (Fo	or lines 1	through 1	1, check	only one	box.)			
1	🗌 A church, cor	vention of churc	hes, or association of	churche	s describ	ed in sec	tion 170	(b)(1)(A)(i	i).		
2	A school desc	cribed in section	170(b)(1)(A)(ii). (Attao	ch Sched	ule E.)						
3		•	spital service organiza								
4		earch organization e, city, and stat	on operated in conjun e:	ction with	n a hospit	al descri	bed in se	ction 17	0(b)(1)(A)	(iii). Ente	r the
5			operated for the benefit of a college or university owned or operated by a governmental unit described in (A)(iv). (Complete Part II.)								
6 7	🗌 An organizati	I, state, or local government or governmental unit described in section 170(b)(1)(A)(v). nization that normally receives a substantial part of its support from a governmental unit or from the general public d in section 170(b)(1)(A)(vi). (Complete Part II.)									
8	🗌 A community	trust described i	n section 170(b)(1)(A	.)(vi). (Cor	mplete Pa	art II.)					
9	receipts from support from	activities relate gross investme	receives: (1) more that d to its exempt funct ent income and unre after June 30, 1975. Se	tions-su lated bus	bject to o siness ta	certain e xable ind	xceptions come (les	s, and (2) ss sectio) no more	e than 33	³¹ /₃% of its
10	🗌 An organizatio	on organized and	d operated exclusively	to test fo	or public s	safety. Se	ee sectio	n 509(a)((4).		
11	purposes of 6 509(a)(3). Che	one or more put eck the box that	nd operated exclusive blicly supported organ describes the type of	nizations supportir	describe ng organiz	d in sect zation an	ion 509(a d comple	a)(1) or se	ection 50	9(a)(2). S gh 11h.	ee section
	🔤 a 📋 Type I				III-Funct	,	0] Type II	
e		undation manage	that the organization ers and other than on								
f	If the organiz		a written determinatio	on from	the IRS t	that it is	a Type	I, Type	II, or Typ	e III sup	porting
ç	g Since August following pers		he organization acce	pted any	gift or co	ontributic	on from a	ny of the	e		
			ndirectly controls, eit ody of the supported							nd 11g(i)	Yes No
	(ii) A family m	nember of a pers	on described in (i) abo	ove?						11g(ii)	
			a person described ir							11g(iii)	
ł	n Provide the fo	llowing informat	ion about the support	ed organ	ization(s).						
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) li	organization sted in your document?	the organ col. (i)	ou notify nization in of your port?	organizat (i) organi	ls the tion in col. ized in the S.?		mount of pport
				Yes	No	Yes	No	Yes	No		
(A)											
(B)											
(C)											
(D)											
(E)											
Tota	al										

Schedule A (Fo	form 990 or 990-EZ) 2011
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

	(Complete only if you checked the Part III. If the organization fails to				0	•	alify under
Secti	on A. Public Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Secti	on B. Total Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	. (see instructi	ons)			12	
13	First five years. If the Form 990 is for the		n's first, secon	id, third, fourth	n, or fifth tax y	ear as a sectio	on 501(c)(3)
	organization, check this box and stop he						🕨 🗌
	on C. Computation of Public Suppor	-				1 1	
14	Public support percentage for 2011 (line 6		•			14	%
15	Public support percentage from 2010 Sch 33 ¹ / ₃ % support test-2011. If the organize					15	%
16a	box and stop here. The organization qual						
b	33 ¹ / ₃ % support test-2010. If the organ			-			
b	check this box and stop here. The organi						
170		-			-		
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization me Part IV how the organization meets the "factorial organization .	ets the "facts- acts-and-circu	and-circumstaumstances" te	nces" test, ch st. The organiz	eck this box ar ation qualifies	nd stop here. I	Explain in
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m supported organization	ion meets the eets the "fact	e "facts-and-c s-and-circums	ircumstances" tances" test. T	test, check th	his box and st	op here.
18	Private foundation. If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 17a			see . ► □

Schedule A (Form 990 or 990-EZ) 2011

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.)

Calendar year (or fiscal year beginning in) ► (e) 2007 (b) 2008 (c) 2009 (e) 2010 (e) 2011 (f) Total I Gitt, gards, contributios, and membership fees and membership fees and statistical and the membership fees and the membership fees 2 Gross receipts from adhesisms, methandles and the statistical and the related to the statistical relation without charge. image: the statistical relation relatio relatio relation relation relation relation relatio	Secti	on A. Public Support						
received in any activity that is related to the second purpose in any activity that is related to the second purpose in a seco	Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
2 Gross receipts from admissions, merchandles sold or services perform admissions, merchandles to the organization's benefit and either paid unrelated to this that are not an unrelated business of the amount on lines 12, and 3 3 Gross receipts from admissions, merchandles that are not an unrelated business tax-being Public State and	1	Gifts, grants, contributions, and membership fees						
ability of services performed, or fabilities furnished in any activity haits related to the enginization's tar-exempt purpose								
a Gross receipts from activities that are not an unrelated but here or an activities that are not an unrelated but after dur but here at a different and different and a different and a different and a diffe	2	Gross receipts from admissions, merchandise						
a Gross received from a times loss of a and 7b		sold or services performed, or facilities						
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Schedule A (Form 990 or 990-EZ) 2011

Schedule A (I	Form 990 or 990-EZ) 2011	Page 4
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).	
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