Form **990-EZ**

Department of the Treasury Internal Revenue Service

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

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.

OMB No. 1545-1150

2011

Open to Public Inspection

Form **990-EZ** (2011)

Α	For the	2011 calenda	ar year, or tax year beginning , 201	1, and ending		, 20
В	Check if ap	pplicable:	C Name of organization		D Employer id	dentification number
	Address c	change				
	Name cha	ange	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone	number
Ļ	Initial retu					
F	Terminate		City or town, state or country, and ZIP + 4		F Group Exe	emption
F	Amended Applicatio	on pending			Number	•
G	_	ting Method:	☐ Cash ☐ Accrual Other (specify) ▶	Н	Check ▶ □	if the organization is not
	Websit	-				tach Schedule B
J	Tax-exen	npt status (che	eck only one) — ☐ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1)			00-EZ, or 990-PF).
K	Check >	▶ ☐ if the	e organization is not a section 509(a)(3) supporting organization or a section		on and its gros	ss receipts are normally
	not more		0. A Form 990-EZ or Form 990 return is not required though Form 990-N	-	-	
	the orga	anization choc	oses to file a return, be sure to file a complete return.			
L	Add lines	s 5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more	e, or if total assets	s (Part II,	
	line 25, c	olumn (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		► 5	\$
	Part I	Revenu	e, Expenses, and Changes in Net Assets or Fund Bala	nces (see the	instruction	s for Part I.)
		Check if	the organization used Schedule O to respond to any question	n in this Part I		
	1	Contributio	ons, gifts, grants, and similar amounts received		1	
	2	Program se	ervice revenue including government fees and contracts		2	
	3	Membersh	ip dues and assessments		3	
	4	Investment	t income		4	
	5a	Gross amo	ount from sale of assets other than inventory 5	а		
	b	Less: cost	or other basis and sales expenses	b		
	С	•	ss) from sale of assets other than inventory (Subtract line 5b fror	n line 5a)	5c	
	6	_	nd fundraising events			
•	а		ome from gaming (attach Schedule G if greater than	1		
Boyonia				a		
9	b		ome from fundraising events (not including \$	of contribution	ıs	
ď	<u> </u>		raising events reported on line 1) (attach Schedule G if the	- 1		
			ch gross income and contributions exceeds \$15,000) 6	-		
	C		et expenses from gaming and fundraising events 6		atro at	
	d		e or (loss) from gaming and fundraising events (add lines 6a a	and ob and sur		
	70	,			· · 6d	
	7a					
	b		of goods sold		7c	
	8		nue (describe in Schedule O)		8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			
_	10		d similar amounts paid (list in Schedule O)			
	11		aid to or for members			
Ų			ther compensation, and employee benefits			
9	13		al fees and other payments to independent contractors			
Evnoncoc	14		y, rent, utilities, and maintenance			
Ĺ	15		ublications, postage, and shipping			
	16		enses (describe in Schedule O)			
	17		enses. Add lines 10 through 16			
_	10	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18	
Not Accote	ชู้ 19		s or fund balances at beginning of year (from line 27, column (
۷٥٥	É		ar figure reported on prior year's return)			
ŧ	20	Other char	nges in net assets or fund balances (explain in Schedule O)		20	
Z	21		or fund balances at end of year. Combine lines 18 through 20			

Form 990-EZ (2011) Part II Balance Sheets. (see the instructions for Part II.) Check if the organization used Schedule O to respond to any question in this Part II . . . (A) Beginning of year (B) End of year 22 Cash, savings, and investments 22 23 23 Land and buildings 24 Other assets (describe in Schedule O) 24 25 25 Total assets 26 Total liabilities (describe in Schedule O) 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 27 Part III Statement of Program Service Accomplishments (see the instructions for Part III.) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) organizations and section Describe the organization's program service accomplishments for each of its three largest program services, 4947(a)(1) trusts; optional as measured by expenses. In a clear and concise manner, describe the services provided, the number of for others.) persons benefited, and other relevant information for each program title. 28) If this amount includes foreign grants, check here 28a (Grants \$ 29 29a) If this amount includes foreign grants, check here 30) If this amount includes foreign grants, check here 30a **31** Other program services (describe in Schedule O)) If this amount includes foreign grants, check here 31a List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.) Check if the organization used Schedule O to respond to any question in this Part IV (d) Health benefits, (c) Reportable (b) Title and average compensation contributions to employee (e) Estimated amount of (a) Name and address hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 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 34 Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 35a If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b 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 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 Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 37b 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? . . 38a If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: 39a **b** Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► _____ ; section 4955 ► 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? If "Yes," complete Schedule L, Part I. 40b 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, Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed. ▶ 41 **42a** The organization's books are in care of ▶ _____ Telephone no. ▶ Located at ▶ ZIP + 4 ▶ b At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b 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. 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: ▶ 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 Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b Did the organization receive any payments for indoor tanning services during the year? 44c If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 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 45b

Page 3

Form 99	0-EZ (20	011)							P	age 4
46	Did th	ne organization engage, directly or ir andidates for public office? If "Yes," (ndirectly, in political c	campaign activities	on behal	f of or ir	n opposit	ion	Yes	No
Part '	VI	Section 501(c)(3) organizations 501(c)(3) organizations and section 52, and complete the tables Check if the organization used Sci	and section 4947 on 4947(a)(1) none for lines 50 and 51	'(a)(1) nonexemp xempt charitable	t charit trusts m	able tr nust ans	usts on	ly. All sed))
47 48 49a b 50	Did the year? Is the Did the If "Year"	the organization engage in lobbying of f "Yes," complete Schedule C, Part organization a school as described in the organization make any transfers to s," was the related organization a seplete this table for the organization's oyees) who each received more than	activities or have a till	section 501(h) election 501(h)	etion in e te Schedenization? other tha	ffect du ule E n office		. 47 . 48 . 49a . 49b ors, truste		No d key
		ame and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) contrib	Health be outions to plans, an compensa	(e) Estimate other con	ed amou		
f 51	Comp \$100	number of other employees paid over olete this table for the organization' ,000 of compensation from the orga	s five highest compenization. If there is no	ensated independe one, enter "None."		actors v				thar
(a)	Name a	nd address of each independent contractor pa	id more than \$100,000	(b) Type of s	service		(c)	Compensati	on	
52 Under p	Did the	number of other independent contra ne organization complete Schedule A xempt charitable trusts must attach of perjury, I declare that I have examined this	A? Note : All section 5 a completed Schedul	601(c)(3) organization			·	► □ Yes		No
		d complete. Declaration of preparer (other than Signature of officer Type or print name and title						and an analysis of the second		
Paid Prep Use		Print/Type preparer's name Firm's name Firm's address ▶	Preparer's signature		Date Check ☐ if self-employed					
Mav th	ne IRS	discuss this return with the preparer	shown above? See	instructions		Phone	 	► ☐ Yes		Vo.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

Pa	rt I Reason 1	or Public Cha	rity Status (All orga	anization	s must c	omplete	this pa	rt.) See i	nstructio	ns.		
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, con	vention of churc	hes, or association of	churches	s describ	ed in sec	tion 170	(b)(1)(A)(i	i).			
2	A school desc	ribed in section	170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)							
3	•	•	spital service organiza									
4		earch organizatione, city, and stat	on operated in conjun e:	ction with	n a hospit	al descri	bed in se	ection 17	0(b)(1)(A)(iii). Ente	r the	
5		on operated for b)(1)(A)(iv). (Com	the benefit of a colle plete Part II.)	ge or uni	versity o	wned or	operated	l by a go	vernment	al unit d	escrib	ed in
6 7	An organization	on that normally	nment or government receives a substantia ((A)(vi). (Complete Pal	al part of					nit or from	the gei	neral p	oublic
8	☐ A community	trust described i	n section 170(b)(1)(A)(vi). (Cor	mplete Pa	art II.)						
9	receipts from support from	activities related	receives: (1) more that d to its exempt funct ent income and unre lifter June 30, 1975. So	tions—sul	bject to o	certain e xable ind	xceptions come (les	s, and (2) ss sectio	no more	than 3	31/3%	of its
10 11	☐ An organizati	on organized ar	I operated exclusively nd operated exclusiv olicly supported organ	ely for th	ne benefi	t of, to	perform :	the funct	tions of, o			
	509(a)(3). Che	eck the box that	describes the type of	supportin	ng organiz	zation an	d comple	ete lines 1	1e throug	jh 11h.		
	a 🗌 Type I	b □	Type II c	☐ Type	III-Funct	ionally in	tegrated		d 🗌	Type II	I–Othe	er
е			that the organization									
			ers and other than on	e or more	e publicly	support	ed organ	izations o	described	in section	on 509	9(a)(1)
	or section 509			6	#b - JDO #		- -	. T	U T	- 111		
f	organization,	check this box								e III sur 	portir 	ng
g	following pers	ons?	he organization acce					-				
			ndirectly controls, eit ody of the supported							ıd 11g(i)	Yes	No
			on described in (i) abo							11g(ii)	
		-	a person described in							11g(iii)	
h		1	ion about the support									
(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) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organiza (i) organi	Is the tion in col. ized in the S.?		mount o	of
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)												
(D)												
(E)												
Tota	1											

Schedule A (Form 990 or 990-EZ) 2011 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checked the Part III. If the organization fails to				•	•	alify under
Secti	on A. Public Support	quality und	er trie tests lis	sted below, p	lease comple	ete Part III.)	
	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.")	(a) 2001	(2) 2000	(6) 2000	(a) 2010	(6) 23	(i) rotal
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.						
	on B. Total Support			1	1	1	
	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					ear as a sectio	n 501(c)(3)
	organization, check this box and stop he						🕨 🗌
Secti	on C. Computation of Public Suppor		·				
14	Public support percentage for 2011 (line 6		•			14	%
15	Public support percentage from 2010 Sch 33 ¹ / ₃ % support test—2011. If the organization					15	%
16a	box and stop here. The organization qua						
b	33 ¹ / ₃ % support test—2010. If the organ			-			_
	check this box and stop here. The organ						. ▶ □
17a	10%-facts-and-circumstances test – 20	•				a or 16h and	line 14 is
174	10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts- acts-and-circ	and-circumsta umstances" tes	nces" test, che st. The organiz	eck this box ar	nd stop here. E	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m	ion meets the eets the	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check th	nis box and st	op here.
40	supported organization						. • 🗆
18	Private foundation. If the organization di instructions						

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.)

	if the organization fails to qualify	under the te	sts listed bei	ow, piease co	mpiete Part	II.)	
	on A. Public Support						
Calen	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	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						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge						
6							
6 70	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3						
7a	received from disqualified persons .						
_	· ·						
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						
	•						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	e organizatior	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re					▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2011 (line 8	3, column (f) di	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2010 Sch				<u></u> .	16	%
Secti	on D. Computation of Investment In-	come Perce	ntage				
17	Investment income percentage for 2011 (line 10c, colun	nn (f) divided b	y line 13, colur	mn (f))	17	%
18	Investment income percentage from 2010					18	%
19a	331/3% support tests-2011. If the organ						
	17 is not more than $33^{1}/_{3}\%$, check this box	and stop here .	. The organizati	on qualifies as	a publicly supp	orted organizat	ion . ▶ 🗌
b	331/3% support tests-2010. If the organize	ation did not c	heck a box on	line 14 or line	19a, and line 16	is more than 3	33 ¹ /3%, and
	line 18 is not more than 331/3%, check this I	oox and stop h	ere. The organ	ization qualifies	as a publicly s	upported organ	nization 🕨 🗌
20	Private foundation. If the organization di	d not check a	box on line 14	. 19a. or 19b. o	check this box	and see instru	ctions

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).								

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions

Employer identification number

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events d ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes." list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts from activity (or retained by) fundraiser listed in (ii) Activity custody or control of (or retained by) or entity (fundraiser) contributions? organization col. (i) Yes No 1 2 3 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing.

Pa	art II	Fundraising Events. Con than \$15,000 of fundraisingross receipts greater tha	ng event contributions			
		groot roos,pro ground in	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
enne		Gross receipts				
Revenue	2	Gross receipts Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses .				
Pa	10 11 rt III	Direct expense summary. Act income summary. Comb Gaming. Complete if the	ine line 3, column (d), a e organization answer	nd line 10		reported more
		than \$15,000 on Form 9	90-EZ, line 6a.	4.5	1	(n=
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes %☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)		()
	8	Net gaming income summary	y. Combine line 1, colur	nn d, and line 7		
9						
	a ls	nter the state(s) in which the or the organization licensed to o 'No," explain:		in each of these states		🗌 Yes 🗌 No

cneau	ule G (Form 990 or 990-EZ) 2011		Page 3
11 12	Does the organization operate gaming activities with nonmembers?	☐ Yes	
13	Indicate the percentage of gaming activity operated in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	√ □ No
b c	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
	Name ▶		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	. □ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also co part to provide any additional information (see instructions).		this

<u>ARIZONA</u>	<u> </u>	<u>RM</u>	Ariz	ona Exempt Orgar	ηİΖ	ation Annu	ıal	Informat	ion	Return 2011
99	9	For th	ne 🗆 ca	ılendar year 2011 or □ fiscal ye	ear b	eginning MMD	DjY	and e	nding	$[M_1M_1D_1D_1Y_1Y_1Y_1Y_1]$
CHECK	(ONE:		Please	Name					Employ	yer identification number (EIN)
Original	nended	. —	Туре	Number and street or PO Box						
Business teleph			٠. ا	Number and street of PO Box					Δ7 tran	nsaction privilege tax number
Dusiness telepii	ione na	Otto and some state and ZID and a						/ \Z (\alpha	isaction privilege tax number	
			Print	Oily of town, state and 211 code						
68 Check	box if	: 🗆 т	his is a	first return Name change] Ac	Idress change		CHECK BOX IF	Retu	ırn filed under extension.
				_		•			s. Fed	6-mos. AZ - Fed
A Date Arizona	a opera	tions be	gan					82 82 C		82 F 🔲
B Nature of Ari	izona a	ctivities					İ	REVENUE USE O	NLY. D	O NOT MARK IN THIS AREA.
C Check federa	Check federal form filed: 990 990-EZ Other (specify)									
Attach	а сор	y of the	organiz	zation's federal return.						
						T				
Sources				eceipts from business activities	1		00			
of			-	oods sold or of operations	2					
Income				d statement n business activities - subtract			00			
				11 business activities - subtract	3		00	81		66
				<i>I</i>			4		00	
							5		00	
				ties			6		00	
			•	om sales of assets, excluding inver			7		00	
			, ,	ents, etc., from members	-		8		00	
				ents, etc., from affiliated organization			9		00	
				ifts, grants, etc., received			10		00	
		Other income - attach itemized statement							00	
				dd lines 3 through 11		11			12 00	
Administrative				of officers, directors, trustees, etc			13		00	
Expenses				ges - other than amounts included			14		00	
,,							15		00	
	16	Taxes					16		00	
	17	Rent ex	pense				17		00	

Administrative	13	Compensation of officers, directors, trustees, etc	13	00			
Expenses	14	Salaries and wages - other than amounts included on line 2	14	00			
	15	Interest	15	00			
	16	Taxes	16	00			
	17	Rent expense	17	00			
	18	Depreciation - attach schedule	18	00			
	19	Miscellaneous expenses - attach itemized statement	19	00			
	20	Total expenses - add lines 13 through 19			2	:0	00
Disbursements	21	Dues, assessments, etc., to affiliated corporations	21	00			
From Current	22	Contributions, gifts, grants, etc., paid	22	00			
Income for the	23	Benefit payments to or for members or their dependents:			_		
Organization's		a. Death, sickness, hospitalization, disability, or pension benefits	23a	00			
Exempt		b. Other benefits	23b	00			
Purposes	24	Dividends and other distributions to members, shareholders, or depositors	24	00			
	25	Other	25	00			
	26	Total - add lines 21 through 25				26	00
Disbursements	27	Dues, assessments, etc., to affiliated corporations	27	00			
From Principal	28	Contributions, gifts, grants, etc., paid	28	00			
for the	29	Benefit payments to or for members or their dependents:			_		

a. Death, sickness, hospitalization, disability, or pension benefits.....

b. Other benefits.....

Dividends and other distributions to members, shareholders, or depositors ..

Total - add lines 27 through 31

Other disbursements not itemized above - attach schedule.....

Accumulation of income in current year - line 12 less the sum of lines 20, 26, 32, and 33.....

Accumulation of income at beginning of year.....

Accumulation of income at end of year - add lines 34 and 35.....

Penalty for late filing or incomplete filing. See instructions.....

29b

30 31 00

00

00

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34

36

00

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00

00

00

Accumulation 34

Organization's

30

31 32

33

35

36

37

Exempt

Other

of Income

Penalty

Purposes

AZ Fo	rm 99 (2	011) Name:			EIN:			Page 2	of 2
Sche	dule A	- Balance Sheet							
NOT	E: Amour	nts used in attached schedules and in this column	should	I be end of year amounts.	(a) Beginning of year		(b) End of year		
		Assets		I					
A 1						00	A1		00
A2a		ts receivable	_	1 1 1					
		allowance for doubtful accounts				Τ	1		T
		A2a less line A2b. Enter difference in colu				00	A2c		00
АЗа		otes and loans receivable - attach schedule	1100						
		allowance for doubtful accounts				- 00	42-		00
A 4		A3a less line A3b. Enter difference in colu	`	·		00			00
A4		ries				00	A4		00
A5		nents (securities) - attach schedule				00	A5 A6		00
A6 A7a		nents (other) - attach schedule uildings, and equipment; basis				00	AU		00
Ara		accumulated depreciation - attach schedule.							
		A7a less line A7b. Enter difference in colu				00	A7c		00
A8		ussets - describe	,	'		00	A8		00
A9		ssets - describessets - add lines A1 through A8				00	A9		00
7.0	iotai a	ooto add med Ar anough Ad				1 00	, Ao		100
		Liabilities							
A10		its payable and accrued expenses					A10		00
A11	_	ges and other notes payable - attach scho				00			00
		abilities - describe				1	A12		00
A13	Total li	abilities - add lines A10 through A12				00	A13		00
		Net Assets							
A11	Canital	stock or trust principal				00	A14		00
		or capital surplus				1	A15		00
		ed earnings or accumulated income				1	A16		00
		et assets - add lines A14 through A16				00			00
A18	Total li	abilities and net assets - add lines A13	and	A17		00	A18		00
Certi		Under penalties of perjury, I declar and to the best of my knowledge a year stated pursuant to the income	and b	elief, it is a true, correct a	and complete return				
	Here					_			
0.9		Officer's signature			Date	Tit	le		
Paid									
	arer's								
Use		Preparer's signature			Date	Pre	eparer's E	EIN, PTIN or SSN	
J36 (Jiny	, 0				- '		,	
		Firm's name (or preparer's, if self-emplo	yed)			Fir	m's \square	EIN or SSN	
		Firm's address			Zip code	Fir	m's telep	hone number	