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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

Common designation Common	AF	or the	2011 calendar year, or tax year beginning , 2011, and ending	, 20
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K Check If the organization is not a section 508(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form \$90.0 Ear or not required through Form \$90.0 (e-postcard) may be required (see instructions). But if the organization chooses to tile a return, be sure to tile 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 2b, column (0) below) are \$500,000 or more, the Form \$90 nated of Form \$90.000 or more, or if total assets (Part II) line 2b, column (0) below) are \$500,000 or more, the Form \$90 nated of Form \$90.000 or more, or if total assets (Part II) line 2b, column (0) below) are \$500,000 or more, the Form \$90 nated of Form \$90.000 or more, or if total assets (Part II) line 2b, column (0) below) are \$500,000 or more, the Form \$90.000 or more, or if total assets (Part II) line 2b, column (0) below) are \$500,000 or more, the Form \$90.000 or more, or if total assets (Part II) line 2b, column (0) below) are \$500,000 or more, or if total assets (Part II) line 2b, column (0) below are \$500,000 or more, or if total assets (Part II) line 2b, column (0) below are \$500,000 or more, or if total assets (Part II) line 2b, column (0) below are \$500,000 or more, or if total assets (Part II) line 2b, column (0) below are \$500,000 or more, or if total assets (Part II) line 2b, column (0) below are \$500,000 or more, or if total assets (Part II) line 2b, column (0) below are \$500,000 or more, or if total assets (Part II) line 2b, column (1) l				
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Ta Gross sales of inventory, less returns and allowances		"		
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits of MAY 1 8 2012 of 12 O 13 Professional fees and other payments to independent contractors. 13 O 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 Printing expenses in met 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) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 Printing expenses.		70	1	04 0
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		i -	· · · · · · · · · · · · · · · · · · ·	-
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 0 MAY 1 8 2012 13 Professional fees and other payments to independent contractors 11 0 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16				- ₇₀ 0
Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 0 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Company Comp				
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18 Excess or (deficit) for the year (Subtract line 17 from line 9)		16		16 0
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		17	Total expenses. Add lines 10 through 16	17 350.00
21 Net assets or fund balances at end of year. Combine lines 18 through 20	S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	šet	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	,
21 Net assets or fund balances at end of year. Combine lines 18 through 20	ĄS			l i
21 Net assets or fund balances at end of year. Combine lines 18 through 20	et /	20	Other changes in net assets or fund balances (explain in Schedule O)	
	ž	i	· · · · · · · · · · · · · · · · · · ·	
	For			

Pa	rt II Balance Sheets. (see the instruc	•		D- 411		
	Check if the organization used Sch	nedule O to respond to a	ny question in this	(A) Beginning of year		
22	Cash, savings, and investments			• •	+	650.00
23	Land and buildings			1000.00	23	650.00
24	Other assets (describe in Schedule O) .			0	24	
25	Total assets		[25	50.00
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of c				27	650.00
Par	Statement of Program Service A			•		Expenses
\A/I= =	Check if the organization used Sch	nedule O to respond to a	ny question in this	Part III		red for section
	t is the organization's primary exempt purpor					(3) and 501(c)(4) zations and section
as n	cribe the organization's program service aconessured by expenses. In a clear and concons benefited, and other relevant information	cise manner, describe th			4947(a for oth)(1) trusts, optional ers)
28	sponsored a semino	er, puid re	nt and f	pod		
		er perise.	2			350.00
	(Grants \$) If this ar	mount includes foreign gra	ants, check here .	. ▶ 🗆	28a	220.
29						

	70					
30	(Grants \$) If this ar	mount includes foreign gra	ants, check here	> [_]	29a	
30						
	(Grants \$) If this ar	mount includes foreign gra	ants, check here	. ▶ □	30a	
31						
	(Grants \$) If this ar	mount includes foreign gra	ants, check here	▶ 🗆	31a	
	Total program service expenses (add lines			•		350.00
Par	List of Officers, Directors, Trustees, a Check if the organization used Sch				ınstructı 	ons for Part IV)
	<u> </u>	(b) Title and average	(c) Reportable	(d) Health benefits,		
	(a) Name and address	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employ benefit plans, and		er compensation
		Gevoted to position	(if not paid, enter -0-)	deferred compensatio	n	
	Jon M. Alice	momber	0			0
		member	U	0		0
	Marisha Plotnik	member				
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	Robert Sim	Pres.				
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	Beth Weisburn	Sec.	Ø	U		9
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Part _	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			
	monacciono for Fart 4.7 Oncor il trie organization acco concodio o to respond to any question in tili	J. art	Yes	No
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	. 55	/
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		V
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		1
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		V
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year?	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? 15 (1) Year 1 and return to the text of the property of the text of th	38a		<u> </u>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	-		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	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: section 4911 ; section 4912			
b	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		V
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
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		V
41	List the states with which a copy of this return is filed >			
42a	The organization's books are in care of ► Miduele Star Telephone no ► 80		78.	1130
.	Located at \triangleright (q g g f	(03	Yes	N _a
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	No
	If "Yes," enter the name of the foreign country ▶			- V
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	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		<u> </u>
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 \Delta 43	no		► □
44.	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
44a	completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a		V
b	completed instead of Form 990-EZ	44b		V
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		_/
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		7
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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		<i>\</i>

					Yes No			
	Did the organization engage, directly or in			behalf of or in oppos	! ! !			
	to candidates for public office? If "Yes,"	<u>-</u>			46			
Part \								
501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer question and 52, and complete the tables for lines 50 and 51.								
				ub D				
	Check if the organization used Sc	nedule O to respond	to any question in t	inis Part VI	<u> </u>			
47	Dulatha annual da annual da la				Yes No			
	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							
48	Is the organization a school as described i	n section 170(b)(1)(A)(i	ı)? If "Yes," complete	Schedule E	. 48			
49a	Did the organization make any transfers t	o an exempt non-cha	ırıtable related organı	anization? . 49a				
b	If "Yes," was the related organization a se	ection 527 organization	on?		49b			
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and ke							
	employees) who each received more than	n \$100,000 of compe	nsation from the orga	nızatıon. If there is no	ne, enter "None."			
	(a) Name 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-MISC)	(d) Health benefits, contributions to employe benefit plans, and deferre compensation				
					 			
	1 1	1						
	1//							
	<i>P</i>							
]						
f	Total number of other employees paid ov	ver \$100,000	. ▶					
51	Complete this table for the organization			contractors who ea	ch received more than			
	\$100,000 of compensation from the orga	anization If there is no	one, enter "None"					
(a)	Name and address of each independent contractor page	aid more than \$100,000	(b) Type of ser	vice	(c) Compensation			
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		- · · · · · · · · · · · · · · · · · · ·						
			l					
	Total number of other independent contri			-				
52	Did the organization complete Schedule			s and 4947(a)(1)	.			
	nonexempt charitable trusts must attach	a completed Schedu	le A	• • • •	► ☐ Yes ☐ No			
	enalties of perjury, I declare that I have examined this rect, and complete Declaration of preparer (other tha				knowledge and belief, it is			
	1.00 1.00	- Control of Succession and The		Tido uny kilomicogo				
Sign	Signature of officer				5114112			
Here			Date					
Here	Type or print name and title	<u> </u>						
		Preparer's signature	1.0	ate	PTIN			
Paid	Print/Type preparer's name	r reparer a signature	10	Check t	J ıf [
Prepa	1 m	_L		self-emp	лоуеа			
Use (Firm's EIN ▶				
May th	Firm's address ► Phone no The IRS discuss this return with the preparer shown above? See instructions							
iviay ill	e in o discuss unis return with the prepare	a silowii above, see		<u> </u>	► ∐ Yes ∐ No			