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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)

2012

OMB No 1545-1150

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.

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. For the 2012 calendar year, or tax year beginning 2012, and ending Dec. 20 1 2 31 ANUARI Check if applicable C Name of organization D Employer identification number 03-0364230 Address change ALOMACI Number and street (or P.O box, if mail is not delivered to street address) Room/suite Name change E Telephone number Indial return 802-875-104 GREED MT. TURNAIKE Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return CHESTER 021U Number ▶ Application pending G Accounting Method. ☐ Cash Accrual Other (specify) ▶ H Check ▶ ☐ if the organization is not Website: ▶ required to attach Schedule B) ◀ (insert no) ☐ 4947(a)(1) or J Tax-exempt status (check only one) — \$\infty\$501(c)(3) \$\square\$501(c) (527 (Form 990, 990-EZ, or 990-PF)., 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 0 3 Membership dues and assessments. 3 0 4 Investment income 4 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses. 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c 0 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 6a 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) . . . 6b Less: direct expenses from gaming and fundraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract FCEIVED line 6c) 0 6d Gross sales of inventory, less returns and all 7a wances 7a Less: cost of goods sold b of inventor 7b 🕊 ubtract line 7b from line 7a) Gross profit or (loss) from said 7c Other revenue (describe-in-Schedule O) 8 8 Total revenue Add (ines) 2-314. Sc. 6d, 7c, and 8 9 9 10 Grants and similar-amounts paid (first in Schedule O) 10 11 Benefits paid to or for members 11 (SCANNED MAY 2 1 2013 Salaries, other compensation, and employee benefits 12 12 13 Professional fees and other payments to independent contractors 940 13 Occupancy, rent, utilities, and maintenance 2013 14 14 Q Printing, publications, postage, and shipping 15 22 15 16 Other expenses (describe in Schedule O) 4 23 16 Total expenses. Add lines 10 through 16 1 17 17 Excess or (deficit) for the year (Subtract-line 17-from-line 9) 18 18 Net Assets 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) 5087 19 Other changes in net assets or fund balances (explain in Schedule O). 20 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012

Cat No 10642I

Form:	990-EZ (2012) PAMOJA, INC				Page 2		
Pa	rt II Balance Sheets (see the instructions for	•		•			
	Check if the organization used Schedule	O to respond to ar			' <u> </u>		
				(A) Beginning of year	(B) End of year		
22	Cash, savings, and investments				<u> </u>		
23	Land and buildings				23 65		
24	Other assets (describe in Schedule O)				24 10,350		
25	Total assets				25 26'409		
26	Total liabilities (describe in Schedule O)				26 11,764		
27	Net assets or fund balances (line 27 of column	· · · · · · · · · · · · · · · · · · ·			27 14,645		
Par	t III Statement of Program Service Accomp	•			Expenses		
	Check if the organization used Schedule				(Required for section		
Wha	t is the organization's primary exempt purpose? COLORO SOCIAL WELFARE cribe the organization's program service accomplis	ASSIST CO	MMUDITIE	(u) 2	501(c)(3) and 501(c)(4) organizations and section		
Desc	ogram services,	4947(a)(1) trusts, optional					
as n	for others)						
persons benefited, and other relevant information for each program title.							
28	PAMOJA CONTINUED ITS IL	is in no inei	meut with	HCKNIGHT	=		
(ומו ב עום ועססק עו סדו המענים	neo itend s	eunicet in	SUPPORT	23,280		
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	(Grants \$ 6(537) If this amount	includes foreign gra	nts, check here .	<u> ▶ 🗀 </u> 2	28a '		
29							
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	(Grants \$) If this amount	includes foreign gra	nts, check here .	<u> ▶ ⊔ ¦</u>	29a		
30							
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			nts, check here .	<u> ▶ 🔲 </u> ;	30a		
31	Other program services (describe in Schedule O)						
	31a l						
~~	(Grants \$) If this amount	hand of a	ms, check here .	· · · · ·			
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Part	·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
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 V
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		~
b	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		<u>~</u>
	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 5			
	Did the organization file Form 1120-POL for this year?	37b		<u> </u>
	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:			i
	Initiation fees and capital contributions included on line 9			1
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			1
,,,,	section 4911 ► ; section 4912 ► ; section 4955 ► O			ì
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		<u></u>
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► JONATHAN OTTO Telephone no. ► 80	9 - ₂	<u> </u>	- (0
L	Located at 1462 GREEN MT TURNPIKE CHESTER UTZIP + 4 DOS At any time during the calendar year, did the organization have an interest in or a signature or other authority over	5ι ^ς	₹3 Yes	Na
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	res	NO
	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.			,
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. I	▶ □
AA .	Did the experience maintain any depay adveced funds during the years if "Vee " Form 000 must be		Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<u>-</u> -
	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		<u>\(\lambda \) \(\lambda \) \</u>
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
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	-	
		1-1-00	1 _	_

Type or print name and title Paid Preparer Use Only Firm's name Firm's address ▶ Proparer's signature Proparer's signature Proparer's signature Proparer's signature Proparer's signature Firm's EIN Phone no.									
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidate for public office? If "ves," complete Schedule C, Part I. 47 Section 501(c)(3) organizations only 48 Section 501(c)(3) organizations only 49 As section 501(c)(3) organizations only 40 Check if the organization engage in lobbying activities or have a section 501(f) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 48 Is the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule C, Part II. 49 Did the organization as end any transfers to an exempt non-charitable related organization? 49 Did the organization as extend to organization? 49 Did the organization as extend to organization? 49 Did the organization as extend to organization? 40 None and additional to the school organization of the highest compensation from the organization. If there is none, enter "None." 40 None and address of each independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." 40 Total number of other employees paid over \$100,000 of compensation from the organization. If there is none, enter "None." 40 Total number of other independent contractors each receiving over \$100,000 of compensation from the organization. If there is none, enter "None." 41 Total number of other independent contractors each receiving over \$100,000 of compensation from the organization. If there is none, enter "None." 42 Did the organization make the case the interviole part of the independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." 43 Total number of other independent contractors each receiving over \$100,000 of compensation from the organization. If there is none, enter "None." 44 Total number of other independent contractors each receiving accompanying the part of the part of the part of the part of th	Form 990-	EZ (2012)					_ P	age 4	
to candidates for public office? If "Yes," complete Schedule C, Part I Part VI Schotton 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 47 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 as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 48 Is the organization make any transfers to an exempt non-charitable related organization? 49a Did the organization make any transfers to an exempt non-charitable related organization? 50 Complete this table for the organization's five highest compensation employees (the than 510,000 of complete schedule E (A) Bill (A)								No	
Section 501(c)(3) organizations only All section 510(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 V									
All section 50 (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 27 Did the organization angage 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 asked as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49 Did the organization asked described in section 527 organization? 49 Did the organization and/organization is section 527 organization? 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 this of each employee hours per week devoted to position (b) Average hours per week devoted to position (c) Reportable compensation (d) Name and address of each independent contractors and 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 of compensation from the organization in the organization of the organization organization of the organization of the organization organiza						• 40	<u> </u>		
Check if the organization used Schedule O to respond to any question in this Part VI Yes No				stions 47-49b and	52, and complete the	e tables f	or line	es	
47 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 in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 49 Did the organization make any transfers to an exempt non-charitable related organization? 49 Did the organization as each organization as each organization as each organization? 50 Complete this table for the organization is the legislate 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." 6) Name and title of seak-nerployee bours per week devoted to posenoe 6) Name and title of seak-nerployee bours per week devoted to posenoe 6) Name and title of seak-nerployee and over \$100,000 ▶ 7 Total number of other employees paid over \$100,000 ▶ 8 Total number of other employees paid over \$100,000 ▶ 10 Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None." 11 (a) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None." 12 (a) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None." 13 (a) Name and address of each independent contractors each receiving over \$100,000 of compensation from the organization. If there is none, enter "None." 14 Total number of other independent contractors each receiving over \$100,000 of compensation from the organization. If there is none, enter "None." 15 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? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Sc		50 and 51	·		•				
d Total number of other employees paid over \$100,000 . ► 1 Total number of other employees paid over \$100,000 . ► 1 Total number of other employees paid over \$100,000 . ► 1 Total number of other independent contractors each receiving over \$100,000 . ► 20 Did the organization completes Schedule C, Part II		Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI	<u></u>			
## As the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E ## As the organization make any transfers to an exempt non-charitable related organization? ## As the organization make any transfers to an exempt non-charitable related organization? ## As the organization of the organization is 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." (d) Name and still of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None." (G) Health benefit plans, and deferred of certain of the organization of the organization. If there is none, enter "None." (e) Estimated amount of other compensation from the organization. If there is none, enter "None." (e) Estimated amount of other compensation from the organization. If there is none, enter "None." (e) Compensation of the compensation from the organization. If there is none, enter "None." (e) Compensation of the compensation from the organization. If there is none, enter "None." (e) Compensation of the compensation from the organization. If there is none, enter "None." (e) Compensation of the compensation from the organization. If there is none, enter "None." (e) Compensation of the comp	47 · [Did the erganization engage in lebburg	activities or have a	section 501/h) alastic	up in affact during the	tov [Yes	No	
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198 Did the organization make any transfers to an exempt non-charitable related organization? 49a 49b 15								V	
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(a) Name and title of each employee paid more than \$100,000 More paid more than \$100,000 Proposed to position									
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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 Under penalties of periup. I declare that I have examined this februm, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and completed Declaration of periup. I period that the period of the period		\$100,000 of compensation from the orga	anization. If there is no	one, enter "None."					
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 perjuand declare that I have axamined this feature, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (where hybrofficer) is based on all information of which preparer has any knowledge Sign Here Proparer's name Proparer's signature Proparer's signature Proparer's signature Proparer's name Proparer's signature Firm's name Firm's name Phone no.	(a) N	ame and address of each independent contractor pa	aid more than \$100,000	(b) Type of serv	rice (c)	(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 perjuand declare that I have axamined this feature, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (where hybrofficer) is based on all information of which preparer has any knowledge Sign Here Proparer's name Proparer's signature Proparer's signature Proparer's signature Proparer's name Proparer's signature Firm's name Firm's name Phone no.		DONE							
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nonexempt charitable trusts must attach a completed Schedule A		·	_		and 4947(a)(1)				
Sign Here Paid Preparer Use Only Firm's address Type or print name Firm's address Phone no.		·				► ☐ Yes		No	
Sign Here Signature of officer Signature	Under per	nalties of perjury declare that I have examined this	eturn, including accompan	ying schedules and stateme	ents, and to the best of my kn	owledge and	belief,	ıt ıs	
Here Jona Than P. OT Some Director Type or print name and title Preparer Signature Date Check If Self-employed	true, corre	act, and complete Declaration of preparer (other tha	yofficer) is based on all info	ormation of which preparer f	nas any knowledge				
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Paid Preparer Use Only Type or print name and title Proparer's signatura Date Check if self-employed Firm's name Firm's address Phone no.	Here	JONATHAN P. O.	Tro Cor	DIERCTOR	6 194	T do 1	5		
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Preparer Use Only Firm's name ▶ Firm's address ▶	Paid	Print/Type preparer's name		- 1 Da	the Check	rf			
Firm's address Phone no.	_	rer JONATHAN P. OTTO	y war	1 (X VAO) 6		yed			
	Use O	'''y 					-		
inay the indicious this return with the preparer shown above: occurs additions	May the		r shown above? See	instructions		► ☐ Yes		No	

Form **990-EZ** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection

Name of the organization							Employer id			
PAMOJ										230
Part I Reason	for Public Cha	rity Status (All orga	<u>inization</u>	s must c	omplete	this pa	rt.) See i	nstruction	ons.	
1 A church, co 2 A school des	envention of churc scribed in section	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac	churche ch Sched	s descnbe ule E.)	ed in sec	tion 170	(b)(1)(A)(i).		
4 A medical re		spital service organiza on operated in conjund e:						D(b)(1)(A)	(iii). Ento	er the
section 170	(b)(1)(A)(iv). (Com	•						vernmen	tal unit o	described i
7 XAn organiza	The state of the s									
8 A communit	y trust descnbed i	n section 170(b)(1)(A))(vi). (Co	mplete Pa	rt II.)					
receipts from support from	n activities relate n gross investme	receives: (1) more that d to its exempt funct ent income and unrel lifter June 30, 1975. Se	ions—su lated bu	bject to o siness ta:	certain e xable ind	xceptions come (le:	s, and (2) ss sectio	no more	e than 3	33¹/₃% of it
11 An organiza purposes of	tion organized ar one or more put	I operated exclusively nd operated exclusive blicly supported organ describes the type of	ely for th	ne benefit describe	t of, to d in sect	perform ion 509(a	the funct a)(1) or se	ions of, ection 50	9(a)(2).	arry out th See sectio
other than for or section 50	this box, I certify oundation manage 09(a)(2).	that the organization ers and other than one	is not co e or more	introlled d e publicly	lirectly or support	r indırectl ed organ	y by one izations o	or more described	disqualit I in sect	ion 509(a)(1
organization	, check this box	a written determination.							oe III su 	pporting [
g Since Augus following pe		he organization accep	pted any	gift or co	ontnbutio	n from a	iny of the	•		
(i) A persor (ıiı) belov	n who directly or i	ndirectly controls, eitlody of the supported of	her alone organizat	or toget	her with	persons 	describe	d in (ii) a	nd 11g(Yes No
		on described in (i) abo							11g(
(iii) A 35% c	ontrolled entity of	a person described in	(i) or (II)	above? .					11g(i	
h Provide the	following 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))	(iv) Is the organization in col (i) listed in your governing document? (v) Did you notify the organization in col (i) of your support?		nization in of your	(vi) Is the organization in col (i) organized in the US?		(vii) Amount of monetary support		
			Yes	No	Yes	No	Yes	No		
(A)								<u> </u>		
(B)	_									
(C)										
(D)										
(E)										
	1	‡]	1]		1		

-	THE STATE OF STATE PANTS,	H -1	<u> </u>		<u>, </u>	4230	Page Z
Part		ation's Desci	ribed in Secti	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked to	he box on lin	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alıfy under
0 1	Part III. If the organization fails to	o qualify und	er the tests lis	ted below, p	lease comple	te Part III.)	
	on A. Public Support		T				
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	34'211	737,084	065,815	450,454	61,974	2062,743
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	34,511	737,084	778,720	424,024	61.974	2062,743
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			***************************************			2062,743
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	34 211	737,084	778 720	420 454	61,974	2062743
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	্ ই৯75	49	53	22		403
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.)	742					742
11	Total support. Add lines 7 through 10		177		77117-147-1	. , , , , , , , , , , , , , , , , , , ,	2063,888
12	Gross receipts from related activities, etc					12 196	. % 99'
13	First five years. If the Form 990 is for the	ne organizatioi	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	ort 501(c)(3)
	organization, check this box and stop he	re	<u> </u>		<u>.</u>	· ·	▶ □
	on C. Computation of Public Suppo						
14	Public support percentage for 2012 (line						19, 99%
15 16a	Public support percentage from 2011 Sci	hedule A, Part	II, line 14 .				99.85%
104	331/3% support test—2012. If the organi box and stop here. The organization qua	zation did not lifies as a publ	cneck the box	on line 13, and	ine 14 is 33'.	3% or more, c	heck this ▶ 🏋
b	331/3% support test—2011. If the organ check this box and stop here. The organ	nization did no	ot check a box	on line 13 or	16a, and line		or more,
17a	10%-facts-and-circumstances test—2: 10% or more, and if the organization me Part IV how the organization meets the "forganization	012. If the orga ets the "facts- acts-and-circu	anization did no and-circumsta umstances" tes	ot check a box nces" test, che t. The organiz	on line 13, 16 eck this box an ation qualifies	a, or 16b, and id stop here. I as a publicly s	line 14 is Explain in upported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization in supported organization	tion meets the neets the "fact	e "facts-and-ci s-and-circumst	rcumstances" tances" test. T	test, check th he organizatio	is box and st n qualifies as a	, and line op here. a publicly
18	Private foundation. If the organization de						

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.)

Secti	on A. Public Support				- pioto i uit		
Calen	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees					(0, 00.0	(,, , , , , , , , , , , , , , , , , , ,
	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	_						
7	Tax revenues levied for the organization's benefit and either paid		ļ				
	to or expended on its behalf						
-	·						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
_							
6	Total. Add lines 1 through 5						
/ a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3	1					
	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						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a							
	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 carned on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	İ					
13	Total support. (Add lines 9, 10c, 11,			· · ·			
	and 12.)	1]		
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax v	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he				-		
Secti	on C. Computation of Public Suppor			_			
15	Public support percentage for 2012 (line	B, column (f) di	vided by line 1	3, column (f))		15	%
16	Public support percentage from 2011 Scl	nedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2012 (17	%
18	Investment income percentage from 201	1 Schedule A,	Part III, line 17			18	%
19a	331/3% support tests-2012. If the organ	ization did not	check the box	c on line 14, a	nd line 15 is m	nore than 331/3	%, and line
	17 is not more than 331/3%, check this box	and stop here.	. The organizati	on qualifies as	a publicly supp	orted organizat	ion . ▶ 📋
b	331/3% support tests-2011. If the organiz	zation did not c	heck a box on	line 14 or line	19a, and line 16	s more than 3	33 ¹ /3%, and
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di						

Schedule A (F	orm 990 or 990-EZ) 2012	PAMONE	١. ١	INC			03-0	364	980	Page 4
Part IV	orm 990 or 990-EZ) 2012 Supplemental Interpretation Part II, line 17a or Instructions).	formation. Comp 17b; and Part III	olete th , line 1	nis part to p 2. Also cor	provide the e mplete this pa	xplanation art for an	ons require y additiona	d by Part al informa	II, line 10; tion. (See	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization	Employer identification number
PAMOLA, INC	03-0364936
PART LINE 16	
TELEPHONE DUS.	
BANK CHARGES SOI	
GRANT TRAVEL 4633	
GEPZE : JATOT	
PART II LINE DY	
LONG TERM LAND LEASE & 1	
LINE: 36 PAYABLES	·
2012 & 11,764, payable To	
	······
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