# 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)

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

**Open to Public** Inspection

. 2012, and ending December 31 20 January 1 A For the 2012 calendar year, or tax year beginning D Employer identification number C Name of organization B Check if applicable: 30-0266773 Address change Great Vest Side Club of Chicago Room/suite Number and street (or P.O. box, if mail is not delivered to street address) F Telephone number Name change 773-486-1784 Initial return 1511 North Milwaukee Avenue Terminated F Group Exemption City or town, state or country, and ZIP + 4 Amended return Number ▶ N/A Chicago, Illinois 60622 Application pending H Check ► ✓ if the organization is not Other (specify) Accrual required to attach Schedule B I Website: ► www.greatvestside.org (Form 990, 990-EZ, or 990-PF). 527 K Check I 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 81,257 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 . . . Contributions, gifts, grants, and similar amounts received . . . . . . . . 48.233 2 Program service revenue including government fees and contracts 2 Membership dues and assessments . . . . . 3 3 4 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses . . . . . . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a of contributions Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b c 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 6d 7a Gross sales of inventory, less returns and allowances . . . Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c c 8 8 9 48,233 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) . . . 69,600 10 11 Benefits paid to or for members . . . . . . . . . 11 12 Salaries, other compensation, and employee benefits . . . 12 Professional fees and other payments to independent contractors . . . 13 14 14 15 15 16 16 17 Total expenses. Add lines 10 through 16 . . . . . 69,600 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . 18 (21, 367)Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 32,180 20 Net. 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

10,813

	Balance Sheets (s	ee the instructions to	or Part II)				_
	Check if the organiz	ation used Schedule	O to respond to ar	y question in this	Part II	· ·	<u> </u>
				-	(A) Beginning of year	<del> </del>	(B) End of year
22	Cash, savings, and investr				32,180		10,813
23	Land and buildings					23	
24	Other assets (describe in S					24	
25	Total assets				32,180		10,813
26	Total liabilities (describe					26	
27	Net assets or fund balan				32,180	27	10,813
Par		ram Service Accomp				1	Expenses
	<del>_</del>	ation used Schedule	O to respond to ar	ny question in this	Part III	(Req	uired for section
What	t is the organization's primar	y exempt purpose?	See attached statem	ent		1 '	c)(3) and 501(c)(4)
Desc	cribe the organization's prog	ram service accomplis	hments for each of	its three largest p	rogram services,		nizations and section (a)(1) trusts; optional
as m	neasured by expenses. In a ons benefited, and other rele	clear and concise ma	anner, describe the	services provide	d, the number of		thers.)
28							
	See attached statement						
						ŀ	1
	(Grants \$	69,600) If this amount	includes foreign gra	nts, check here .	▶ 🗆	28a	69,600
29					***************************************		
					*******		
	(Grants \$	) If this amount	includes foreign gra	ints, check here .	<u></u> ▶ □	29a	
30							
						İ	
	(Grants \$	) If this amount	includes foreign gra	ints, check here .	🕨 🗌	30a	
31	Other program services (de	scribe in Schedule O)					
	(Grants \$	) If this amount	includes foreign gra	ints, check here .	▶ 🗆	31a	1
32	Total program service exp					32	69,600
Par	List of Officers, Direc	tors, Trustees, and Key	Employees List each	n one even if not con	pensated (see the in	struc	tions for Part IV)
	Check if the organiz	zation used Schedule	O to respond to a	nv auestion in this	Dart IV		🗆
				<del></del>	raitiv		
			(b) Average	(c) Reportable	(d) Health benefits,		<u> </u>
	(a) Name and ti	tle	hours per week	<del></del>	(d) Health benefits, contributions to employ	/ee (e)	Estimated amount of
	(a) Name and ti	tle		(c) Reportable compensation	(d) Health benefits, contributions to employ benefit plans, and	/ee (e)	<u> </u>
See			hours per week	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employ benefit plans, and	/ee (e)	Estimated amount of
See	(a) Name and ti attached statement		hours per week	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to emplo; benefit plans, and deferred compensatio	/ee (e)	Estimated amount of other compensation
See			hours per week	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	(d) Health benefits, contributions to emplo; benefit plans, and deferred compensatio	/ee (e)	Estimated amount of
See			hours per week	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	(d) Health benefits, contributions to emplo; benefit plans, and deferred compensatio	/ee (e)	Estimated amount of other compensation
See			hours per week	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	(d) Health benefits, contributions to emplo; benefit plans, and deferred compensatio	/ee (e)	Estimated amount of other compensation
See			hours per week	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	(d) Health benefits, contributions to emplo; benefit plans, and deferred compensatio	/ee (e)	Estimated amount of other compensation
See			hours per week	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	(d) Health benefits, contributions to emplo; benefit plans, and deferred compensatio	/ee (e)	Estimated amount of other compensation
See			hours per week	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	(d) Health benefits, contributions to emplo; benefit plans, and deferred compensatio	/ee (e)	Estimated amount of other compensation
See			hours per week	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	(d) Health benefits, contributions to emplo; benefit plans, and deferred compensatio	/ee (e)	Estimated amount of other compensation
See			hours per week	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	(d) Health benefits, contributions to emplo; benefit plans, and deferred compensatio	/ee (e)	Estimated amount of other compensation
See			hours per week	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	(d) Health benefits, contributions to emplo; benefit plans, and deferred compensatio	/ee (e)	Estimated amount of other compensation
See			hours per week	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	(d) Health benefits, contributions to emplo; benefit plans, and deferred compensatio	/ee (e)	Estimated amount of other compensation
See			hours per week	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	(d) Health benefits, contributions to emplo; benefit plans, and deferred compensatio	/ee (e)	Estimated amount of other compensation
See			hours per week	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	(d) Health benefits, contributions to emplo; benefit plans, and deferred compensatio	/ee (e)	Estimated amount of other compensation
See			hours per week	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	(d) Health benefits, contributions to emplo; benefit plans, and deferred compensatio	/ee (e)	Estimated amount of other compensation
See			hours per week	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	(d) Health benefits, contributions to emplo; benefit plans, and deferred compensatio	/ee (e)	Estimated amount of other compensation
See			hours per week	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	(d) Health benefits, contributions to emplo; benefit plans, and deferred compensatio	/ee (e)	Estimated amount of other compensation
See			hours per week	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	(d) Health benefits, contributions to emplo; benefit plans, and deferred compensatio	/ee (e)	Estimated amount of other compensation
See			hours per week	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	(d) Health benefits, contributions to emplo; benefit plans, and deferred compensation	/ee (e)	Estimated amount of other compensation
See			hours per week	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	(d) Health benefits, contributions to emplo; benefit plans, and deferred compensation	/ee (e)	Estimated amount of other compensation
See			hours per week	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	(d) Health benefits, contributions to emplo; benefit plans, and deferred compensation	/ee (e)	Estimated amount of other compensation
See			hours per week	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	(d) Health benefits, contributions to emplo; benefit plans, and deferred compensation	/ee (e)	Estimated amount of other compensation
See			hours per week	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	(d) Health benefits, contributions to emplo; benefit plans, and deferred compensation	/ee (e)	Estimated amount of other compensation

Part '	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	е	_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part \	<del>/</del>	<u> </u>
	The state of the s	-	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		✓
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>√</b>
ь	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	_	
c	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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a			
ь	Did the organization file Form 1120-POL for this year?	37b	200	<b>√</b>
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	estatura.	<b>✓</b>
b	if "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
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 4915 ▶ ; section 4955 ▶			
	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			
b	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		<b>/</b>
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		12.5	
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		<b>/</b>
41	List the states with which a copy of this return is filed ► Illinois			
42a	The organization's books are in care of ▶ Norman Levin Telephone no. ▶	773-48	6-178	4
	Located at ► 1511 North Milwaukee Avenue Chicago, Illinois ZIP + 4 ►	60	622	
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	- Utilizariano	1 10222 5943
	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	FAIR	
•	If "Yes," enter the name of the foreign country: ►	420	<u> </u>	, v
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			▶ 🗆
	10		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	<b>215</b>	j
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		<u>/</u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	$\vdash$	1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		PST.	1
	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		

Dage	
Page	•

								Yes	No	
		ne organization engage, directly or in								
		ndidates for public office? If "Yes," o		Parti	• • •	<u>· · · · · </u>	· 4	16	✓	
Part V		Section 501(c)(3) organizations		ations 47, 40b and	EO and a		- 4-61-	a Kan Du		
		All section 501(c)(3) organization 50 and 51	s must answer que	stions 47-49b and	52, and (	complete th	e table	s for lir	nes	
		Check if the organization used Sci	hedule O to respond	to any question in t	his Part V	Ί			. $\square$	
								Yes	No	
47	Did tl vear?	ne organization engage in lobbying If "Yes," complete Schedule C, Par	activities or have a s	section 501(h) electio	n in effec	t during the				
	-	organization a school as described in			Schedule I	· · · ·	-	17 18	1	
		ne organization make any transfers to					· —	9a	<del>  v</del>	
		s," was the related organization a se					_	9b	1	
50	Comp	plete this table for the organization's	five highest compen	sated employees (oth	er than of	ficers, direc	tors, tru	stees ar	nd key	
	emplo	oyees) who each received more than	\$100,000 of comper	nsation from the organ	nization. If	there is non	e, enter	"None.	"	
	(a)	Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributio benefit plar	s, and deferred		nated amo		
No com	pensa	ation paid-All volunteers			<del>                                     </del>					
				None		None			None	
					•					
			<del></del>							
f	Total	number of other employees paid ov	er \$100,000	. None	J					
51	Comp	plete this table for the organization'	s five highest compe	ensated independent	contracto	rs who each	receiv	ed more	e than	
	\$100,	000 of compensation from the orga	nization. If there is no	ne, enter "None."						
(a) N	ame ar	nd address of each independent contractor pa	id more than \$100,000	(b) Type of servi	ce	(c)	Compens	sation		
None										
None										
			<del></del>			<del> </del>			None	
						<del> </del>				
			***************************************							
		••••								
ч.	Total	number of other independent	<u> </u>							
E2 1	notal Did th	number of other independent contra	ctors each receiving	over \$100,000	<b>&gt;</b>	N	one			
J2 1	nonex	tempt charitable trusts must attach a	Ar Note: All section 51 3 completed Scheduli				<b>.</b> 🖂 🗸			
Under per	nalties	of periury. I declare that I have examined this r	eturn including accompany	ing schoolules and state—-			►	es 📋	No	
true, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all infor	mation of which preparer ha	as any know	ledge.	owieage a	and belief,	, it is	
No compensation paid-All volunteers    Total number of other employees paid over \$100,000   None										
_		Signature of officer			Da	ite				
Here										
			In.							
			Preparer's signature	Date	9	Check 🗸	if PTIN	1	r lines  r lines  Yes No  Yes No  You want of ensation  None  None  None	
			<u> </u>			self-employ	. 1	004721	57	
Use O	nly				Fi	m's EIN ▶		284384		
May the	IRS	discuss this return with the preparer	shown above? See in	, Illinois 60605	Pi			53-6127		
		The state of the preparer	SHOWIT ADOVE ( See II	istructions	<u> </u>	<u> 1</u>	<u>►                                    </u>	es 🔲 I	No	

Great Vest Side Club of Chicago Ein:30-0266773 Attachment to Form 990-EZ

PART III Statement of Program Service Accomplishments

Membership in the Great Vest Side Club of Chicago ("GVS") is open to the public of people who were born between approximately 1922 and 1942 and grew up on the West Side of Chicago, particularly Lawndale.

GVS derives its revenues from banquets sponsored twice a year that is attended by its members and on occasion other invitees for the purpose of raising money for the benefit of various approved 501[c][3] charities.

The Board of Directors consider and approve all gifts to charities. However the principal beneficiary of these gifts has been and will continue to be the "American Friends of Mogen David Adom" or "ARMDI". ARMDI is an approved 501[c][3] non-profit organization which serves as the state of Israel's emergency medical, disaster, ambulance, blood and healthcare network. Gifts to ARMDI by the GVS have been used primarily to fund the purchase of ambulances for use in Israel.

Other approved 501[c][3] organizations that have received gifts from the GVS include [1] "Friends of the Israel Defense Forces" which provides educational scholarships to students who are former soldiers of the Israel Defense Forces.

Recipients of the scholarship are selected by an International Grant Committee, [2] "Holocaust Memorial Museum" which is dedicated to preserving the memory of Jewish victims of the Nazi mass murders before and during World War II and documenting the same for history [3] Prostate Cancer, [4] Juvenile Diabetes, [5] Leukemia Research,

[6] Children's Camp for Cancer, [7] Multiple Sclerosis, [8] Tourett's Syndrome, and (9) American Committee for Shaare Zedek Medical Center in Jerusalem primarily to purchase dialysis machines for use in its Pediatric Dialysis Department.

All GVS activities are conducted in the Chicago Metropolitan Area and its suburbs. All of the time of the GVS is allocated or devoted to its charitable purposes and its sole source of funding are the semi-annual banquets. All directors and officers are volunteers and serve without any remuneration or compensation.

Great Vest Side Club of Chicago Eln:30-0266773 Attachment to Form 990-EZ

## PART I-Line 10 Grants and Similar Amounts Paid

And

# Part III-Lines 28 to 31 Statement of Program Service Accomplishments

Line No	Charitable contributions or gifts have been made to the following 501[c][3] organizations:	Current tax year
28-31	ARMDI (American Friends of Magen David Adom) 3175 Commercial Avenue Suite 101 Northbrook, Illinois 60062	53,000
28-31	American Committee for Shaare Zedek Medical Center in Jerusalem 6600 North Lincoln Avenue Suite 314 Lincolnwood, Illinois 60712	16,000
28-31	Misericordia Home 6300 North Ridge Avenue Chicago, Illinois 60660	500
28-31	Bnai Brith Sports Lodge Scholarships 500 Lake Cook Road Suite 350 Deerfield, Illinois 60015	100
10 & 32	Total	69,600

Great Vest Side Club of Chicago Ein:30-0266773 Attachment to Form 990-EZ

#### PART IV List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	[B] Title and average hours per week devoted to position	[C] Compensation paid	[D] Contributions to employee benefit plan & deferred compensation	[E] Expense account and other allowances
Norman Levin 1511 No. Milwaukee Ave Chicago, Ill 60622	President & Director			
William Woloshin 161 No. Clark Street, Suite 2600 Chicago, Ill 60601	Secretary & Director		·	
Jack Esses 440 South LaSalle Street, Suite 2950 Chicago, III 60605	Vice-President & Director			
Bud Solk 630 Ballantrae Northbrook, Ill 60062	Vice-President & Director			
Victor Elias 571 Eagle Court Riverwoods, III 60015	Vice-President & Director			
Jerome Lipman 2379 Masters Lane Riverwoods, Illinois 60015	Director			
Howard Falk 5555 Old Field Lane Long Grove Illinois 60047	Director			
Arthur Farber 950 Augusta Way, Apt 313 Highland Park, III 60035	Treasurer & Director			
Stewart Granick 7300 No. Monticello Skokie, III 60076	Director			
Herbert Kanler 1817 Eastwood Avenue Highland Park, III 60035	Director			
Ned Lufrano 3150 N.Lake Shore Drive Chicago, ill 60657	Director			
Stephen P. Patt 2222 Chestnut Avenue, Suite 101 Glenview, Illinois 60026-1674	Recording Secretary & Dir	rector		
Ed Reicin 9102 Potawatomi Skokie, Illinis 60076	Director			
Larry Schaffel 1771 Mission Hills, Unit 115 Northbrook, II 60062	Director			
Mike Scharf 638 Picardy Circle Northbrook, III 60062	Director			

All directors and officers are volunteers and serve without any remuneration or compensation and devote all time necessary or required to the organizations charitable purposes

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

## **Public Charity Status and Public Support**

OMB No. 1545-0047 201**2** 

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Great Vest Side Club of Chicago 30-0266773 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated e 🗌 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support col. (i) of your above or IRC section governing document? (i) organized in the support? (see instructions)) U.S.? Yes No Yes Yes Nο (A) (B) (C) (D) (E) Total

Sched	ule A (Form 990 or 990-EZ) 2012		_				Pa	ge <b>2</b>
Par								_
	(Complete only if you checked to	he box on lin	e 5, 7, or 8 of	Part I or if the	e organizatio	on failed to qua	alify unde	r
Soot	Part III. If the organization fails to ion A. Public Support	o quality und	er the tests li	sted below, p	lease comple	ete Part III.)		
	ndar year (or fiscal year beginning in)	(a) 2009	(5) 2000	(a) 2010	(-0.0014	1 () =		
1	Gifts, grants, contributions, and	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Tota	<u></u>
•	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	1						
	furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3					<del>   </del>		
	•			W 32 C 12 L	file de la company			
5	The portion of total contributions by each person (other than a				Serence			
	governmental unit or publicly							
	supported organization) included on		2.5					
	line 1 that exceeds 2% of the amount	A PART OF THE PART	1000					
_	shown on line 11, column (f)						<i>‡</i>	
6	Public support. Subtract line 5 from line 4.	S. Barra Control of the	ar June 2 and 2					
	ion B. Total Support ndar year (or fiscal year beginning in)	(-) 0000	4 ) 2222	1 1 2 2 2 2		· · · · · · · · · · · · · · · · · · ·		
7	Amounts from line 4	(a) 2008	(b) 2009	(c) 2010	<b>(d)</b> 2011	(e) 2012	(f) Total	<u></u>
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				<del></del>			
	loss from the sale of capital assets		ŀ	Ì				
	(Explain in Part IV.)							
11	The separation of the separati	Carry Carry	SECURE STATE		ir kitles aksi			
12	Gross receipts from related activities, etc.	(see instructi	ons)	White State of the State of St		12		
13	First five years. If the Form 990 is for the	e organization	n's first, secon	d, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)	
<u> </u>	organization, check this box and stop ne	re		<u></u> '		· · · · ·	•	П
5ecti	on C. Computation of Public Suppor	t Percentad	e					
15	Public support percentage for 2012 (line 6 Public support percentage from 2011 Sch	o, column (f) di	ivided by line 1	1, column (f))	[	14		%
16a	331/3% support test—2012. If the organization	zation did not	ti, line 14 .		ine 14 is 221	15		%_
	box and stop nere. The organization qual	ities as a publ	icly supported	organization				_
b	33'/3% support test-2011. If the organ	ization did no	ot check a box	on line 13 or	16a and line	15 is 331a% o	r more	
	check this box and stop here. The organi	zation qualifie	s as a publicly	supported orga	anization .		•	
17a	10%-facts-and-circumstances test - 20	12. If the orga	nization did no	t check a box	on line 12 16	a. or 16b. and li	ne 14 is	Ш
	1070 or more, and it the organization med	ers the "tacts-:	and-circumstar	nces" test cha	sk thia hav an	حساسة المسلم		
	i are in how the organization meets the "ta	acts-and-circu	ımstances" tes	t. The organiza	tion qualifies s	ac a publishes	oported	
ь	organization	ala len		• • • •			. ▶	
J	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization	11. If the orga	inization did no	ot check a box	on line 13, 16a	a, 16b, or 17a, a	and line	
	15 is 10% or more, and if the organization Explain in Part IV how the organization musupported organization	eets the "tacts	k-and-circumst	ancee" teet. Th	a araanization			
	supported organization		· · · · ·	unces test. In	e organization	qualifies as a p	publicly	_
18	Private foundation, If the organization dis							Ш

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

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

Sec	tion A. Public Support			on, picase ec	ompiote i ait	11./		
	ndar year (or fiscal year beginning in)		(b) 2009	(c) 2010	(d) 2011	1-	2012	(0 T-/ 1
1	Gifts, grants, contributions, and membership fees		(5, 2000	(0) 2010	(u) 2011	16	12012	(f) Total
	received. (Do not include any "unusual grants.")	39,879	53,634	42.000				
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				42,239	9	48,233	227,673
3	Gross receipts from activities that are not an unrelated trade or business under section 513	24,547	35,700	28,071	29,966		33,024	151,308
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 furnished by a governmental unit to the organization without charge							
6 7a	Total. Add lines 1 through 5  Amounts included on lines 1, 2, and 3 received from disqualified persons.	64,426	89,334	71,759	72,205		81,257	378,981
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					-		
8 8	Add lines 7a and 7b							
C4	line 6.)							270.004
	ion B. Total Support				The second secon	AL DESCRIPTION	AFF-WARE CONTRACTOR	378,981
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(0)	2012	(6) T-1-1
9	Amounts from line 6	64,426	89,334	71,759	72,205	(0)		(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.			71,700	72,203		81,257	378,981
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					-		
11	Add lines 10a and 10b							
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.)	64.400						
14	First five years. If the Form 990 is for the organization, check this box and stop here			71,759 third, fourth, o	72,205 or fifth tax yea	ar as a	81,257 section :	378,981 501(c)(3)
ectio	on C. Computation of Public Support	Percentage	· · · · ·	<u>· · · .</u> .	<u>· · · ·</u>	· ·	· · ·	· · <b>&gt;</b> 🗸
15	Public support percentage for 2012 (line 8)	column (f) divi	dad by line 12			, —.		
	i dono support percentage from 2011 i Scha	adulo A Da⊯ III	lina 4E	column (t)) .	· · · ·	15		%
ectio	on D. Computation of Investment Inc	ome Percent		<u>· · · · · · · · · · · · · · · · · · · </u>	<del>_ : _ : _ :</del> _ :	16		%
17	Investment income percentage for 2012 (lin	one reitent	age		- <del></del> -			
18	Investment income percentage from 2011 :	Schedule A. De	(i) aivided by i	ine 13, column	ı (f))	17		%
	TO TOPPORT TOUGHT AND THE OFFICE O	SILOD AID DOL OL	المحاف بامحد	_ 12 44 .	**	18		%
	331/3% support tests—2012. If the organiz 17 is not more than 331/3%, check this box ar 331/3% support tests—2011. If the organize	adon ulu 1101 Cl ad ston hara Ti	HECK (NE DOX O	n line 14, and	line 15 is mor	re thai	33 <sup>1</sup> /3%,	and line
ь	331/3% support tests—2011. If the organization	tion did not cho	ok a bay an li-	qualmes as a p	ublicly suppor	ted or	ganization	. ▶ 🗆
	line 18 is not more than 331/3%, check this bo Private foundation. If the organization did							
					The second	366	n istructio	ns 🕨 🗌