

Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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****A For the 2011 calendar year, or tax year beginning**

1/1/2011

, 2011, and ending

12/31

, 2011

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☒ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

ASHFECOM

Number and street (or P.O. box, if mail is not delivered to street address)

3108 Meadow Brook Dr

Room/suite

City or town, state or country, and ZIP + 4

CHANDLER IL 61822-6148

D Employer identification number

26-4526340

E Telephone number

217-356-9559

F Group Exemption Number

N/A

G Accounting Method:☒ Cash ☐ Accrual Other (specify) ►**I Website:**

http://ashfecom.org

J Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**H Check** ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K Check** ☐ 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**

► \$ 157,879-

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	58,600-
	2	Program service revenue including government fees and contracts	2	9,761-
	3	Membership dues and assessments	3	6,976-
	4	Investment income	4	0-
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0-
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	6b	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	
	6c	Less: direct expenses from gaming and fundraising events	6c	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0-
	7a	Gross sales of inventory, less returns and allowances	7a	13,200-
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0-
	8	Other revenue (describe in Schedule O)	8	20,046-
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	157,879-
	Expenses	10	Grants and similar amounts paid (list in Schedule O)	10
11		Benefits paid to or for members	11	0-
12		Salaries, other compensation, and employee benefits	12	0-
13		Professional fees and other payments to independent contractors	13	94,075-
14		Occupancy, rent, utilities, and maintenance	14	0-
15		Printing, publications, postage, and shipping	15	1,171-
16		Other expenses (describe in Schedule O)	16	6,061-
17		Total expenses. Add lines 10 through 16	17	103,309-
Net Assets		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18
	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)	19	52,145
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	58,715

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	2145	58715
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	2145	58715
26 Total liabilities (describe in Schedule O)	18250	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	(16,605)	58715

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III. ☐What is the organization's primary exempt purpose? *To conduct premarital*

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
28	<i>Closing 2010 conference (750 attended) and planning 2012 conference (see website to b)</i>	
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a \$ 45,000
29	<i>Solicit and maintain membership approx 800</i>	
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a 33000
30	<i>Maintain website and newsletter (mailed to approx. 800 members and over 1000 total)</i>	
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a 3309
31	Other program services (describe in Schedule O)	
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV 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. ☒

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RANDALL ELLIS, PRES		-0-	-0-	-0-
M. Grossman, Past Pres		-0-	"	"
Frank Sloan, Pres Elect		-0-	"	"
M. Morrissey, Treas		-0-	"	"
J. Sindler, Dir		-0-	"	"
J. Mullaly, Sec		-0-	"	"
L. Baker, D		-0-	"	"
G. Bazzon, D		-0-	"	"
S. E. Turner, D		-0-	"	"
M. Gaynor, D		-0-	"	"
D. Goldman, D		-0-	"	"
J. Hays, D		-0-	"	"

☐

		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	X
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	X
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	X
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	
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	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a -0-	37a	
b	Did the organization file Form 1120-POL for this year?	37b	X
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	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	-0-
b	Gross receipts, included on line 9, for public use of club facilities	39b	-0-
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ -0- ; section 4912 ▶ -0- ; section 4955 ▶ -0-		
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	X
c	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		
e	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	X
41	List the states with which a copy of this return is filed. ▶ ILLINOIS		
42a	The organization's books are in care of ▶ CHARMAINE WRIGHT Telephone no. ▶ 202-737-6666 Located at ▶ 725 1ST ST NW Washington DC ZIP + 4 ▶ 20005		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c	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	X
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 ▶ 43 -0-	43	
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	X
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	X
c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	X
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
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	X

- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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

	Yes	No
47		<input checked="" type="checkbox"/>

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		<input checked="" type="checkbox"/>

- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		<input checked="" type="checkbox"/>

- b** If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		<input type="checkbox"/>

- 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 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 employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

- f** Total number of other employees paid over \$100,000 0

- 51** Complete this table for the organization's five highest compensated independent contractors who each received 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	(b) Type of service	(c) Compensation
None		

- d** Total number of other independent contractors each receiving over \$100,000 0

- 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 perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Employer identification number

American Society of Health Economists 26-4526540

Line 16. Total travel and other meeting expenses \$1599-
Board Expenses 3436-
Refund of overpayment - 11-
Bank charges 1039-

Line 26. ASHEcon owed NTA
for mgt. of ASHEcon
memberships, website
and conference planning \$18,750

Line 34. Prior to Jan 1, 2011, ASHEcon
was operated ^{or} managed by HEA.
All revenues ^{and exp} were a separate line
item in the HEA budget. In
1/1/11 ASHE became a totally ~~com~~
separate entity and contributed
with NTA ^{for \$5,000/yr} to manage ~~members~~
all activities of ASHEcon.

Part IV Cont

K. Simon, D - 0 -

J. Pagan, D - 0 -

R. Arnold, ExPr 10-15 30,000 - 0 - 0 -

I Line 8 Other when ASHEcon
separated from HEA there
was a \$20,040 in the

ASHEcon line item
that was trans. to ASHEcon. See Line 34

Name of the organization

Employer identification number

I Line 13. Payments made
to NTA for management
of ASH. See
Note to line 34.

2011

Income

Total Advertising	\$1,850.00
Total Conferences	\$7,910.80 ✓
Total Founders Circle Contribution	\$58,600.00 ✓
Total Membership Dues	\$69,952.28 ✓
Total Refund	-\$480.00 ✓
Total Transfer from iHEA	\$20,046.00

69952
480

472

Total Income \$157,879.08

Expense

Total ASHEcon Board	\$3,436.33
Total Bank Charges	\$1,038.94
Total Business Expenses	93,750.00
Total Legal Fees	\$325.50
Total Printing and Copying	\$925.76
Total Supplies	\$65.00
Total Operations - Other	\$180.00
Total Other Types of Expenses	-\$10.56
Total Travel and Meetings	\$1,598.59

- Line 16
- Line 13
- Line 15
- Line 16
- Line 16

Total Expense \$101,309.56

Net Income \$56,569.52

12/31/10 In hand
\$58,138

ASHE BOARD OF TRUSTEES (November 2011)

Randall Ellis, President, Professor, Department of Economics, Boston University,
881 Commonwealth Ave., Boston, MA 02215-1300. (2010-2014)(2)

Michael Grossman, Past President, Distinguished Professor, CUNY Graduate School
and Program Director of Health Economics, NBER, 365 Fifth Avenue, Fifth Floor,
New York, New York, 10016-4309. (2008-2012)(2)

Frank Sloan, President Elect, J. Alexander McMahon Professor of Health Policy and
Management and Professor of Economics, Duke University, Durham, NC (2010-
2014)(1)

Michael Morrissey, Treasurer, Professor of Health Economics and Health Insurance, and
Director of the Lister Hill Center for Health Policy, University of Alabama, School
of Public Health, 1665 University Blvd, Birmingham, AL, 35294. (2009-2013)(1)

Jody Sindelar, Professor, Yale University and NBER, Yale School of Public Health,
Yale University School of Medicine, 60 College Street, P.O. Box 208034, New
Haven, CT 06520-8034. (Finishing term of Edward Norton)

John Mullahy, Secretary, Professor, Department of Population Health Sciences,
University of Wisconsin, 787 WARF, 610 N. Walnut Street, Madison, WI 53726.
(2010-2014)(1)

Laurence C. Baker, PhD, Professor of Health Research and Policy and CHP/PCOR
Fellow, Department of Health Research and Policy, Stanford University, Redwood
Building, T253, Stanford, CA 94305-5405. (2009-2013)(1)

Gloria Bazzoli, Professor of Health Administration, Department of Health
Administration, School of Allied Health Professions, Medical College of Virginia
Campus, Virginia Commonwealth University, PO BOX 980203, 1008 East Clay
Street, Richmond, VA 23298 (2008-2012)(2)

Susan Ettner, Professor, Department of Medicine and Health Services, UCLA School of
Medicine, 911 Broxton Plaza, Los Angeles, CA 90095-1736. (2010-2014)

Martin Gaynor, E.J. Barone Professor of Economics and Health Policy, Carnegie-
Mellon University, Heinz School, Carnegie Mellon University, Pittsburgh, PA
15213-3890. (2008-2012)(2)

Dana Goldman, RAND Chair in Health Economics and is Director of Health
Economics, Rand Corporation, 1776 Main Street, Santa Monica, CA 90407-2138
(2008-2012)(2)

Joel Hay, Professor, Department of Health Policy, University of Southern California,
1985 Zonal Avenue, Los Angeles, CA 90033 (2010-2013 to replace R. Frank)(2)

Kosali I. Simon, Professor, School of Public and Environmental Affairs, Indiana
University, Bloomington, IN 47405 (2009-2013)(1)

José A. Pagán, Professor and Chair of the Department of Health Management and
Policy, School of Public Health, University of North Texas Health Science Center,
Fort Worth, TX 76107 (2010-2014)(1)

Richard Arnould, Professor Emeritus, University of Illinois and Executive Director,
ASHE, 3108 Meadow Brook Dr., Champaign, IL 60822

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Employer identification number

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.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- 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)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g 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 (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar 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 instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33¹/₃% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33¹/₃% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar 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.")					128,072	
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					29,807	
3 Gross receipts from activities that are not an unrelated trade or business under section 513					— 0 —	
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					— 0 —	
5 The value of services or facilities furnished by a governmental unit to the organization without charge					— 0 —	
6 Total. Add lines 1 through 5					157,879	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons					— 0 —	
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					— 0 —	
c Add lines 7a and 7b					— 0 —	
8 Public support. (Subtract line 7c from line 6.)						157,879

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6					157,879	157,879
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					— 0 —	— 0 —
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					— 0 —	— 0 —
c Add lines 10a and 10b					157,879	157,879
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					— 0 —	— 0 —
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					— 0 —	— 0 —
13 Total support. (Add lines 9, 10c, 11, and 12.)					157,879	157,879
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐