Form 990

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)

OMB No. 1545-0047 2011

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 2011 calendar year, or tax year beginning 2011, and ending D Employer Identification Number Check if applicable: UNITED SIKHS 11-3483921 Address change JAF PO BOX 7203 E Telephone number Name change NEW YORK, NY 10116 Initial return Terminated 367,376. Amended return G Gross receipts \$ F Name and address of principal officer: KULDIP SINGH H(a) Is this a group return for affiliates? Application pending Yes H(b) Are all affiliates included? SAME AS C ABOVE If 'No,' attach a list. (see instructions) X 501(c)(3) 501(c) (4947(a)(1) or) < (insert no.) WWW.UNITEDSIKHS.ORG Website: ► H(c) Group exemption number Form of organization: X Corporation Trust Association L Year of Formation: 1999 M State of legal domicile: NY Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO TRANSFORM UNDERPRIVILEGED AND MINORITY COMMUNITIES AND INDIVIDUALS INTO INFORMED AND VIBRANT MEMBERS OF SOCIETY Activities & Governance THROUGH CIVIC, EDUCATIONAL AND PERSONAL DEVELOPMENT PROGRAMS, BY FOSTERING ACTIVE PARTICIPATION IN SOCIAL AND ECONOMIC ACTIVITY. Check this box ► | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... 12 Number of independent voting members of the governing body (Part VI, line 1b)..... 4 12 Total number of individuals employed in calendar year 2011 (Part V, line 2a)..... 5 q 6 Total number of volunteers (estimate if necessary)..... 6 455 7a Total unrelated business revenue from Part VIII, column (C), line 12. 0. 7a **b** Net unrelated business taxable income from Form 990-T, line 34..... 0. Prior Year **Current Year** 816,018. 367,066. Contributions and grants (Part VIII, line 1h)..... Revenue Program service revenue (Part VIII, line 2g)..... Investment income (Part VIII, column (A), lines 3, 4, and 7d). 394. 310. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 816,412. 367,376. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 14 Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 138,106. 179,630. **b** Total fundraising expenses (Part IX, column (D), line 25) 351,529. 316,623. 496,253. Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)...... 489,635. 326,777. -128,877. Beginning of Current Year End of Year 525,519. 411,603. Total assets (Part X, line 16)..... Total liabilities (Part X, line 26)..... 14,737. 29,698. Net assets or fund balances. Subtract line 21 from line 20 510.782 381,905. Part II Signature Block and statements, and to the best of my knowledge and belief, it is true, correct, and my knowledge. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules complete. Declaration of preparer (other than officer) is based on all information of which preparer last Signature of officer Date Sian Here KULDIP SINGH PRESIDENT Type or print name and title. Print/Type preparer's name Date Check MARTIN F. MURRAY, CPA MARTIN F. MURRAY, 11/27/12 P01322819 Paid self-employed Preparer ► MURRAY & JOSEPHSON, CPAS, LLC Use Only ► 425 MADISON AVENUE 9TH FLOOR Firm's EIN ► 13-4144409 NEW YORK, NY 10017 (212) 644-2100 May the IRS discuss this return with the preparer shown above? (see instructions)......

Form 990 (2011) UNITED SIKHS 11-3483921 Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х Schedule A..... X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?..... Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. 3 X Section 501(c)(3) organizations. 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. 4 Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.... 5 X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 X 7 Χ 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III...... X 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. 9 X Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V..... Χ 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI. VII. VIII. IX. or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Χ 11a D. Part VI..... 11b Χ c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. X 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported X in Part X, line 16? If 'Yes,' complete Schedule D, Part IX. 11 d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X..... 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X... 11 f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Χ 12a Schedule D, Parts XI, XII, and XIII...... b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b Χ X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? *If* 'Yes,' *complete Schedule F, Parts I and IV.* 14b Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV...... Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV..... X 16 17 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. 18 Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.

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20 b

20 aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.....

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?.....

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	The state of the s		Yes	No
			res	INO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		77
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Χ
	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	·	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	b 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,' complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.	37		Х
38	Note. All Form 990 filers are required to complete Schedule O	38		Х
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Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response to any question in this Part V				
		E-retires		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	10			
ı	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
•	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gan (gambling) winnings to prize winners?	ning .	1 c	X	497EK
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	9			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)				
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Χ
ı	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	. , , [_ ;	3b		
4:	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority ov financial account in a foreign country (such as a bank account, securities account, or other financial account)?	er, a			
			4 a		Χ
ı	b If 'Yes,' enter the name of the foreign country: ►				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5 a		<u>X</u>
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5 b		X
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	on	6a		Х
ı	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts we not tax deductible?	rere	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
;	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	-	7 a		Х
ı	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	_	7b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	o file	7 c		X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year		, c		
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	25/15 V AVA 25/15 V AVA 26/15 V AVA 26/15 V AVA	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899		'		
	as required?	, <u></u>	7 g		
,	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	· · · · · · · · · · · · · · · ·	7 h	*8802230	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business	l the		35 (Đ)	
	holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
	a Did the organization make any taxable distributions under section 4966?		9 a		
- 1	b Did the organization make a distribution to a donor, donor advisor, or related person?		9 b		
10	Section 501(c)(7) organizations. Enter:				
	a Initiation fees and capital contributions included on Part VIII, line 12				
-	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
	Section 501(c)(12) organizations. Enter:				
	a Gross income from members or shareholders				
1	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)				
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		2a		22//222 -
ı	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
i	a is the organization licensed to issue qualified health plans in more than one state?		3a	oleogone a todore	200000000000000000000000000000000000000
	Note. See the instructions for additional information the organization must report on Schedule O.				
I	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				

14a Did the organization receive any payments for indoor tanning services during the tax year?.....

Form 990 (2011) UNITED SIKHS 11-3483921 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI..... Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members 12 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 12 **b** Enter the number of voting members included in line 1a, above, who are independent..... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Χ Did the organization make any significant changes to its governing documents Х since the prior Form 990 was filed?..... 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 X 6 Did the organization have members or stockholders?..... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?..... 7b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8a Χ 8b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes **10a** Did the organization have local chapters, branches, or affiliates?..... X 10 a **b** If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O X **12a** Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done..... 12c Χ 13 13 Did the organization have a written whistleblower policy?..... Χ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Χ a The organization's CEO, Executive Director, or top management official X If 'Yes' to fine 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Х 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

NEW YORK NY 10036 (646) 688-3525

► KULDIP SINGH 4W 43RD STREET

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII...

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

		(C)			•					
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)			box, cer	(D) Reportable compensation from the organization	(E) Reportable compension from	(F) Estimated amount of other compensation		
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) JOGESH KAUR SYALEE DIRECTOR	15	X						0.	0.	0.
(2) KULDIP SINGH PRESIDENT	15	Х						0.	0.	0.
(3) JATINDER SINGH DIRECTOR	15	Х						0.	0.	0.
(4) MANKANWAL SINGH DIRECTOR	15	X						0.	0.	0.
(5) ARVINDER SINGH DIRECTOR	15	Х						0.	0.	0.
(6) HARDAYAL SINGH DIRECTOR	15	Х						0.	0.	0.
(7) TEJINDER SINGH DIRECTOR	15	X						0.	0.	0.
(8) GURVINDER SINGH]									
DIRECTOR (9) BALJIT SINGH	15	X						0.	0.	0.
DIRECTOR (10) PAWANJIT SINGH	15 15	X						0.	0.	0.
DIRECTOR (11) KASHMIR SINGH										0.
DIRECTOR (12) MEJINDARPAL KAUR TRUSTEE	15	X						0.	0.	0.
(13)	+ 13							0.	0.	0.
(14)										

Part VII Section A. Officers, Directors, Trust	ees, r	rey		_	oye C)	es, a	ant	nignest con	pensateu E	mpioy	rees (cont)
(A) Name and title	(B) Average hours per	Position (do not check more than age box, unless person is both officer and a director/trus						(D) Reportable compensation from the organization	(E) Reportable compensation frelated organizati	table Estimation from amount of	(F) Estimated amount of other compensation
	week (describ e hours for related organi- zations in Sch O)	vidual trustee irector	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	relatéd organizati (W-2/1099-MIS0	3	from the organization and related organizations
(15)											
(16)	; ;						·				
(17)									,		
18)											
19)											
20)											
21)							•••				
22)											
23)											
24)											
25)											
1 b Sub-total. c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	A	 	 				Þ	0. 0. 0.		0.	0 0 0
2 Total number of individuals (including but not limite from the organization ► 0	d to the	ose '	iste	d ab	ove]) who	re	ceived more than	\$100,000 of re	portabl	·
3 Did the organization list any former officer, director on line 1a? <i>If 'Yes,' complete Schedule J for such i</i>	ndividu	al			·						Yes No 3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t such individual.	portabl han \$1	le co 50,0	mp€ 00? 	ensa If '\	ition ∕ <i>es'</i>	and com	oth <i>olet</i>	er compensation e <i>Schedule J for</i>	from		4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or services rendered to the organization?	ompen comple	satio	on fr chec	om dule	any <i>J fo</i>	unre r suc	late :h p	ed organization or erson	individual		5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensal compensation from the organization. Penart compensation from the organization.	ed inde	eper	iden	t co	ntra	ctors	tha	it received more t	han \$100,000 c	if	av ugar
compensation from the organization. Report compensation for the calendar year ending with or within the organiza (A) Name and business address Description of services									(C) ompensation		
2 Total number of independent contractors (including \$100,000 in compensation from the organization ▶		t lim	ited	to t	hose	e liste	ed a	above) who receiv	ed more than		

	Tym Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
228	1a Federated campaigns 1a	Marian James Carros Car				
EN EN	b Membership dues					300000000000000000000000000000000000000
S, GI	c Fundraising events					
AR	d Related organizations					
NS,	e Government grants (contributions), 1e		e e de la contraction de la co			
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above	367,066.				
S	g Noncash contributions included in ins 1a-1f: \$					
3 4	h Total. Add lines 1a-1f		367,066.			
Ž.	_	Business Code	Control (Control Control Control Control			
EVE	2ab					
<u> </u>	b					
ERV	d					
S S	e			·		
PROGRAM SERVICE REVENUE	f All other program service revenue					
PRO	g Total. Add lines 2a-2f	»				
	3 Investment income (including dividends, in	terest and				
	other similar amounts)		310.	310.		
	4 Income from investment of tax-exempt bon					
	5 Royalties	(ii) Personal				
	6a Gross rents	(ii) Fersonai				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶		ričis bricandričini dravatiča is čistroviška ričjenia:		
	7a Gross amount from sales of (i) Securities	(ii) Other				
	assets other than inventory.					
	b Less: cost or other basis					
	and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
NUE	8a Gross income from fundraising events (not including \$					e e e e e e e e e e e e e e e e e e e
OTHER REVEN	of contributions reported on line 1c).					
E	See Part IV, line 18					
E	b Less: direct expenses		ine avalana a			
	c Net income or (loss) from fundraising even	IS				
	9a Gross income from gaming activities. See Part IV, line 19a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities	S				
	10 a Gross sales of inventory, less returns and allowances a					
İ	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventor	y				
		Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		267.076			
	12 Total revenue. See instructions	.,.,	367,376.	310.	0.	0.

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) (A) Fundraising Do not include amounts reported on lines Program service Management and Total expenses 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses³ Grants and other assistance to governments and organizations in the United States. See Part IV, line 21..... Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16. 4 Benefits paid to or for members Compensation of current officers, directors, 0. 0 0 0. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0 0. 0. 161,904 161,904 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)..... 9 Other employee benefits 10 Payroll taxes..... 17,726 17,726 11 Fees for services (non-employees): a Management..... **b** Legal..... 11,782 c Accounting 11,782. **d** Lobbying..... e Professional fundraising services. See Part IV, line 17. . . . f investment management fees 56,591. 42.092. 14,499. 11,797. 2,426. 5,879. 3,492 10,646. 5,068. 5,578. 13 Office expenses..... 5,544. 5,544. 14 Information technology..... 15 73,353 58,961 14,392 16 Occupancy..... 14,562. 12,046. 2,516. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials..... 899. 899 Conferences, conventions, and meetings..... 20 Interest..... Payments to affiliates..... 279. 279. 22 Depreciation, depletion, and amortization. . . . 5,261. 5,261. Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a RELIEF SUPPLIES & EXPENSES 65,571. 65,571. 15,676. 15,676. **b** CAMP COSTS c SUPPLIES 12,270. 11,809. 461 7,364. 7,364. d MISCALLENOUS EXPENSES 25,028. 16,512. 8,516. e All other expenses. 496,253. 428,859. 63,902. 3,492. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following Check here Check here SOP 98-2 (ASC 958-720)

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Part X Balance Sheet (A) **(B)** End of year Beginning of year 518,868 1 403,936. 2 Savings and temporary cash investments..... 2 3 3 Pledges and grants receivable, net Accounts receivable, net..... 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L..... 5 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). 6 6 7 Notes and loans receivable, net..... 8 9 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment: cost or other basis.

Complete Part VI of Schedule D...... 1,566. 10 a 499. 1,067. 10 b 651. 10 c **b** Less: accumulated depreciation..... 11 Investments – other securities, See Part IV, line 11...... 12 13 Investments - program-related. See Part IV, line 11..... 13 14 Intangible assets..... 14 6,000. 15 6,600. 15 Other assets. See Part IV, line 11..... 525,519. 411,603. 16 Total assets. Add lines 1 through 15 (must equal line 34)...... 16 17 14,737. 29,698. Accounts payable and accrued expenses 17 18 18 Grants payable..... 19 19 Deferred revenue..... Tax-exempt bond liabilities..... 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D...... Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L..... 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 14,737 29,698. Total liabilities. Add lines 17 through 25..... 26 X and complete lines Organizations that follow SFAS 117, check here ▶ 27 through 29 and lines 33 and 34. 510,782. 27 381,905. 27 Unrestricted net assets Temporarily restricted net assets..... 28 29 P Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. FUND Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund..... 31 32 Retained earnings, endowment, accumulated income, or other funds 32 510,782 381,905 Total net assets or fund balances 33

Form 990 (2011)

411,603.

525,519.

34

Total liabilities and net assets/fund balances.....

5

6

0.

381,905.

3 b

Form 990 (2011)

column (B))..... Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII...... Yes No Other 1 Accounting method used to prepare the Form 990: Cash X Accrual If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant?..... 2a X b Were the organization's financial statements audited by an independent accountant?..... 2b c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X review, or compilation of its financial statements and selection of an independent accountant?..... If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: X Both consolidated and separate basis Consolidated basis Separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single X Audit Act and OMB Circular A-133?...... 3a b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Other changes in net assets or fund balances (explain in Schedule O).....

Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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Part XI Reconciliation of Net Assets

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