## 990-EZ

# Short Form Return of Organization Exempt From Income Tax

୬04**2** 

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

Department of the Treasury Internal Revenue Service Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)[13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Open to Public Inspection

Inte	mal Rever	nue Service	► The organization may hav	e to use a copy	of this return to sa	tisfy state	reporting requi					
A	For the	2012 calenda	ar year, or tax year beginning	Ja	nuary 1	, 2012,	and ending	Dec	embe	31	, 20	12
В	Check if ap	plicable	C Name of organization					D Emple	oyer ide	entification	number	r
	Address c	hange	King Street Cats						6	1-1440813	<b>;</b>	
	Name cha	nge	Number and street (or P O box, if r	nail is not deliver	ed to street address	;)	Room/suite	E Telep	_			
	Initial retur	m	25 S Dove St.						70	3-231-719	9	
닏	Terminate		City or town, state or country, and	ZIP + 4				F Grou				
$\vdash$	Amended		, ,						ber >	-		
Ă	Application		Alexandria, VA 22314  Cash Accrual Ot	har (annaith)	<del></del>		Lu			f the orgar		is not
		ting Method		her (specify)			<sup></sup>			ach Sched		is not
	Websit -		kingstreetcats org	501(-) ( )	4.5	047/0\/1\ ==	[7.507]	•		D-EZ, or 99		
_					√ (insert no )   √ 4!		527	· -		_	<u> </u>	<del></del>
	Check ▶		e organization is not a section 50									
		-	0. A Form 990-EZ or Form 990 r		•	m 990-N (	e-postcard) ma	ay be req	uired (	see instru	ctions).	But if
	_		oses to file a return, be sure to fil	•		00 04 55040	av if tatal accet	n (Dort II				
			b, to line 9 to determine gross rec									
_			ow) are \$500,000 or more, file Form						<u> </u>	<u>,                                    </u>		
L	art I		e, Expenses, and Chang									
	_	Check if	the organization used Scho	edule O to re	espond to any o	question	in this Part I	·		<u> </u>	<u></u>	<u>. Ц</u>
	1	Contribution	ons, gifts, grants, and similar	amounts rec	eived				1		16	67,7 <u>05</u>
	2	Program s	ervice revenue ıncludıng gov	emment fees	and contracts				2		:	30 <u>,550</u>
	3	Membersh	ip dues and assessments.						3			
	4	Investmen	tincome						4			222
	5a	Gross amo	ount from sale of assets othe	r than invent	ory	. 5a		0	Dι			
	Ь	Less: cost	or other basis and sales exp	enses	·=	. 5b		0	41,			
	l c		ss) from sale of assets other			5b from	line 5a)		5c			0
	6		nd fundraising events 🗐 🕻		Ú) V		ŕ		, ,			
	a		ome from gaming (attach		Greater th	an						
Ф				13:2013		-   6a	1	0	-			
Revenue	b		ome from fundraising events	not including			f contribution		i			
ě			aising events reported on li									
<u>a</u>	•		ch gross income and contrib				1	0	.			
	C		ct expenses from gaming and	مستسيد مال					1 1			
	d		e or (loss) from gaming and				d 6b and su	btract				
	"	line 6c)	o or (1000) from gaming and	· idilalalalala	· · · · · · · · · · · · · · · · · · ·				6d			0
	70	•	e of inventory loss returns a	nd allowance	ve.	.   7a	1		55			
	7a		es of inventory, less returns a		· · · · · · · · · · · · · · · · · · ·	. 7a		<u>0</u>	1			
	b		of goods sold fit or (loss) from sales of inve		et line 7h from l		1		7c			•
	C								8			0
	8		nue (describe in Schedule O						9			
_	9		nue. Add lines 1, 2, 3, 4, 5c,						· · -			98,477
	10		d similar amounts paid (list in						10			0
	11		aid to or for members						11	-		0
Expenses	12		ther compensation, and emp						12			0
a i	13		al fees and other payments						13			22,660
Ž	14		y, rent, utilities, and mainten						14			40,175
Ш	15		ublications, postage, and sh						15			9,200
	16		enses (describe in Schedule						16			2,591
_	17	Total expe	enses. Add lines 10 through	<u> 1</u> 6	<u>.</u>	<u> </u>		<u>. ▶</u>	17		1	74 <u>,626</u>
ķ	18		(deficit) for the year (Subtrac						18			23,850
Net Assets	19		s or fund balances at begini									
Ass	<u>:                                    </u>	end-of-yea	ar figure reported on prior ye	ar's return)					19		1	28,850
et	20	Other char	nges in net assets or fund ba	lances (expla	ain in Schedule	O)			20			0
Z	21		or fund balances at end of v					. •	21	i	1	52.522

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

_			
Form	990-EZ	(201)	12)

Pai	t II Balance Sheets (see the instructions f	or Part II)	<del></del>		•	
	Check if the organization used Schedule		y question in this F	Part II		<u></u> 🗖
		<u> </u>		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			128,672		152,522
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets			128,672		152,522
26					26	0
27	Net assets or fund balances (line 27 of column			128,672	27	152,522
Par						Expenses
	Check if the organization used Schedule					quired for section
Wha	is the organization's primary exempt purpose?	Rescue and find perr	nanent homes for car	ts		(c)(3) and 501 (c)(4) anizations and section
as n	ribe the organization's program service accompli- easured by expenses. In a clear and concise m	anner, describe the	its three largest presented	ogram services, the number of	494	7(a)(1) trusts; optional others)
<del></del>	ons benefited, and other relevant information for ea		<u> </u>			<u></u>
28	Rescue, spay/neuter, provide care and finding perma	net homes for cats				
					00-	
	(Grants \$ 13,180) If this amount		-		28a	174,626
29						
	/Oranta & \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	includes foreign gra	nta about hora		   29a	
20	· · · · · · · · · · · · · · · · · · ·			· · · <u> </u>	250	
30						
	/Create C \ If the amount	ıncludes foreign gra	nto chook horo		30a	
24	<del></del>				302	
31	Other program services (describe in Schedule O)	includes foreign gra			312	
22	(Grants \$ ) If this amount  Total program service expenses (add lines 28a				32	<del> </del>
	List of Officers, Directors, Trustees, and Key					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
r ai	Check if the organization used Schedule					
	Check if the organization used Schedule	i ·	(c) Reportable	(d) Health benefits,	<del>ii</del>	<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ	- 1	Estimated amount of other compensation
Vivie	n Bacon - President					
41410	ii bacon - i resident	20	0		0	0
Hele	n Liu - Treasurer		<u>.</u>		1	
11010	TEIG TIOGGIO	20			0	0
Mary	Beth Corrigan - Secretary		-			
1111113	Dear Johnson - Secretary	110	٥		0	0
Daw	n Latham - Board at Large					
		10	l		اه	0
Alvs	on Burgese - Board at Large					· · · · · · · · · · · · · · · · · · ·
UUS	on bargese - board at Large	1	٥	,	0	0
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			<del> </del>	<del> </del>		
			1			
		1	1	1		

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	v 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		1
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>V</b>
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		7
С	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		1
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 0			
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		<b>√</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	_		
ь 40а	Gross receipts, included on line 9, for public use of club facilities			
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		<b>√</b>
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			
ď	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 ▶ VA			
42a		703-23	31-719 314	19
h	Located at ► 25 S. Dove St. Alexandria VA  At any time during the calendar year, did the organization have an interest in or a signature or other authority over		<del>,                                     </del>	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •		▶ □
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	Yes	No ✓
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>√</b>
	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		<b>√</b>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Ž
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	<u> —                                   </u>	✓

Page	e (

								Yes	No
46 •	Did th	e organization engage, directly or ir	directly, in political ca	ampaign activities of	n behalf of o	r in opposit	ion <b>E</b>		
		didates for public office? If "Yes," of		Part I	· · · · ·	· · · ·	46	<u> </u>	<b>✓</b>
Part \		Section 501(c)(3) organizations		47 401					
		All section 501(c)(3) organization	s must answer que	stions 47-49b and	152, and co	omplete the	e tables t	or iin	es
		50 and 51		*	Alban Dawk V/I				
		Check if the organization used Scl	nedule O to respond	to any question in	this Part VI	<del>-:-:-</del>	· · · · ·	Yes	No
47	D: J 4L		antimitian or house a	nation EO1/b) alasti	on in offoot	during the	tav [	res	NO
47		e organization engage in lobbying				during the			/
40	year? If "Yes," complete Schedule C, Part II								
48							. 46 . 49a	+	<del>                                     </del>
49a		e organization make any transfers t					. 49b	+	<del>                                     </del>
ь 50	Comp	s," was the related organization a selete this table for the organization's	fue highest compen	on?					nd kev
50	emple	eyees) who each received more than	s live highest compen s \$100 000 of comper	sated employees (o	anization. If t	there is non-	e. enter "N	None.	"
	Citipio	yees, who easi received more than		Γ'		h benefits,			
	(a) i	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation		s to employee		Estimated amount of other compensation	
		paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC		, and deferred ensation	other cor	npensa	luon
None	100%	volunteer based			<del>-                                     </del>			-	
Mone.	100 /6 \	Volunteer Daseu			- }	ļ			
	· · · · ·								
-									
•									
f	Total	number of other employees paid ov	rer \$100,000	. ▶					
51	Comp	plete this table for the organization	's five highest compo	ensated independer	nt contractor	rs who each	n received	l mor	e thar
	\$100,	000 of compensation from the orga	anization. If there is no	one, enter "None."		<del>,</del>			
(a)	Name ar	nd address of each independent contractor pa	aid more than \$100.000	(b) Type of se	ervice	(c	) Compensat	tion	
		<u> </u>							
				_					
				-		}			
							<u> </u>		
		····		-					
			<del></del>			<del></del>			
				1					
						<del>                                     </del>			
				1					
	Total	number of other independent contr	actors each receiving	Over \$100 000	<b>•</b>	<u> </u>		•	
52		ne organization complete Schedule			ne and 4947	(a)(1)			
52		cempt charitable trusts must attach					► □ Ye	s□	No
Linder o		of penury, I declare that I have examined this							f. it is
true, co	rrect, an	d complete Declaration of preparer (other tha	n officer) is based on all info	ormation of which prepare	r has any know	ledge			.,
		XXX	)						
Sign		Signature of officer			D	ate .	110	-	
Here		1 tolow 1 in	TVOOSILNO	$\mathcal{C}$		410	113	)	
		Type or print name and title	· · · · · · · · · · · · · · · · · · ·	<del>-</del>		<del></del>			-
Deid		Print/Type preparer's name	Preparer's signature		Date	Check C	] if PTIN		
Paid		· · · · · · · · · · · · · · · · · · ·			self-emp				
Prep		Firm's name ▶	<u>1 </u>	· · · · · · · · · · · · · · · · · · ·	Fi	mn's ElN ▶			
Use	Only	Firm's address ▶				hone no			
May ti	he IRS	discuss this return with the prepare	er shown above? See	instructions			► ☐ Ye	s 🗌	No

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

Department of the Treasury

### **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 2012

Open to Public

Inspection Internal Revenue Service Employer identification number Name of the organization 61-1440813 King Street Cats 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). 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: 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). 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. c Type III-Functionally integrated d ☐ Type III–Non-functionally integrated a ☐ Type I **b** Type II 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 II, Type III, 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(iı) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . . 11g(in) Provide the following information about the supported organization(s). (i) Name of supported (III) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary in col (i) listed in your (described on lines 1-9 organization in col support organization governing document? col (i) of your (i) organized in the above or IRC section support? (see instructions)) Nο Yes Yes Yes No (A) (B) (C) (D) (E)

Part	Support Schedule for Organiza	ations Descr	ibed in Secti	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(v	i)
•	(Complete only if you checked th						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						}
	membership fees received. (Do not						
	include any "unusual grants.")						<del></del>
2	Tax revenues levied for the				}		
	organization's benefit and either paid						1
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	<u> </u>		<del></del>			
4	Total. Add lines 1 through 3						<u> </u>
5	The portion of total contributions by				]		
	each person (other than a						
	governmental unit or publicly			ļ			
	supported organization) included on			]	ļ		
	line 1 that exceeds 2% of the amount shown on line 11, column (f)				i		
•		727	[ 	<u> </u>		i	
6 Secti	Public support. Subtract line 5 from line 4.		<u>                                     </u>	JL	J	JL	·
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	(a) 2000	(5) 2000	(0) 2010	(4) 2011	(0) 20 12	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
8	Gross income from interest, dividends,						····-
0	payments received on securities loans,						
	rents, royalties and income from similar				ì		
	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						İ
	(Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	<u> </u>
13	First five years. If the Form 990 is for the		n's first, secor	nd, third, fourti	h, or fifth tax y	ear as a secti	on 501(c)(3)
	organization, check this box and stop he				<u> </u>	· · · ·	<u> ▶ </u>
Sect	ion C. Computation of Public Suppo				<u>.</u>	<del>, , , , , , , , , , , , , , , , , , , </del>	
14	Public support percentage for 2012 (line					14	<u>%</u>
15	Public support percentage from 2011 Sc					15	%
16a	331/3% support test—2012. If the organi						
	box and <b>stop here</b> . The organization qua 33 <sup>1</sup> /3% <b>support test—2011</b> . If the organization						
b	check this box and stop here. The organ					3 13 15 33 73 76	
							<b>.</b>
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me						
	Part IV how the organization meets the "	facts-and-ore	-anu-circumsia	et The organi	eck iiis box a	as a nublicly	ennorted
	organization	iacis-aliu-cift		st. The Organia		as a publicly	► <u></u>
	5	044 1545				 So 16h 17	
b	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organiza Explain in Part IV how the organization in						
	supported organization						<b>•</b> F
18	Private foundation. If the organization d					ck this box and	d see
.0	instructions	HOLOHOON E	. Son on mic To	z, 10u, 10b, 17	_, _,,	uno box un	<b>.</b> .

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

(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	on A. Public Support						
Calend	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	97984	99894	126975	170126	198255	693234
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			ļ		ļ	
3	Gross receipts from activities that are not an					<del></del> :	
•	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid						
	to or expended on its behalf				Ì		
5	The value of services or facilities						
J	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	97984	99894	126975	170126	198255	693234
	Amounts included on lines 1, 2, and 3	37304	33004	120070	1.0.120	7,00_0	
	received from disqualified persons .						
ь	Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
_	line 6.)						
Secti	on B. Total Support		<u> </u>	<u></u>	·		
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	97984	99894	126975	170126	198255	693234
10a	Gross income from interest, dividends,	07001					
	payments received on securities loans, rents,						
	royalties and income from similar sources .	520	1010	342	266	222	2360
b	Unrelated business taxable income (less						<u> </u>
_	section 511 taxes) from businesses					1	
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
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.)	97984					693722
14	First five years. If the Form 990 is for the	he organization	n's first, secon	d, third, fourth	, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop he	ere			<u> </u>		· · · <u> </u>
Secti	on C. Computation of Public Suppo	rt Percentag	e				<u> </u>
15	Public support percentage for 2012 (line	8, column (f) d	ivided by line 1	13, column (f))		15	100 %
16	Public support percentage from 2011 Sc	hedule A, Part	III, line 15	<u> </u>	<u></u>	16	100 %
Secti	on D. Computation of Investment In						· · · · · · · · · · · · · · · · · · ·
17	Investment income percentage for 2012					17	<u>o %</u>
18	Investment income percentage from 201	1 Schedule A,	Part III, line 17			18	0 %
19a	331/3% support tests-2012. If the organ	nization did not	check the bo	x on line 14, a	nd line 15 is n	nore than 331/3	%, and line
	17 is not more than 331/3%, check this box	and stop here	. The organizat	on qualifies as	a publicly supp	orted organizat	ıon . ▶ 🗀
b	331/3% support tests - 2011. If the organi						
	line 18 is not more than 3312%, check this						
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b,	check this box	and see instru	ictions 🕨 🔲
			·	· · · · · · · · · · · · · · · · · · ·		hedule A /Form 99	

Schedule A (F	chedule A (Form 990 or 990-EZ) 2012							
Part IV ,	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).							
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