Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

OMB No. 1545-1150

Open to Public

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.

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

Inspection

AF	or the	2011 calendar year, or tax year beginning , 2011, and ending	ri editole	, 20			
Bo	heck if ap	pplicable: C Name of organization	D Employe	er identification number			
	Address o		80	0034805			
	Name cha	1/22 2	E Telepho				
	Initial retu Terminate	1610 Smeraldy Avenue	1175	5)329-0180			
	Amended	City or town, state or country, and ZIP + 4	F Group	Group Exemption			
-		on pending Minley, NV 89423	Numbe	er 🕨			
G A	Account	ting Method: ☐ Cash ☐ Accrual Other (specify) ▶ H	Check >	if the organization is not			
1 1	Vebsit	te: >	required to	attach Schedule B			
JT	ax-exen	npt status (check only one) — \$\sum_{501}(c)(3)	(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	tion and its g	pross receipts are normally			
n	ot mor	re than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) m	ay be requir	red (see instructions). But if			
t	he orga	anization chooses to file a return, be sure to file a complete return.					
LA	dd lines	s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asse	ets (Part II,				
lir	ne 25, c	column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	- Carlot	\$			
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the	e instruction	ons for Part I.)			
		Check if the organization used Schedule O to respond to any question in this Part	1				
	1.	Contributions, gifts, grants, and similar amounts received		1 49 603, 22			
	2	Program service revenue including government fees and contracts		2 6 0 89			
	3	Membership dues and assessments	:	3 0			
	4	Investment income	00,000, 81 07	4 10.54			
	5a	Gross amount from sale of assets other than inventory 5a		a plantal and			
	b	Less: cost or other basis and sales expenses		0			
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5	ic			
	6	Gaming and fundraising events	lesing n	and the control of th			
	a	Gross income from gaming (attach Schedule G if greater than					
ne	STATISTICS	\$15,000) 6a	error ball				
Revenue	b	Gross income from fundraising events (not including \$ of contribution)	ns	6			
3ev		from fundraising events reported on line 1) (attach Schedule G if the	-V 055	3 - 3 - 3 - 3 - 3			
bodes		sum of such gross income and contributions exceeds \$15,000) 6b	1000	Elmo MV 18			
	C	Less: direct expenses from gaming and fundraising events 6c	13 L	alaka LD			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and si	ubtract	Liw march			
		line 6c)	6	id			
	7a	Gross sales of inventory, less returns and allowances	A Kales	AVI CONTRACTOR OF THE PARTY OF			
	b	Less: cost of goods sold	44444	6			
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 7	c			
	8	Other revenue (describe in Schedule O)	www.	8 0 65			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9 50, 224.			
Expenses	10	Grants and similar amounts paid (list in Schedule O)	1	0 250			
	11	Benefits paid to or for members	1	1 71.46			
	12	Salaries, other compensation, and employee benefits	1	2 0			
	13	Professional fees and other payments to independent contractors		3 32,584,96			
	14	Occupancy, rent, utilities, and maintenance		4 15.211.35			
	15	Printing, publications, postage, and shipping		5 452.77			
	16	Other expenses (describe in Schedule O)		6 3 496.29			
	17	Total expenses. Add lines 10 through 16	. ▶ 1	7 52,066.83			
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		8 (1.852,72)			
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree	ee with	10 0 0 0 3			
		end-of-year figure reported on prior year's return)	1	9 13,382.33			
	20	Other changes in net assets or fund balances (explain in Schedule O)	2	2060 00			
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	. > 2	1 5 500 964			
For	Paper	work Reduction Act Notice, see the separate instructions. Cat. No. 10642		Form 990-EZ (2011)			

Par	The state of the s					
	Check if the organization used Schedule	O to respond to a	ny question in this			
	roundinorig operate and or more hospital inclines		propie Admissio Especialisty Specifysia scokola fot estatas	(A) Beginning of year	-	(B) End of year
22	Cash, savings, and investments	(C) (dS) G reveal of ten	so is motively gard	10,181.23	22	8,334.61
23	Land and buildings	en out proper near the end to		0	23	0
24	Other assets (describe in Schedule O)	De america co		3,195	24	5,2
25	Total assets			13,3652.23	25	10000000000000000000000000000000000000
26	Total liabilities (describe in Schedule O)		wikyita c	0	26	0
27	Net assets or fund balances (line 27 of column			13,382.23	27	DECEMBER 1
Part	3					Expenses 13,58
	Check if the organization used Schedule		7 1		(Real	uired for section
What	is the organization's primary exempt purpose?	Educate public	950x humane	extraction danger		c)(3) and 501(c)(4)
	ribe the organization's program service accompli			,		nizations and section (a)(1) trusts; optional
as m	easured by expenses. In a clear and concise man benefited, and other relevant information for each	nanner, describe the			1	thers.)
28	Maintain and upgrade website	to provile				-4 (48) (32) (44)
		e user friend	g format,			6,984.5
11111	(Grants \$) If this amount	includes foreign gra	ints, check here .	> 🗆	28a	metroen lon
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	(Grants \$ 250) If this amount	includes foreign gra	ints, check here	• 🗇	30a	
	Other program services (describe in Schedule O)	molado foreign gre	into, oncon noro		000	
		includes foreign gra	ints check here	▶ □	31a	0714
	Total program service expenses (add lines 28a	through 31a)			32	
Part						ctions for Part IV
	Check if the organization used Schedule					
			(c) Reportable	(d) Health benefits,	Ť	
	(a) Name and address	(b) Title and average hours per week	compensation	contributions to employ		
	A STATE OF THE PARTY OF THE PAR	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		ther compensation
P	ricklien, 3550 W. Plumb Lune	President		,		6
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		Vice President	0	0	29	0
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	arl Martinez, 2124 Potersham (+,, C	1 Horr/ Week	0	0		0
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	ergio M. L. Tarrero, Urb. Lams Pu	1 Harlwesk	0	0	100	0
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	Y ((Call ritiw ewipe taken) ((A) rumu	er (from line 27, ce	av to primined is	or tund halances	i per	6 1 18 Not 6
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Part	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
X	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	5 Fait	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	and MO		X
	change on Schedule O (see instructions)	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	biG eev	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		- 100
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		
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	1807	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a O			~
38a	Did the organization file Form 1120-POL for this year?	37b 38a		×
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	304		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
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		×
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			
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		X
41	List the states with which a copy of this return is filed. None-Nevada doesn't require this	141	ven.	
42a	The organization's books are in care of ► Eric Kiten Telephone no. ► [7] Located at ► 3550 W. flumb Lane Read, NV ZIP + 4 ► 80	15)3 150	9	
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)?	401	Yes	No
	If "Yes," enter the name of the foreign country:	42b		_
	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	5/0	×
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		9,0	•
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	44a		×
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	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)	45h		/

	and statement requirements in the	thoo tilened Isnozie	Schedule A and pa	Increasion Note the	of sartio	Yes	No
	Did the organization engage, directly or it of candidates for public office? If "Yes,"				A STATE OF THE PARTY OF THE PAR		
Part V					1.0	ction	X
	501(c)(3) organizations and sect				-		b
	and 52, and complete the tables						
\times \downarrow	Check if the organization used Sc	chedule O to respond	d to any question in t	his Part VI			
47	Did the organization engage in lobbying	activities or have a	section 501(b) election	on in offect during the	tay	Yes	No
	year? If "Yes," complete Schedule C, Pa			· · · · · · ·	. 47	OKI	X
48	ls the organization a school as described i	in section 170(b)(1)(A)(ii)? If "Yes," complete	Schedule E	. 48	V-B	X
	Did the organization make any transfers			zation?	. 49a	BW	X
	If "Yes," was the related organization as				. 49b	1081	
	Complete this table for the organization's employees) who each received more that						
	O att Capable	(b) Title and average	(c) Reportable	(d) Health benefits,	a free prophers a		
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred compensation			
	None	the end of the tax yes	is embretatue like bri	made in e prior year a	ansol dave	Agrais	
	[d80]	Eavloym thurst	s later affineme bee	iete Schedule L. Part	omino * es	Vª II	d
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f	Total number of other employees paid ov	ver \$100,000	. > 0	10 (916)108 bns (61	3102 dol	MaA.	9
	Complete this table for the organization			contractors who each	n received	more	than
	\$100,000 of compensation from the orga	anization. If there is no	one, enter "None."		50 k bns ,3	4864	
(a) N	ame and address of each independent contractor pa	aid more than \$100,000	(b) Type of serv	rice (c) Compensati	on	
	None	iso e neltesinamo er	The Jac year, was 1	mhub emit yas dA .gm	citosinaci	= HA	9
M	1000		1-8889	Syes, Secrepted Form	n Phomba	HEY!	6,
			his return is filed.	The vector delite they			
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d Total number of other independent contractors each receiving			over \$100,000	• 0	- 10 - 2010 13 - 170	n (A	
	Did the organization complete Schedule					yn li	
	nonexempt charitable trusts must attach	a completed Schedu	le A	desto lemento (6)	Yes		No
	nalties of perjury, I declare that I have examined this ect, and complete. Declaration of preparer (other that				nowledge and	d belief,	, it is
	1. C. M	Chause and melanty s	South herefolder amounts	Nov	e 20	12	- B.D.
Sign	Signature of officer		Date	3,20	12		
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May the	IRS discuss this return with the prepare	r shown above? See	instructions	V+2 +11 + 0 + 0 + 0 + 0 + 0	► ☐ Yes		No
	to be completed installed at the	Schedule R may need	res," Form 690 and 6	retion 512(b)(13)? If "	Form 99	0-EZ	(2011)

SCHEDULE A (Form 990 or 990-EZ)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Liteboat foundation

Employer identification number 8 0 0034805

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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 6 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.) 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.) 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-Other 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 I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? . . . 11g(i) (ii) A family member of a person described in (i) above? . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support col. (i) of your governing document? (i) organized in the above or IRC section support? 1152 (see instructions)) Yes Yes Yes (A) (B) (C) (D) (E)

Total

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Schedule A (Form 990 or 990-EZ) 2011 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 A. Public Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Gifts, grants, contributions, and membership fees 66.504 5,858.07 220,292.14 received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities 393,91 furnished in any activity that is related to the 610,89 3, 235, 20 organization's tax-exempt purpose . . . Gross receipts from activities that are not an 0 0 0 unrelated trade or business under section 513 Tax revenues levied for the 0 organization's benefit and either paid 0 0 0 0 to or expended on its behalf . . . The value of services or facilities 0 0 furnished by a governmental unit to the 0 0 0 organization without charge 6.897.91 36,337,98 50,214 25.695.21 Total. Add lines 1 through 5. . . . 44.382.08 Amounts included on lines 1, 2, and 3 5,000 500 0 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified 0 7,585 persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b 30 500 5,000 7.585 7,500 Public support (Subtract line 7c from 202,912,34 line 6.) Section B. Total Support (c) 2009 (d) 2010 (a) 2007 Calendar year (or fiscal year beginning in) (b) 2008 (e) 2011 (f) Total 223,527,34 66,897,91 25,69526 50,214.1) Amounts from line 6 36,337,98 Gross income from interest, dividends, 10a payments received on securities loans, rents, 378,64 100.09 111,96 105. 50.10 10,54 royalties and income from similar sources . b Unrelated business taxable income (less section 511 taxes) from businesses 0 0 0 0 acquired after June 30, 1975 91 100,09 50 c Add lines 10a and 10b 05.95 10,54 378. Net income from unrelated business activities not included in line 10b, whether 0 0 0 0 0 0 or not the business is regularly carried on 12 Other income. Do not include gain or 0 0 loss from the sale of capital assets 0 (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, 223,905,98 67,009.81 44,488.03 25,745.35 36,388.08 50,224.65 and 12.) 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) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) % 15 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 .007 %

831/3% support tests-2011. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and

Investment income percentage from 2010 Schedule A, Part III, line 17

line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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%

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SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 2011

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Department of the Treasury ► Attach to Form 990 or 990-EZ. Internal Revenue Service

Open to Public Inspection

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