Department of the Treasury

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

OMB No. 1545-0047 Open to Public

and ending A For the 2011 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization В Address change FAIRVOTE 54-1635649 Name change Doing Business As E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 4616 301 270 6930 CARROLL AVE, SUITE 610 Termin-ated 290378. Amended G Gross receipts \$ City or town, state or country, and ZIP + 4 H(a) Is this a group return Applica-20912 TAKOMA PARK, MD Yes X No ending F Name and address of principal officer: ROBERT RICHIE for affiliates? H(b) Are all affiliates included? Yes SAME AS C ABOVE If "No," attach a list. (see instructions)) ◀ (insert no.) 4947(a)(1) or Tax-exempt status: X 501(c)(3) 501(c) (H(c) Group exemption number ▶ J Website: ► WWW.FAIRVOTE.ORG L Year of formation: 1992 M State of legal domicile: MD K Form of organization: X Corporation Trust Association Other Part I Summary Briefly describe the organization's mission or most significant activities: SEE ATTACHMENT 1 Activities & Governance 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) 0 Number of independent voting members of the governing body (Part VI, line 1b) 2 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 22 6 Total number of volunteers (estimate if necessary) 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 290378. 321762. 8 Contributions and grants (Part VIII, line 1h) Revenue 0. 151164. Program service revenue (Part VIII, line 2g) 0. 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 290378. 472926. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 26000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 102343. 178931 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 186636. 259948 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 288979. 464879. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 8047. 1399. 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 51565. 97513. 20 Total assets (Part X, line 16) 18966. 66313. 21 Total liabilities (Part X, line 26) 32599. 31200. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block 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. Signature of officer Sign ROBERT RICHIE, EXECUTIVE DIRECTOR Here Type or print name and title Preparer's signature Print/Type preparer's name P00419779 SHAWN G. SUMRALL, CPA Paid 54-1645202 Firm's EIN Firm's name BADGER, SUMRALL & CO., PC Preparer Firm's address 302 MAPLE AVENUE WEST, STE 6 Use Only Phone no. 703-938-7088 VIENNA, VA 22180 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Form	990 (2011) FAIRVOTE 54-1635	049	Pa	age 3
Par	TV Checklist of Required Schedules			
		\dashv	Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Ves." complete Schedule A	1	X	
•	le the erganization required to complete Schedule B. Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	231700		37
	public office? If "Ves." complete Schedule C. Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tay year? If "Ves " complete Schedule C. Part II	4	X	
5	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
6	Did the exceptization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
,	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8	Schedule D, Part III	8		X
•	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	i i	X
	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
	endowments, or quasi-endowments? If Yes, standard Schedule D, Parts VI, VII, VIII, IX, or X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
11				
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Did the organization report an amount for land, buildings, and squipment and an amount for land, buildings, and amount for land, buildings, and an amount for land, buildings, and an amount for land, buildings, and amount for land, buildings, and amount for land	11a	X	
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X_
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
d	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
e	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
Ť	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12a	Schedule D, Parts XI, XII, and XIII	12a		X
	Was the organization included in consolidated, independent audited financial statements for the tax year?	25-0-0-0-0		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	and the United States?	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the office estates. Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1	1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			T
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17	Did the organization report a total of more than \$15,000 of expenses for professional randiality some series of professional randiality series of professionality series of professional randiality series of professionality series of professionality series of professionality series of professionality series of professiona	17		X
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		Х
	1c and 8a? If "Yes," complete Schedule G, Part II			1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		X
	complete Schedule G, Part III	_	_	X
208	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20k	_	1/2
1	of If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	1201	-	10044

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Par	t IV Checklist of Required Schedules (continued)	, ,		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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,	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? If "Yes," complete	23		х
	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, 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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		х
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
00	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 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?	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	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	X	- V
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(h)(13)2 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			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
	the state of the Dest VI lines 11 and 102		1	

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

orm	990 (2011) FAIRVOTE	54-1635	649	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance				
100.00	Check if Schedule O contains a response to any question in this Part V				Ш
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 12			
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			
	(gambling) winnings to prize winners?		1c		
2a	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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
30	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
h			3b		
10	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
40	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
h	If "Yes," enter the name of the foreign country:			1 3 1	
D	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	ccounts.	3.1		
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa-	ction?	5b		X
D	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
60	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
oa	any contributions that were not tax deductible?		6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contribut	ons or gifts			
D	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
a	the state of the goods or services provided?		7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
C	to file Form 8282?		7c		X
٦	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
u	by the property of the property of indirectly to pay premiums on a personal benefit of	ontract?	7e		
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?	7 f		
	to the property did the organization file Fo	orm 8899 as required?	7g		
g h	the creation of ages boots airplanes or other vehicles did the organize	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D	d the supporting			
o	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.				
9	Did the organization make any taxable distributions under section 4966?		9a		
b	donor advisor or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	to the first term to the learning to the learn	10a			1
b	- COO Det VIII line 10 for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Complete the second property of the second pr	11a			
b	the state of the second of the				
	amounts due or received from them.)	11b		1	
12-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	128	1	_
c	of "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) gualified nonprofit health insurance issuers.			4	
.0	Is the organization licensed to issue qualified health plans in more than one state?		138	9	
•	Note. See the instructions for additional information the organization must report on Schedule O.				
L	Enter the amount of reserves the organization is required to maintain by the states in which the				1
L	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
•	Litter the difficult of 10001/00 of 1		144	_	V

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

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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FAIRVOTE

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. X

	Check if Schedule O contains a response to any question in this Part VI					41
Sect	ion A. Governing Body and Management				V	N-
		ĺ .	1 0		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a				
	If there are material differences in voting rights among members of the governing body, or if the governing				1	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		,			
b	Enter the number of voting members included in line 1a, above, who are independent	_ 1b	1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other		х	
	officer, director, trustee, or key employee?			2	<u> </u>	
3	Did the organization delegate control over management duties customarily performed by or under t	he dire	ct supervision	1 . 1		х
	of officers, directors, or trustees, or key employees to a management company or other person?			3	-	X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			6	_	X
6	Did the organization have members or stockholders?			Ь		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					х
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stocki	nolders, or			x
	persons other than the governing body?			7b		A
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by t	ne following:		Х	
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?		******	8b		-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	eached	at the	١,		x
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	_	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revent	ue Code.)		· ·	N.
				10-	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapte	ers, affiliates,	406		
	and branches to ensure their operations are consistent with the organization's exempt purposes?		fille a the farms?	10b	Х	-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ay bet	ore filing the form?	11a	22	_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			12a		x
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		unflicte?	12b		+
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risk	"Voc "	donoribo	120	_	\vdash
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	100,	describe	12c		
	in Schedule O how this was done			13	<u> </u>	X
13	Did the organization have a written whistleblower policy?	*******		14	_	X
14	Did the organization have a written document retention and destruction policy?	wal by	independent	14		
15	Did the process for determining compensation of the following persons include a review and appro	vai by	паерепает			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			15a		X
а	The organization's CEO, Executive Director, or top management official			15b		X
b	Other officers or key employees of the organization			102		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ement	with a			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	, , , , , , , , , , , , , , , , , , , ,	Trial I M	16a		X
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of the or	uate its	participation			
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to over	nanizat	ion's			
				16b		
0-1	exempt status with respect to sach an angument					
	List the states with which a copy of this Form 990 is required to be filed NONE					
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	0-T (Se	ction 501(c)(3)s only) availa	ble	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 930, and 930	. (00		,		
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request					
	Own website Another's website Y Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents,	conflic	et of interest policy	and fina	incial	
19	Describe in Schedule O whether (and it so, now), the organization made its governing documents,	John	5, ii5, 55, policy, c			
	statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books	and re	ecords of the organiz	zation: l		
20	THE ORGANIZATION - 301 270 4616					
	6930 CARROLL AVE, SUITE 610, TAKOMA PARK, MD 209	12				
T320	0330 CARROLL AVE, BOILE OIG, IMCORT ITHE 115 203			Forr	n 99 0	(2011)

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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

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

- 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(do	not ch unles	Posi neck r	tion nore son i		one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KRIST NOVOSELIC	1.00	х		х				0.	0.	0.
CHAIR (2) EDWARD HAILES	1.00	х		x				0.	0.	0.
VICE CHAIR (3) CYNTHIA TERRELL	11.00	X		X				11890.	0.	0.
SECRETARY (4) WILLIAM REDPATH TREASURER	1.00	X		X				0.	0.	0.
(5) HENDRIK HERTZBERG BOARD MEMBER	1.00	х						0.	0.	0.
(6) MALIA LAZU BOARD MEMBER	1.00	х						0.	0.	0.
(7) DAVID WILNER BOARD MEMBER	1.00	х						0.	0.	0.
(8) PETE MARTINEAU BOARD MEMBER	1.00	х						0.	. 0.	0.
(9) JOHN B. ANDERSON BOARD MEMBER	1.00	х						0.	. 0.	0.
(10) ROBERT RICHIE EXECUTIVE DIRECTOR	40.00		-	х				68000	. 0.	0.
						+				
		-				+				
										Form 990 (2011)

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(A)		(B) Average			(C Posi	c) ition	1		(D) Reportable	(E) Reportable		(F) Estima	ted
Name and	1 uue	hours per week (describe	box, offic	not cl	neck i	more rson	than of is both or/trus	n an	compensation from the	compensation from related organizations		amoun othe	t of r
		hours for related organizations	Individual trustee or director	al trustee		yee	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)		from t organiza and rela	he ation ated
	×	in Schedule O)	Individual	Institutional trustee	Officer	Key employee	Highest co employee	Former				organiza	tions
											+		
											+		
											+		
			-	-			-				+		
			\vdash	-							\dagger		
			┝	-							t		
			\vdash										
			T										
1b Sub-total	Nine also ata ta Dart V	II Section A							79890.				0.
c Total from continua d Total (add lines 1b a	and 1c)								79890.	0			0.
2 Total number of individual compensation from the compensation		not limited to t	nose	e list	ed a	bov	/e) w	ho r	eceived more than \$10	U,UUU of reportable		- Lv	1 21
		r. director, or tr	uste	e, k	ey e	mpl	oyee	, or	highest compensated	employee on		Ye	
line 1a? If "Yes." con	mplete Schedule J for	such individua	<i>I</i>						ther compensation from		-	3	X
and related organiza	ations greater than \$15	50.000? If "Yes	s, " co	omp	lete	Sch	nedu	e J	for such individualted organization or indi		.	4	X
rendered to the orga	anization? If "Yes," cor	mplete Schedu	ile J	for s	such	pe	rson		ted organization or man			5	X
Section B. Independent 1 Complete this table	for your five highest c	ompensated ir	nder	end	ent	con	tract	ors	that received more than	1 \$100,000 of compe	ensa	tion from)
the organization. Re	port compensation for	r the calendar	year	enc	ling	with	or v	vithi	n the organization's tax	year.		(C)	
	(A) Name and busines	s address	N	ON	E				Description of	services	Co	mpensa	tion
													85
O Total number of had	lenendent contractors	(including but	not	limit	ed t	o th	ose	liste	ed above) who received	more than			27
	ensation from the orga						0				To	orm 99	0 (2011

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Par	t VIII	Statement of Revenue	9	×				(D)
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ts ts	1 a	Federated campaigns	1a					
Zan		Membership dues						
Ę,		Fundraising events						
ar	d	Related organizations						
S,E	е	Government grants (contribution						
Sign	f	All other contributions, gifts, grants,	and					
120		similar amounts not included above	1f	290378.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-	1f: \$		290378.			
g g	h	Total. Add lines 1a-1f			290370.			
				Business Code				
<u>s</u>	2 a			-				
le e	b							
E E	С							
Real	d							
Program Service Revenue	f	All other program service revenu	ie					
		The revisit of the control of the co						
\neg	3	Investment income (including di						
		other similar amounts)						
	4	Income from investment of tax-e						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С							
		Net rental income or (loss)						
	7 a	- Circum annual	(i) Securities	s (ii) Other				
		assets other than inventory					1	
	b	Less: cost or other basis			The state of the s	Total Time		
		and sales expenses Gain or (loss)						
		Net gain or (loss)						
		Gross income from fundraising				Law I That was		
nue		including \$						
eve		contributions reported on line 1						
Other Rever		Part IV, line 18		а				
E S		Less: direct expenses						A STATE OF THE STA
0		Net income or (loss) from fundr		s				
	9 a	a Gross income from gaming acti						
		Part IV, line 19						
		Less: direct expenses						
		 Net income or (loss) from gamin Gross sales of inventory, less re 						
	10 8	and allowances		a				
	Ι.	b Less: cost of goods sold						
		c Net income or (loss) from sales						
	-	Miscellaneous Revenue		Business Code	9			
	11 :				*			
		b						
	1	c					1	
	1	d All other revenue						
		e Total. Add lines 11a-11d			000070	0		0.
<u></u>	12	Total revenue. See instructions.		>	290378	. 0	• 1	Form 990 (201
1320 01-2	009 23-12				•			FOITH 990 (201

Part IX | Statement of Functional Expenses

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).

complete columns (B), (C), and (D). Check if Schedule O contains a response	se to any guestion in this	s Part IX		
	(A)	(B)	(C)	(D) Fundraising
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
The second secon				
the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the				
United States. See Part IV, lines 15 and 16				
The set of				
P. Control of the Con				
	68000.	63240.	1360.	3400.
trustees, and key employees Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
SUPERINGENERAL PROPERTY IN THE STATE OF THE	11890.	2378.	8323.	1189.
7 Other salaries and wages 8 Pension plan accruals and contributions (include				
	2040.	1897.	41.	102.
section 401(k) and section 403(b) employer contributions)	13671.	12644.	414.	613.
9 Other employee benefits	6742.	5461.	809.	472.
10 Payroll taxes				
11 Fees for services (non-employees):	340.	340.		
a Management				
b Legal	8286.		8286.	
c Accounting				
d Lobbyinge Professional fundraising services. See Part IV, line 17				
f Investment management fees	73247.	71915.	980.	352.
g Other	, , , , ,			
12 Advertising and promotion	924.	778.	34.	112.
13 Office expenses				
14 Information technology				
15 Royalties	53676.	48308.	3757.	1611.
16 Occupancy	10149.	9686.	319.	144.
17 Travel18 Payments of travel or entertainment expenses				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
	6080.	4298.	229.	1553.
Water and the first but				
20 Interest 21 Payments to affiliates				
	1535.	1243.	246.	46.
The state of the s	1132.	1019.	79.	34.
23 Insurance 24 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 0.)	12050.	12050.		
MHI EDUONE	10988.	10271.		229.
DETMETHE AND DURLTCATTO	4916.	3887.		924.
DOGMACE AND CHIDDING	1747.	1099.	75.	573.
	1566.	1451.		35.
e All other expenses	288979.			11389
and the state of t				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				
132010 01-23-12		A		Form 990 (2011

arı	t X	Balance Sheet		Т	(A)		(B)
					Beginning of year		End of year
Т	1	Cash - non-interest-bearing			23702.	1	40696.
		Savings and temporary cash investments		2	4510		
- 1		Pledges and grants receivable, net			66125.	3	4718
- 1		Accounts receivable, net				4	
- 1	5	Receivables from current and former officers, di	rectors, trust	tees, key			
- 1	J	employees, and highest compensated employe	es. Complete	Part II			
		of Schedule L		5			
		Receivables from other disqualified persons (as					
	٠	4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sec	tion 501(c)(9)) voluntary			
- 1		employees' beneficiary organizations (see instru	ictions)			6	
2	7	Notes and loans receivable, net				7	
Assers	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment: cost or other					
l	ioa	basis. Complete Part VI of Schedule D	10a	12107.			2525
	b	and the supplier of the second of the supplier	10b	8602.	5040.	10c	3505
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14	2515		
	15	Other assets. See Part IV, line 11		2646.	15	2646	
	16	Total assets. Add lines 1 through 15 (must equ	97513.	16	51565		
	17	Accounts payable and accrued expenses	8169.	17	5819		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
w	21	Escrow or custodial account liability. Complete	Part IV of So	chedule D		21	
ii.	22	Payables to current and former officers, director	ors, trustees,	key employees,			
Liabilities		highest compensated employees, and disquali	fied persons	. Complete Part II	0.4500		
Ë		of Schedule L	34600.	22			
	23	Secured mortgages and notes payable to unre		23			
	24	Unsecured notes and loans payable to unrelate	ed third parti	es		24	
	25	Other liabilities (including federal income tax, p	ayables to re	elated third			
		parties, and other liabilities not included on line	s 17-24). Co	mplete Part X of	00544	1 1	12147
		Schedule D			23544.		13147
	26	Total liabilities, Add lines 17 through 25			66313.	26	18966
		Organizations that follow SFAS 117, check I	nere 🕨 🖸	and complete		- 1	
S		lines 27 through 29, and lines 33 and 34.			21200		32599
20	27	Unrestricted net assets			31200		34333
ala	28	Temporarily restricted net assets	******************			28	
d B	29	Permanently restricted net assets		uganam perat arangan		29	
Ë		Organizations that do not follow SFAS 117,	check here	and			
o.		complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current func	ls			30	
250	31	Paid-in or capital surplus, or land, building, or	equipment fu	and		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated	income, or o	ther funds	21000	32	32599
ž	33	Total net assets or fund balances			31200		51565
	34	Total liabilities and net assets/fund balances			97513	• 34	Form 990 (20

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

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