# Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

2012

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

Open to Public Inspection

Form **990-EZ** (2012)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  Check if the organization used Schedule O to respond to any question in this Part I  1 Contributions, gifts, grants, and similar amounts received  2 Program service revenue including government fees and contracts.  3 Membership dues and assessments.  4 Investment income.  5 a Gross amount from sale of assets other than inventory.  5 b Less: cost or other basis and sales expenses.  c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  6 Gaming and fundraising events  a Gross income from gaming (attach Schedule G if greater than \$15,000).  6 b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).  6 Less: direct expenses from gaming and fundraising events.  6 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).  7 a Gross sales of inventory, less returns and allowances.  5 b Less: cost of goods sold.  7 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).  8 Other revenue (describe in Schedule O).  8	Ā		the 2012 calendar year, or tax year beginning , 2012, and ending	,
THE 1947 PARTITION ARCHIVE   Temmated   Amended return   Aspication periodic   Application   Application Ap	뭐			Employer identification number
PMB 95.05   BERKELEY, CA 94709   F Group Exemption   Application permiting   Amended return   Amende	$\vdash$	:	TOTAL TOTAL DEPARTMENT ADMITTED	45-2669508
Terminated Amended return   Appelication princing	F	1	return PMB 9505	Telephone number
G Accounting Method: ∑ Cash	F	1	IBERKELEY CA 94709	
Applications permiting   Accounting Methods:   Cash   Accrual Other (specify) *   H Check,   M If the organization is not required to attach Schedule B (Form 990 Feeting)   Feeting   H Check,   M If the organization is not a section 509(a)(3)   S0l(c)(1)   *(insert no.)   497(a)(1) or   S07   S09. 990. FEZ, or 990. FF).		Amen	ded return	Group Exemption
Website: * N/A   required to attach Schedule B (Form 97 Tax-exempt status (deck only one) —		Applic		Number
Tax-exempt status (neck only one)	G	Acco	ounting Method: X Cash Accrual Other (specify) ► H Check •	► X if the organization is <b>not</b>
R Check   Main   The organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-E2 or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.  L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.   • \$ 32,777.    Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	1	Web	21/ 22	
normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.  L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 2b, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$32,7777.  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  Check if the organization used Schedule 0 to respond to any question in this Part I. [X]  1 Contributions, gifts, grants, and similar amounts received. 1 1 32,7777.  2 Program service revenue including government fees and contracts. 2 3 Membership dues and assessments. 3 4 Investment income. 4 4 5 a Gross amount from sale of assets other than inventory. 5 a 5 a 5 a Gross amount from sale of assets other than inventory. 5 a 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a 5 c 6 Gaming and fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions for foundraising events reported on line 1) (attach Schedule G if the sum of such gross income from gaming and fundraising events (add lines \$ 6 a d 6 b 6 c 6 c 6 c 6 c 6 c 6 c 6 c 6 c 6 c	J	Tax-e	xempt status (check only one) — 🔀 501(c)(3) ☐ 501(c)( ) ◀(insert no.) ☐ 4947(a)(1) or ☐ 527 990, 990	)-EZ, or 990-PF).
normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.  L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 2b, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$32,7777.  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  Check if the organization used Schedule 0 to respond to any question in this Part I. [X]  1 Contributions, gifts, grants, and similar amounts received. 1 1 32,7777.  2 Program service revenue including government fees and contracts. 2 3 Membership dues and assessments. 3 4 Investment income. 4 4 5 a Gross amount from sale of assets other than inventory. 5 a 5 a 5 a Gross amount from sale of assets other than inventory. 5 a 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a 5 c 6 Gaming and fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions for foundraising events reported on line 1) (attach Schedule G if the sum of such gross income from gaming and fundraising events (add lines \$ 6 a d 6 b 6 c 6 c 6 c 6 c 6 c 6 c 6 c 6 c 6 c	ĸ	Chec	$\mathbb{R} \times \overline{X}$ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization	ion <b>and</b> its gross receipts are
L Add lines 5b, 6c, and 7b, 1o line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.  \$\frac{1}{8}\$ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule 0 to respond to any question in this Part I.  1 Contributions, gifts, grants, and similar amounts received. 1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments. 4 Investment income. 4		norm	nally <b>not</b> more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-p	
assets (Part II), line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.  \$32,777.  Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I.				
Check if the organization used Schedule O to respond to any question in this Part L	L	Add asse	lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if ts (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	total ►\$ 32,777.
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments. 4 Investment income. 5 a Gross amount from sale of assets other than inventory. 5 b Less: cost or other basis and sales expenses. 5 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). 6 Gaming and fundraising events (not including \$\frac{1}{2}\$ of contributions from fundraising events (not including \$\frac{1}{2}\$ of contributions from fundraising events (not including \$\frac{1}{2}\$ of contributions for such gross income and contributions exceeds \$15,000). 6 Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7 a Gross sales of inventory, less returns and allowances. 7 b Less: cost of goods sold. 7 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7 c Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 32, 777. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 14 Printing, publications, postage, and shipping. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 10, 932.	Pa	irt I		
2 Program service revenue including government fees and contracts. 3 Membership dues and assessments. 4 Investment income. 5 Gross amount from sale of assets other than inventory. 5 Less: cost or other basis and sales expenses. 5 C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 6 Gaming and fundraising events a Gross income from fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions of such gross income and contributions exceeds \$15,000). 6 Less: direct expenses from gaming and fundraising events. 6 Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7 a Gross sales of inventory, less returns and allowances. 7 Less: cost of goods sold. 7 C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7 C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7 C Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 10 10, 932.				
3 Membership dues and assessments. 4 Investment income. 5a Gross amount from sale of assets other than inventory. 5 Less: cost or other basis and sales expenses. 5 C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 6 C Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). 6 C Gaming and fundraising events (not including \$ 6 C Gaming and fundraising events (not including \$ 7 C C C C C C C C C C C C C C C C C C C		1		32,111.
4 Investment income. 5 a Gross amount from sale of assets other than inventory. b Less: cost or other basis and sales expenses. c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events (not including \$\frac{5}{5}\$ of such gross income from fundraising events (not including \$\frac{5}{5}\$ of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7 a Gross sales of inventory, less returns and allowances. 7 b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 32, 777. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 11   Carants and similar amounts paid (list in Schedule O). 12   Salaries, other compensation, and employee benefits. 13   A, 914. 14   Occupancy, rent, utilities, and maintenance. 15   Printing, publications, postage, and shipping. 16   Other expenses (describe in Schedule O). 17   Total expenses. Add lines 10 through 16. 18   Excess or (deficit) for the year (Subtract line 17 from line 9). 18   Excess or (deficit) for the year (Subtract line 17 from line 9). 18   Excess or (deficit) for the year (Subtract line 17 from line 9).		2		
5a Gross amount from sale of assets other than inventory.  b Less: cost or other basis and sales expenses.  c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).  6 Gaming and fundraising events  a Gross income from gaming (attach Schedule G if greater than \$15,000).  b Gross income from fundraising events (not including \$  of contributions  from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).  c Less: direct expenses from gaming and fundraising events  d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).  7a Gross sales of inventory, less returns and allowances.  b Less: cost of goods sold.  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).  8 Other revenue (describe in Schedule O).  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.  9 32, 777.  10 Grants and similar amounts paid (list in Schedule O).  11 Benefits paid to or for members.  12 2  13 Professional fees and other payments to independent contractors.  13 4, 914.  14 Occupancy, rent, utilities, and maintenance.  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O).  17 Total expenses. Add lines 10 through 16.  18 Excess or (deflicti) for the year (Subtract line 17 from line 9).  18 Excess or (deflicti) for the year (Subtract line 17 from line 9).  18 Excess or (deflicti) for the year (Subtract line 17 from line 9).		3	·	
b Less: cost or other basis and sales expenses.  c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).  6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000).  b Gross income from fundraising events (not including \$  of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).  c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).  7a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold.  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).  8 Other revenue (describe in Schedule O).  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.  10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 13 4, 914. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 7f from line 9). 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 In		1 .		4
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).  6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events (not including \$		1		
6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000)		1		
a Gross income from gaming (attach Schedule G if greater than \$15,000). 6 a b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). 6 b c Less: direct expenses from gaming and fundraising events. 6 c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 6 d Sess: cost of goods sold. 7 b C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7 c Section of Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7 c Section of Grants and similar amounts paid (list in Schedule O). 8 Section of Grants and similar amounts paid (list in Schedule O). 10 Section of Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 11 Salaries, other compensation, and employee benefits. 12 Salaries, other compensation, and employee benefits. 14 Occupancy, rent, utilities, and maintenance. 14 Section of Grants and maintenance. 15 Printing, publications, postage, and shipping 15 Cother expenses (describe in Schedule O). SEE SCHEDULE O 16 16, 931. 17 Total expenses. Add lines 10 through 16 Fig. 21, 845. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 10, 932.		(		56
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b c Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d b Less: cost of goods sold. 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 32,777.  10 Grants and similar amounts paid (list in Schedule O) 10 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 14 Occupancy, rent, utilities, and maintenance 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 Coher expenses (describe in Schedule O). SEE SCHEDULE 0 16 16, 931, 17 Total expenses. Add lines 10 through 16 17 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 10, 932.	_	_		
c Less: direct expenses from gaming and fundraising events	Ë	1		
c Less: direct expenses from gaming and fundraising events	Ě			
c Less: direct expenses from gaming and fundraising events	Ď		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).  7a Gross sales of inventory, less returns and allowances.  7a b Less: cost of goods sold.  7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).  7c 8 Other revenue (describe in Schedule O).  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.  10 Grants and similar amounts paid (list in Schedule O).  11 Benefits paid to or for members.  12 Salaries, other compensation, and employee benefits.  12 Salaries, other compensation, and employee benefits.  13 Professional fees and other payments to independent contractors.  14 Occupancy, rent, utilities, and maintenance.  15 Printing, publications, postage, and shipping.  16 Other expenses (describe in Schedule O).  17 Total expenses. Add lines 10 through 16.  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  18 10 Occupancy.  19 Occupancy.  10 Occupancy.  11 Occupancy.  12 Occupancy.  13 Occupancy.  14 Occupancy.  15 Other expenses (describe in Schedule O).  16 16, 931.  17 Occupancy.  18 10 Occupancy.  19 Occupancy.  10 Occupancy.  11 Occupancy.  12 Occupancy.  13 Occupancy.  14 Occupancy.  15 Occupancy.  16 Occupancy.  17 Occupancy.  18 10 Occupancy.  18 10 Occupancy.  18 10 Occupancy.  19 Occupancy.  10 Occupancy.  11 Occupancy.  12 Occupancy.  13 Occupancy.  14 Occupancy.  15 Occupancy.  16 Occupancy.  17 Occupancy.  18 Occupancy.  18 Occupancy.  19 Occupancy.  10 Occupancy.  11 Occupancy.  12 Occupancy.  13 Occupancy.  14 Occupancy.  15 Occupancy.  16 Occupancy.  17 Occupancy.  18 Occupancy.  19 Occupancy.  10 Occupancy.  11 Occupancy.  12 Occupancy.  13 Occupancy.  14 Occupancy.  15 Occupancy.  16 Occupancy.	E	١,		
6b and subtract line 6c).  7a Gross sales of inventory, less returns and allowances.  b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).  8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.  10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16.  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  18 In the subtract line 6d defined and allowances.  7a				
Ta Gross sales of inventory, less returns and allowances b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).  8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.  10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16.  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  18 In Joy 322.		°		6d
b Less: cost of goods sold.  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).  8 Other revenue (describe in Schedule O).  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.  10 Grants and similar amounts paid (list in Schedule O).  11 Benefits paid to or for members.  12 Salaries, other compensation, and employee benefits.  13 Professional fees and other payments to independent contractors.  14 Occupancy, rent, utilities, and maintenance.  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O).  17 Total expenses. Add lines 10 through 16.  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  18 Excess or (deficit) for the year (Subtract line 17 from line 9).		7 a		
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.  10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16.  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  8 9 32,777.  10 11 11 12 11 12 11 12 11 11 12 11 11 12 11 11		1		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.  10 Grants and similar amounts paid (list in Schedule O).  11 Benefits paid to or for members.  12 Salaries, other compensation, and employee benefits.  13 Professional fees and other payments to independent contractors.  14 Occupancy, rent, utilities, and maintenance.  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O).  17 Total expenses. Add lines 10 through 16.  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  10   11   12   13		(	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).	7с
10 Grants and similar amounts paid (list in Schedule O).  11 Benefits paid to or for members.  12 Salaries, other compensation, and employee benefits.  13 Professional fees and other payments to independent contractors.  14 Occupancy, rent, utilities, and maintenance.  15 Printing, publications, postage, and shipping.  16 Other expenses (describe in Schedule O).  17 Total expenses. Add lines 10 through 16.  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  10  11  12  13  4,914.  14  5  5  5  5  5  6  7  7  7  7  7  7  7  7  7  7  7  7		8	Other revenue (describe in Schedule O)	8
The Grants and Silman amounts paid (list received of some part o		9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	.► 9 32,777.
Total expenses. Add lines 10 through 16.  Salaries, other compensation, and employee benefits.  12 Salaries, other compensation, and employee benefits.  13 4,914.  14 Occupancy, rent, utilities, and maintenance.  15 Printing, publications, postage, and shipping.  16 Other expenses (describe in Schedule O).  17 Total expenses. Add lines 10 through 16.  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  19 SEE SCHEDULE O.  10 16 16,931.  11 2 18 Excess or (deficit) for the year (Subtract line 17 from line 9).  10 18 10 10 10 10 10 10 10 10 10 10 10 10 10	_	10		``
13		11		
Professional fees and other payments to independent contractors.  13 4,914.  14 Occupancy, rent, utilities, and maintenance.  15 Printing, publications, postage, and shipping.  16 Other expenses (describe in Schedule O).  17 Total expenses. Add lines 10 through 16.  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  18 13 4,914.  19 15 15 15 16 16,931.  18 10,932.	E	12	Salaries, other compensation, and employee benefits	12
16 Other expenses (describe in Schedule O).       3545 Schedule O.       16 16, 931.         17 Total expenses. Add lines 10 through 16.       17 21, 845.         18 Excess or (deficit) for the year (Subtract line 17 from line 9).       18 10, 932.		13		
16 Other expenses (describe in Schedule O).       3545 Schedule O.       16 16, 931.         17 Total expenses. Add lines 10 through 16.       17 21, 845.         18 Excess or (deficit) for the year (Subtract line 17 from line 9).       18 10, 932.	Ñ	14		
16 Other expenses (describe in Schedule O).       3545 Schedule O.       16 16, 931.         17 Total expenses. Add lines 10 through 16.       17 21, 845.         18 Excess or (deficit) for the year (Subtract line 17 from line 9).       18 10, 932.	Ĕ	15	Printing, publications, postage, and shipping	15
17 Total expenses. Add lines 10 through 16	-	i i	Other expenses (describe in Schedule O).	16 16,931.
18 Excess or (deficit) for the year (Subtract line 17 from line 9).  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).  20 Other changes in net assets or fund balances (explain in Schedule O).  20			Total expenses. Add lines 10 through 16	21,845.
NS 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	A			6.265a/Clar.**
Tigure reported on prior year's return)	NS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-y	carj
e i zu - Omer changes in het assets of jung palatices (explain in ochequie O)	ŤÉ			
21 Net assets or fund balances at end of year. Combine lines 18 through 20	Ś		Other changes in her assets or runu balances (explain in Schedule O)	► 21 17,026.

TEEA0803L 12/07/12

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Page 2

L C	Check if the organization used Sche	dule O to respond to any qu	estion in this Part II	l. , ,			X
				(A) Beginning			(B) End of year
22	Cash, savings, and investments				,004		12,277.
23	Land and buildings					23	,, <u>-</u> _,
24	Other assets (describe in Schedule O)	SEE SCHEDULI	Ε.Ο	5.	799	. 24	4,749.
25	Total assets				803		17,026.
26	Total liabilities (describe in Schedule O)	SEE SCHEDULI	Ε.Ο		709	$\rightarrow$	0.
27	Net assets or fund balances (line 27 of	column (B) must agree with	line 21)		094		17,026.
	t III Statement of Program Service Ac				1	• 1 1	Expenses
What Desi mea bene	Check if the organization used Schisthe organization's primary exempt purpose? SEE cribe the organization's program service as sured by expenses. In a clear and concise fited, and other relevant information for e	hedule O to respond to any o	question in this Part			(c)(3) organ 4947	uired for section 501 and 501(c)(4) nizations and section (a)(1) trusts; optional hers.)
28	SEE SCHEDULE O  Grants \$ ) If this	s amount includes foreign g	rants, check here		<u></u>	28 a	
23							
	(Grants \$ ) If thi	s amount includes foreign g	rants, check here		▶ ∐	29 a	
30	(Grants \$ ) If thi	is amount includes foreign g	rants, check here		 	30 a	
31	Other program services (describe in Sch						
		s amount includes foreign g				31 a	
	Total program service expenses (add lin					32	
Pai	t IV List of Officers, Directors,	Trustees, and Key Emp	loyees. List each on	e even if not compe	nsated.	(see the	e instructions for Part IV.)
	Check if the organization used Sci			C. D I. L 141			<u></u>
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensa (Forms W-2/1099-MIS) (If not paid, enter -0-	contributions	to emploand def	ovee	(e) Estimated amount of other compensation
EXI	. GUNEETA SINGH BHALLA	0		0.		0.	0.
	EEM_ZAFAR EASURER	0		0.		0.	0.
							····
					-		
					<u> </u>		
			2/14/12				Form 000 E7 (2012)
BAA	1	TEEA0812L	J3/14/13				Form <b>990-EZ</b> (2012)

Page 3

Pa	the instructions for Part V) Check if the organization used Schedule O to respond to any				IAI
		'		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		33	163	X
34					
	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		. 34		Х
35 a	$_{ m a}$ Did the organization have unrelated business gross income of \$1,000 or more during the year from $^{\circ}$		-		<b>—</b>
	(such as those reported on lines 2, 6a, and 7a, among others)?				X
	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an				
•	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to sect reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part II	ion 6033(e) notice,	35 c		х
	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.				X
37 :	a Enter amount of political expenditures, direct or indirect, as described in the instructions.		) 30		^
	b Did the organization file <b>Form 1120-POL</b> for this year?		, З7 b		Х
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key any such loans made in a prior year and still outstanding at the end of the tax year covered	employee or were	38 a		X
ł	b If 'Yes,' complete Schedule L, Part II and enter the total		<b>30</b> a		
	amount involved	38 b N/	'A 🔠	117	
	Section 501(c)(7) organizations. Enter:			3.5	
	a Initiation fees and capital contributions included on line 9	39 a N/	28-56/2 YERGANE	111	
	Gross receipts, included on line 9, for public use of club facilities	39 b N/	<u>'A</u>		200
40 a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the				4.73
	section 4911 ► 0_; section 4912 ► 0_; section 4955		. Kii	3.9	
1	s Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 49 transaction during the year or did it engage in an excess benefit transaction in a prior year that has	58 excess benefit	NO.1448	境地	
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		40 ь		Х
	section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization		4	4	
	managers or disqualified persons during the year under sections 4912, 4955, and 4958	<b>&gt;</b>	) <u>.</u>	7.	7 7 -
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed		2.73		\$2.40 Mills # 2 . 15
•	by the organization	· · · •	) <u>.</u>		
	All organizations. At any time during the tax year, was the organization a party to a prohibite	d tax	- Kar		v
,	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T	d tax	0 . 40 e		X
,	All organizations. At any time during the tax year, was the organization a party to a prohibite	d tax	- Kar		X
,	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T	d tax	- Kar	28 ASI (S	X
41	a All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T	d tax	- Kar	28 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	X
41	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T	d tax	40 e	-025	
41	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T.  List the states with which a copy of this return is filed NONE  The organization's books are in care of KUMAR ABHEYJIT SINGH	d tax	40 e	-025	
41 42 a	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T.  List the states with which a copy of this return is filed NONE  The organization's books are in care of KUMAR ABHEYJIT SINGH  Located at 505 14TH STREET # 950 OAKLAND CA	Telephone no. ► <u>(510</u> ZIP + 4 ► <u>946</u> 1	40 e	-025 Yes	
41 42 a	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T.  List the states with which a copy of this return is filed NONE  The organization's books are in care of KUMAR ABHEYJIT SINGH	Telephone no. ► <u>(510</u> ZIP + 4 ► <u>946</u> 1	40 e		57
41 42 a	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T.  List the states with which a copy of this return is filed NONE  The organization's books are in care of KUMAR ABHEYJIT SINGH  Located at 505 14TH STREET # 950 OAKLAND CA	Telephone no. ► <u>(510</u> ZIP + 4 ► <u>946</u> 1	40 e		57 No
41 42 a	a All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T.  List the states with which a copy of this return is filed NONE  The organization's books are in care of KUMAR ABHEYJIT SINGH  Located at 505 14TH STREET # 950 OAKLAND CA  At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account.	Telephone no. ► <u>(510</u> ZIP + 4 ► <u>946</u> 1	40 e		57 No
41 42 a	a All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T.  List the states with which a copy of this return is filed NONE  The organization's books are in care of KUMAR ABHEYJIT SINGH  Located at 505 14TH STREET # 950 OAKLAND CA  At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account.	Telephone no. ► <u>(510</u> ZIP + 4 ► <u>946</u> 1	40 e		57 No
41 42 a	a All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T.  List the states with which a copy of this return is filed NONE  The organization's books are in care of KUMAR ABHEYJIT SINGH  Located at 505 14TH STREET # 950 OAKLAND CA  At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account.	Telephone no. ► <u>(510</u> ZIP + 4 ► <u>946</u> 1	40 e		57 No
41 42 <i>2</i>	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed NONE  The organization's books are in care of KUMAR ABHEYJIT SINGH  Located at 505 14TH STREET # 950 OAKLAND CA  At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other fill 'Yes,' enter the name of the foreign country.  See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Fina	Telephone no. (510 ZIP + 4 9461 authority over a nancial account)?	40 e		No X
41 42 <i>2</i>	a All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T.  List the states with which a copy of this return is filed ► NONE  The organization's books are in care of ► KUMAR ABHEYJIT SINGH  Located at ► 505 14TH STREET # 950 OAKLAND CA  At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other fil 'Yes,' enter the name of the foreign country. ►	Telephone no. (510 ZIP + 4 9461 authority over a nancial account)?	40 e		57 No
41 42 <i>2</i>	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed NONE  The organization's books are in care of KUMAR ABHEYJIT SINGH  Located at 505 14TH STREET # 950 OAKLAND CA  At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other fill 'Yes,' enter the name of the foreign country.  See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Fina	Telephone no. (510 ZIP + 4 9461 authority over a nancial account)?	40 e		No X
41 42 <i>2</i>	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T.  List the states with which a copy of this return is filed NONE  The organization's books are in care of KUMAR ABHEYJIT SINGH  Located at 505 14TH STREET # 950 OAKLAND CA  At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other fill '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 Finals At any time during the calendar year, did the organization maintain an office outside of the Legisland or the second of the Legisland or the second or the	Telephone no. (510 ZIP + 4 9461 authority over a nancial account)?	40 e		No X
41 422	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T.  List the states with which a copy of this return is filed NONE  The organization's books are in care of KUMAR ABHEYJIT SINGH  Located at 505 14TH STREET # 950 OAKLAND CA  At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other fill '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 Finals At any time during the calendar year, did the organization maintain an office outside of the Legisland or the second of the Legisland or the second or the	Telephone no. (510 ZIP + 4 9461 authority over a nancial account)?	40 e		No X
41 422	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T.  List the states with which a copy of this return is filed NONE  The organization's books are in care of KUMAR ABHEYJIT SINGH  Located at 505 14TH STREET # 950 OAKLAND CA  At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other file '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 Finals At any time during the calendar year, did the organization maintain an office outside of the Life 'Yes,' enter the name of the foreign country.	Telephone no. \( \sum_{\text{(510}} \) ZIP + 4 \( \sum_{\text{9461}} \) authority over a nancial account)?	40 e  1) 832 2		No X
41 422	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T	Telephone no. \( \sum_{\text{(510}} \) \( \text{ZIP} + 4 \sum_{\text{9461}} \) \( \text{authority over a nancial account)?} \) \( \text{ncial Accounts.} \) \( \text{J.S.?} \)	40 e  1) 832 2		No X
41 422	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T.  List the states with which a copy of this return is filed NONE  The organization's books are in care of KUMAR ABHEYJIT SINGH  Located at 505 14TH STREET # 950 OAKLAND CA  At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other file '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 Finals At any time during the calendar year, did the organization maintain an office outside of the Life 'Yes,' enter the name of the foreign country.	Telephone no. \( \sum_{\text{(510}} \) \( \text{ZIP} + 4 \sum_{\text{9461}} \) \( \text{authority over a nancial account)?} \) \( \text{ncial Accounts.} \) \( \text{J.S.?} \)	40 e  1) 832 2	Yes	No X X X N/A
41 422	All organizations. At any time during the tax year, was the organization a party to a prohibited shelter transaction? If 'Yes,' complete Form 8886-T.  List the states with which a copy of this return is filed NONE  The organization's books are in care of KUMAR ABHEYJIT SINGH  Located at 505 14TH STREET # 950 OAKLAND CA  At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other file '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 Finals At any time during the calendar year, did the organization maintain an office outside of the Life 'Yes,' enter the name of the foreign country.  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Cland enter the amount of tax-exempt interest received or accrued during the tax year.	Telephone no. \( \sum_{\text{(510}} \) \( \text{ZIP} + 4 \sum_{\text{9461}} \) \( \text{authority over a nancial account)?} \) \( \text{ncial Accounts.} \) \( \text{J.S.?} \)	40 e  1) 832 2		No X
41 422	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T.  List the states with which a copy of this return is filed NONE  The organization's books are in care of KUMAR ABHEYJIT SINGH  Located at 505 14TH STREET # 950 OAKLAND CA  At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other file '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 Finals At any time during the calendar year, did the organization maintain an office outside of the Life 'Yes,' enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Cland enter the amount of tax-exempt interest received or accrued during the tax year.  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be	Telephone no. \( \sum_{\text{(510}} \) \( \sum_{\text{IP}} + 4 \sum_{\text{9461}} \) \( \sum_{\text{authority over a nancial account)?}} \) \( \sum_{\text{ncial Accounts.}} \) \( \sum_{\text{S.?}} \) \( \sum_{\text{ncial kero}} \) \( \sum_{\text{accounts.}} \) \( \sum_{	40 e  1) _ 832 2  42 b  42 c	Yes	No X X X N/A N/A
41 422	a All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T.  List the states with which a copy of this return is filed NONE  The organization's books are in care of KUMAR ABHEYJIT SINGH  Located at 505 14TH STREET # 950 OAKLAND CA  At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other file 'Yes,' enter the name of the foreign country.  See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Fina At any time during the calendar year, did the organization maintain an office outside of the Life 'Yes,' enter the name of the foreign country.  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Cland enter the amount of tax-exempt interest received or accrued during the tax year.  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ.	Telephone no. \( \sum_{\left(\frac{510}{61}\)} \) \( 2 \text{IP} + 4 \sum_{\left(\frac{9461}{61}\)} \) \( \text{authority over a nancial account} \)? \( \text{ncial Accounts.} \) \( \text{J.S.?} \) \( \text{neck here} \) \( \text{left(\frac{43}{61}\)} \) \( \text{completed instead} \) \( \text{be completed} \)	40 e  1) 832 2 - 42 b 42 c	Yes	No X  N/A  N/A  N/A
41 42 2 1 43 443	a All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If "Yes," complete Form 8886-T.  List the states with which a copy of this return is filed NONE  The organization's books are in care of KUMAR ABHEYJIT SINGH  Located at 505 14TH STREET # 950 OAKLAND CA  At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other file "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 Fina At any time during the calendar year, did the organization maintain an office outside of the Left "Yes," enter the name of the foreign country.  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Cland enter the amount of tax-exempt interest received or accrued during the tax year.  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be of Form 990-EZ.  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be instead of Form 990-EZ.	Telephone no. \( \sum_{\left(\frac{510}{43}\right)} \) \( \text{ZIP} + 4 \sum_{\left(\frac{9461}{61}\right)} \) \( \text{rauthority over a nancial account} \)? \( \text{ncial Accounts.} \) \( \text{J.S.?.} \)	40 e  40 e  42 b  42 c	Yes	NO X X N/A N/A NO X
41 422	a All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T.  List the states with which a copy of this return is filed NONE  The organization's books are in care of KUMAR ABHEYJIT SINGH  Located at 505 14TH STREET # 950 OAKLAND CA  At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other fill '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 Final At any time during the calendar year, did the organization maintain an office outside of the Life 'Yes,' enter the name of the foreign country.  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Chand enter the amount of tax-exempt interest received or accrued during the tax year.  Build the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ.  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ.	Telephone no. \( \sum_{\left(\frac{510}{43}\right)} \) \( \text{ZIP} + 4 \sum_{\left(\frac{9461}{61}\right)} \) \( \text{rauthority over a nancial account} \)? \( \text{ncial Accounts.} \) \( \text{J.S.?.} \)	40 e  40 e  42 b  42 c	Yes	No X  N/A  N/A  N/A
41 42 2 42 2 43 44 44 44 44 44 44 44 44 44 44 44 44	a All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T.  List the states with which a copy of this return is filed NONE  The organization's books are in care of KUMAR ABHEYJIT SINGH  Located at 505 14TH STREET # 950 OAKLAND CA  At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other file '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 Fina At any time during the calendar year, did the organization maintain an office outside of the Lif 'Yes,' enter the name of the foreign country.*  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Cl and enter the amount of tax-exempt interest received or accrued during the tax year.  Bolid the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ.  Bolid the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ.  Cold the organization receive any payments for indoor tanning services during the year? If 'Yes,' form 990 must instead of Form 990-EZ.	Telephone no. \( \sum_{\text{(510}} \) \( 2\text{IP} + 4 \sum_{\text{9461}} \) \( 2\text{IP} + 4 \sum_{\text{100}} \) \( 2	40 e  40 e  42 b  42 c  444 c  444 c  444 c  444 c	Yes	N/A X N/A N/A No X
41 422 1 43 443 45	a All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T.  List the states with which a copy of this return is filed NONE  The organization's books are in care of KUMAR ABHEYJIT SINGH  Located at 505 14TH STREET # 950 OAKLAND CA  At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country.  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finals At any time during the calendar year, did the organization maintain an office outside of the Lif 'Yes,' enter the name of the foreign country.  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Chand enter the amount of tax-exempt interest received or accrued during the tax year.  Build the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ.  Build the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ.  C Did the organization receive any payments for indoor tanning services during the year?	Telephone no. \( \sum_{\left(\frac{510}{41}\)} \) \( 2 \text{IP} + 4 \sum_{\left(\frac{9461}{41}\)} \) \( 2 \text{IP} + 4 \sum_{\left(\frac{9461}{41}\)} \) \( 2 \text{IP} + 4 \sum_{\left(\frac{9461}{41}\)} \) \( 3 \text{Incial Accounts.} \) \( 3 \text{Incial Accounts.} \) \( 4 In	40 e  40 e  42 b  42 c  444 c  444 c  444 c  444 c	Yes	N/A X N/A N/A No X X
41 422 1 43 443 45	a All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T.  List the states with which a copy of this return is filed  NONE  The organization's books are in care of  KUMAR ABHEYJIT SINGH  Located at  505 14TH STREET  950 OAKLAND CA  At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other file '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 Fina At any time during the calendar year, did the organization maintain an office outside of the Lif 'Yes,' enter the name of the foreign country.  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Cl and enter the amount of tax-exempt interest received or accrued during the tax year.  Bold the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ.  Do Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ.  Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' Form 990 must instead of Form 990-EZ.  Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' Form 990 must for indoor tanning services during the year? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.  Do by the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section.	Telephone no. \( \sum_{\text{(510}} \) \( 2 \text{IP} + 4 \sum_{\text{9461}} \) \( 2 \text{IP} + 4 \sum_{\text{9461}} \) \( 3 \text{authority over a nancial account)?} \) \( \text{ncial Accounts.} \) \( \text{J.S.?.} \) \( \text{nceck here.} \( \text{43} \) \( \text{loop} \) \( \text{completed instead} \) \( \text{be completed} \) \( \text{noncompleted}	40 e  40 e  42 b  42 c  442 c  444 c  444 d  45 a	Yes	N/A N/A N/A X X X
41 422 1 43 443 45	a All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T.  List the states with which a copy of this return is filed NONE  The organization's books are in care of KUMAR ABHEYJIT SINGH  Located at 505 14TH STREET # 950 OAKLAND CA  At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country.  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finals At any time during the calendar year, did the organization maintain an office outside of the Lif 'Yes,' enter the name of the foreign country.  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Chand enter the amount of tax-exempt interest received or accrued during the tax year.  Build the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ.  Build the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ.  C Did the organization receive any payments for indoor tanning services during the year?	Telephone no. \( \sum_{\text{(510}} \) \( 2 \text{IP} + 4 \sum_{\text{9461}} \) \( 3 \text{Incial Accounts.} \) \( 3 \text{J.S.?.} \) \( 3 \text{Incial Accounts.} \) \( 4 \text{J.S.?.} \) \( 4 \text{Incial Accounts.} \) \( 4 \text{J.S.?.} \) \( 3 \text{J.S.?.} \) \( 4 \text{J.S.?.} \) \( 3 \text{J.S.?.} \) \( 4 \text{J.S.?.} \) \( 3 \text{J.S.?.} \) \( 4 \text{J.S.?.} \) \( 3 \text{J.S.?.} \) \( 4 \text{J.S.?.} \) \( 3 \text{J.S.?.} \) \( 4 \text{J.S} \) \(	40 e  40 e  42 b  42 c  442 c  444 c  444 d  45 a	Yes Yes	N/A X N/A N/A No X X X

Page 4

<b>46</b> Did tl	he organization engage, directly or indire	ctly, in political campa	ign activities	on behalf o	of or in opposition to		Yes	No
cand	idates for public office? If 'Yes,' complete	Schedule C, Part I						Х
Part VI			uestions 4	17-49b an	d 52, and complete	e the tab	es	
	Check if the organization used Schedu	le O to respond to any	question in	this Part VI.				🔲
47 Did th	ne organization engage in Johnving activities	or have a section 501(h)	election in a	effect during	the tay year? If 'Yes '		Yes	No
comp	ete Schedule C, Part II	······································				47		X
	•			•			ļ	Х
	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to acandidates for public office? If Yes, complete Schedule C, Part I.  VIS Section 501 (c)(3) organizations only  All section 501 (c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI.  Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If Yes.  Ves No complete Schedule C, Part II.  If Yes, was the related organization ascern 170(b)(1)(A)(ii)? If Yes, complete Schedule E.  48							
46 Did the organization engage, directly or indirectly, in potitical campidates for public office? If "Yes," complete Schedule C, Part I.  Part VIII Section 501(c)(3) organizations only  All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI.  70 Did the organization assent in lobury ng activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.  81 In the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.  82 In the organization as school as described in section 520 organization?  83 In the organization as school as described in section 520 organization?  94 In "Yes," was the related organization as section 520 organization as table for the organizations for the propriets compensated employees (after than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter None.  (a) Name and attries to the organization is five highest compensated organization. If there is none, enter None.  (b) Name and attries to the organization is five highest compensated organization. If there is none, enter None.  (c) Name and attries of each independent contractors each receiving over \$100,000 or compensation from the organization if the response of each independent contractors who each received more than \$100,000 or compensation from the organization if the response of each independent contractors are all response or the properties of each independent contractors each receiving over \$100,000  1 Total number of other independent contractors each receiving over \$100,000  1 Total number of other independent contractors each receiving over \$100,000  1 Total number of other independent contractors each receiving over \$100,000  1 Total number of other independent contractors each receiving over \$100,0	L							
	(a) Name and title of each employee paid more than \$100,000	per week devoted	(c) Reportable (Forms W-2	compensation /1099-MISC)	contributions to employee benefit plans, and deferred			
NONE								
					-			
Figure 2012   Total number of other employees paid over \$10,000								
			1			1		
51 Comp	lete this table for the organization's five high	hest compensated indepensions one enter 'None '	endent contra	actors who ea	ach received more than \$	\$100,000 of		
				<b>(b)</b> Type (	of service	(c) Con	pensatio	n
NONE								<del></del>
								—
					47(a)(1) nonexempt	► XYe	s [	No
Under penaltie	s of perjury, I declare that I have examined this return,	including accompanying sche	dules and statem	nents, and to the	e best of my knowledge and be	elief, it is	•	
ude, correct, a	Language Complete. Declaration of property (outside distribution)	, 15 52552 617 617 117 117 117 117 117 117 117 117		,				
46 bit the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to 66 x  Part VF Section 501 (C)(3) organizations only  All succions 501 (C)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  Check if the organization engage in icobying activities or have a section 501(n) election in this Part VI.  47 bid the organization engage in icobying activities or have a section 501(n) election in effect during the tax year? If Yes.'  48 bid the organization engage in icobying activities or have a section 501(n) election in effect during the tax year? If Yes.'  49 bid the organization engage in icobying activities or have a section 501(n) election in effect during the tax year? If Yes.'  49 bid the organization assertion 527 organization?  49 bid the organization assertion 527 organization?  50 Complete this table for the organization is section 527 organization?  40 bid the organization assertion 527 organization?  41 Total number of other employees paid over \$100,000 compensation time the organization structure of the organization is section 527 organization?  42 Organization organization assertion 50 organization of the organization organization is section 50 organization orga								
48 Dut the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to 45 X  Part VI Scton 501(c/3) organizations only  Also Also Also Also Also Also Also Also								
		Preparer's signature	· · · · · · · · · · · · · · · · · · ·	Date	1 1 1	PTIN		
Daid		RAVINDER SINGE	I, CPA	7/05/1		P005367	88	
		LLP						
Mar. 41 . 47			uctions	<del></del>	Prione no. (5)			
may the IR	so discuss this return with the preparer si	HOWIT ADOVE: See ITS!				Form 9		<u> </u>

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

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

2012

Employer identification number

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.

Open to Public Inspection

OMB No. 1545-0047

101110		. organization											
									See ir	<u>nstruct</u>	ions.		
The o	rga	•		•	_		-						
1	Ш	·				section	170(b)	(1)(A)(i)	•				
2	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 is a Type I, Type II or Type III supporting organization, check this box.  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  Yes No  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  11g (ii) 11g (iii) 11g (iii)												
3	Ц												
4	Ш		-	in conjunction with a h	ospital o	describe	d in sec	tion 17	0(b)(1)(A	A)(iii). Er	nter the hos	spital's	•
	_	•				, <del>- , -</del> .							
5		170(b)(1)(A)(iv). (Co	mplete Part II.)	_					unit des	scribed in	section		
6	Ц		•								P. J 26		
7	X	in section 170(b)(1)(	<b>A)(vi).</b> ´ (Complete Par	t II.)		•	entai uni	it or from	n the ger	neral pub	olic describe	1	
8	Ш					•							
9		related to its exempt funrelated business taxab (Complete Part III.)	unctions — subject to ce le income (less section 51	ertain exceptions, and (2) 1 tax) from businesses acq	) no mor uired by tl	e than 33 ne organia	3-1/3% c zation afte	of its sup er June 30	port from 0, 1975. S	n aross ir	nvestment ir	m activ ncome	ities and
10	Ш												
11		supported organization	ns described in section ion and complete line	509(a)(1) or section 509( s 11e through 11h.	(a)(2). Se	ee sectio	tions of, on 509(a)	or carry (3). Chec	out the pack the bo	urposes ox that de	of one or mo escribes the	re pub type of	licly f
		a ∏Type I b	Type II c	Type III - Function	nally inte	grated		# ∏ 7	Type III -	– Non-fi	unctionally	integra	ated
е		By checking this box other than foundation section 509(a)(2).	, I certify that the organization of the organizat	anization is not controll an one or more publicly s	ed direc	tly or in d organiz	directly ations d	by one escribed	or more in sectio	disqual on 509(a)	ified persor (1) or	ıs	
f		check this box									• • • • • • • • •		
g		Since August 17, 200	06, has the organization	on accepted any gift o	r contrib	oution fro	om any	of the fo	llowing	persons	5?		
		(C) A		unturale, either eleme er	taaatha	. with no	vroope d	occribo	d in (ii)	and (iii)		Yes	No
		below, the gove	erning body of the sup	oported organization?	iogethei	with pe					11 g (i)		
											11 g (ii)		
		(iii) A 35% controlle	ed entity of a person of	described in (i) or (ii) a	bove?						11 q (iii)		
h												<u> </u>	
		(i) Name of supported organization	(ii) EIN	(described on lines 1-9 above or IRC section	organiz column (i your go	ation in ) listed in everning	thé organ column (	ization in in	organiz colun organize	ation in nn (i) ed in the			etary
					Yes	No	Yes	No	Yes	No			
(A)							<u> </u>				<u>.</u>		
(B)													
(C)													
(D)													
(E)													
Total		· · · · · · · · · · · · · · · · · · ·						13	:11				

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

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

Sec	tion A. Public Support			<b>,</b>			
begi	endar year (or fiscal year inning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')				7,552.	32,777.	40,329.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	0.	0.	0.	7,552.	32,777.	40,329.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						40,329.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
7	Amounts from line 4	0.	0.	0.	7,552.	32,777.	40,329.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on				-		0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11	Total support. Add lines 7 through 10						40,329.
12	Gross receipts from related activ	rities, etc (see ins	tructions)				0.
	First five years. If the Form 990 is organization, check this box and	stop here					<b>&gt;</b> 🗓
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						<u>%</u> %
	Public support percentage from						
	33-1/3% support test – 2012. If and stop here. The organization	qualifies as a pul	blicly supported o	rganization			
b	33-1/3% support test — 2011. If the and stop here. The organization	the organization d qualifies as a pu	lid not check a bo blicly supported o	x on line 13 or 16 rganization	a, and line 15 is 3	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	mosts the 'facts.a	and-circumstance	s' test icheck this	hox and stop her	e. Explain in Part	IV how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as a	box and <b>stop ner</b> a publicly support	<b>e.</b> Explain in Part ed organization	········· ►
	Private foundation. If the organi	zation did not che	eck a box on line	13, 10a, 16D, 1/a,			
DAA					Sch	edule A (Form 99	10 Or 990 F /1 7017

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	dar year (or fiscal yr 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.')						
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.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the						
_	organization without charge			,			
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Add lines 10a and 10b  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 ins 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 501(c)	(3)
Sec	tion C. Computation of Pul	blic Support P	ercentage				<del></del>
	Public support percentage for 20						8
	Public support percentage from 2					16	8
	tion D. Computation of Inv					γ	
	Investment income percentage for						%
	Investment income percentage for						%
	<b>33-1/3% support tests</b> — <b>2012.</b> If is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	lization qualifies a	as a publicly supp	orted organizatio	·n
	<b>33-1/3% support tests – 2011.</b> If line 18 is not more than 33-1/3%	, check this box a	and <b>stop here.</b> Th	e organization qu	alifies as a public	ly supported org	anization –
20	Private foundation. If the organiz	zation did not che	eck a box on line	14, 19a, or 19b, c	neck this box and	see instructions	· · · · · · · · · · · · · · · · · · ·

Schedule A	(Form 990 or 990-EZ) 2012	THE 1947	PARTITION	ARCHIVE	45-2669508	Page 4
Part IV	Supplemental Inform Part II, line 17a or 17 (See instructions).	nation. Complet 7b; and Part III,	e this part to line 12. Also	provide the expla complete this par	anations required by Part II, line rt for any additional information.	10;
	· <b></b>					
	- <b></b> -			<b></b>		
				- <b></b>	<b></b>	
	<del></del>					
				<del>-</del>		
						<b>-</b>
<b>-</b>			<b></b> -			
	- <b></b>					

#### **SCHEDULE O** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

2012

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

THE 1947 PARTITION ARCHIVE	45-2669508
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE	
THE 1947 PARTITION ARCHIVE IS A CITIZEN-POWERED NON PROFIT ORG	ANIZATION DEDICATED
TO DOCUMENTING, PRESERVING AND SHARING EYE WITNESS ACCOUNTS FRO	M ALL ETHNIC AND
ECONOMIC COMMUNITIES AFFECTED BY THE PARTITION OF BRITISH INDI	A IN 1947.
FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMP	LISHMENTS
THE 1947 PARTITION ARCHIVE IS A CITIZEN-POWERED NON PROFIT ORG	ANIZATION DEDICATED
TO DOCUMENTING, PRESERVING AND SHARING EYE WITNESS ACCOUNTS FRO	M ALL ETHNIC AND
ECONOMIC COMMUNITIES AFFECTED BY THE PARTITION OF BRITISH INDI	A IN 1947.
FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONA	L BENEFIT CONTRACTS
(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,	DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRE	CTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	
	<b></b>

SCHEDULE O - SUPPLEMENTAL INFOR	MATION	PAGE 2
THE 1947 PARTITION ARCHIVE		45-266950
FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES  ADVERTISING AND PROMOTION BANK CHARGES COLLECTION FEE DEPRECIATION OFFICE EXPENSES ONLINE PORTAL OUTREACH-CONSTITUENCY OUTREACH-EDUCATIONAL SAFE DEPOSIT BOX STORY COLLECTION TAXES		744. 23. 778. 1,967. 413. 494. 1,783. 2,904. 40. 7,750. 35. 16,931.
FORM 990-EZ, PART II, LINE 24 OTHER ASSETS  INTANGIBLE ASSETS	BEGINNING	ENDING 985.
MACHINERY AND EQUIPMENT MISCELLANEOUS SAFE BOX KEY DEPOSIT TOTAL	4,459. 335. 20. \$ 5,799.	3,409. 335. 20. 4,749.
FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES		TIVETIA
PAYABLE TO OFFICERS, DIRECTORS, ETC	BEGINNING \$ 1,709. \$ \$ 1,709. \$	ENDING  0. 0.