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

Department of the Treasury Internal Revenue Service

| A | or th | e 2011 calen | dar year, or tax year beginning 07/01, 201 | | ng 0 | 6/30, 20 12 |
|---|-----------------------------|------------------|---|--------------------------------------|---|--|
| | | C Name | of organization | | D Employer identi | |
| B | heck if a | oplicable: CAF | E AND SHARE, INC. | | | |
| | Addre | | Business As | ····· | 84-07319 | 3.0 |
| | | | per and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone numb | |
| | Initia | return 260 | 5 PREAMBLE POINT | | (719) 528- | 1247 |
| | Term | nated City o | r town, state or country, and ZIP + 4 | | (,23) 020 | |
| | Amer | | ORADO SPRINGS, CO 80915 | | G Gross receipts \$ | 28,258,195. |
| | Appli Dend | ation F Na | me and address of principal officer: LYNNE TELFORD | | H(a) is this a group re | |
| L | pend | ''9 | 5 PREAMBLE POINT COLORADO SPRINGS, CO | 80915 | affiliates? H(b) Are all affiliates in | 100 111 |
| Ī | Tax-ex | | X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1 | | · ' | ncluded? Yes No list. (see instructions) |
| J | Websi | | CAREANDSHARE.ORG | 701 32 | H(c) Group exemption | |
| K | Form | of organization: | X Corporation Trust Association Other | L Year o | f formation: 1974 M Star | |
| Pa | irt I | Summary | | 1 | Typermacton, and the Otto | c of regal doffficile. |
| | 1 | Briefly describ | e the organization's mission or most significant activities: | | | - |
| es. | | BRIDGING | THE GAP BETWEEN HUNGER AND ABUNDANCE | | | |
| Governance | | | | | | |
| Ë | | | | | | ATT THE COLUMN TWO COLUMN THE COLUMN TWO COL |
| Š | 2 | Check this box | if the organization discontinued its operations or dispose | sed of more that | an 25% of its net assets. | |
| | 3 | Number of vot | ing members of the governing body (Part VI, line 1a) | | 3 | 15. |
| Activities & | 4 | Number of ind | ependent voting members of the governing body (Part VI, line 1b) | | 4 | 15. |
| <u> </u> | 5 | Total number | of individuals employed in calendar year 2011 (Part V, line 2a). | | 5 | 60. |
| Act | ь | lotal number | of volunteers (estimate if necessary) | | 6 | 6,000. |
| | 7 a | Total gross un | related business revenue from Part VIII, column (C), line 12 | | 7a | |
| | b | Net unrelated | business taxable income from Form 990-T, line 34 | | | |
| | | | | | Prior Year | Current Year |
| <u>o</u> | 8 | Contributions | and grants (Part VIII, line 1h) | | 22,754,982. | 26,759,594. |
| enn | 9 | Program servi | ce revenue (Part VIII, line 2g) | Y FOR | 1,331,875. | |
| Revenue | | | reme (i air viii, solaitiir (i y) iirico o, 4, aira ra) | l l | 5,115. | |
| _ | 11 | Other revenue | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 174,377. | |
| - | 12 | Total revenue | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 24,266,349. | |
| | 13 | Grants and sir | nilar amounts paid (Part IX, column (A), lines 1-3) | | (| 0 |
| | 14 | Benefits paid t | o or for members (Part IX, column (A), line 4) | | (| 0 |
| es | 15 | Salaries, other | compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,987,938. | 1,945,268. | |
| ens | 16a | Professional fi | undraising fees (Part IX, column (A), line 11e) | | | 0 |
| Expenses | b | Total fundraisi | undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ▶ 596, 3 | 75. | | |
| - | 17 | Other expense | s (Part IX, column (A), lines 11a-11d, 11f-24f) | | 22,266,116. | 25,043,212. |
| | 18 | Total expense: | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 24,254,054. | 26,988,480. |
| - 0 | 19 | Revenue less | expenses. Subtract line 18 from line 12 | · · · · · · · | 12,295. | 1,214,930. |
| Net Assets or Fund Balances | | | | | Beginning of Current Year | End of Year |
| sse | | Total assets (P | | | 12,512,357. | 13,670,547. |
| et A | | | (Part X, line 26) | | 3,265,691. | 3,215,951. |
| | | | fund balances. Subtract line 21 from line 20, | | 9,246,666. | 10,454,596. |
| | rt II | Signature | declare that I have examined this return, including accompanying schedule | | | |
| cor | rect, an | d complete. Dec | aration of preparer (other than officer) is based on all information of which | s and statements preparer has any | s, and to the best of my know knowledge. | edge and belief, it is true, |
| 9 | ign | | 1 0 0 /01 | | | |
| | ere | Signature | of officer | | D.I. | |
| • • • | 010 | 10 | | planting. | Date | , mary |
| | | Type or n | NNE TELFORD, CEOS PRESIDENT | | 11-15-1 | Lann |
| *************************************** | | Print/Type prep | | Date | Check if | PTIN |
| Paid | 1 | Doveen | | 11.10 | self- | |
| | STOCKMAN KAST RVAN & CO JID | | | | employed > | P00841439 |
| Use | Only | Firm's name | | | | -1509584 |
| Mav | the IF | Firm's address | return with the preparer chave above? (and instructions) | | | 9-630-1186 |
| | | | on Act Notice, see the separate instructions. | | * | X Yes No |
| | 100 | | | | | Form 990 (2010) |

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| Form | | CARE AND SHARE, INC. | 84-0731930 |
|-------------|---|--|--|
| Pa | 990 (2011) Statement of Program Check if Schedule O co | Service Accomplishments ntains a response to any question in this Part III | Page 2 |
| 7 | Briefly describe the organization O EXPOSE THE EXISTEN | s mission: CE OF HUNGER, ALLEVIATE ITS PAIN A N NEED THROUGHOUT SOUTHERN COLORAI | AND IMPROVE THE |
| ķ | prior Form 990 or 990-EZ? | any significant program services during the year v | |
| 3 [| f "Yes," describe these new services? Id the organization cease coervices? | rices on Schedule O. onducting, or make significant changes in how | it conducts, any program |
| 4 [| f "Yes," describe these changes Describe the organization's pro expenses. Section 501(c)(3) a | on Schedule O. gram service accomplishments for each of its to the service accomplishments for each of its to the service accomplishments for each of its to the total expenses, and revenue, if any, for each process. | three largest program services, as measured by 1) trusts are required to report the amount of |
| T E C C E E | OR LOW-INCOME EARNER. HILDREN AND SENIORS. UALITY OF FOOD AVAIL OOD SECURITY AMONG P | \$ 25,629,538. including grants of \$ NT AMOUNT OF EMERGENCY AND SUPPLEM S AND SPECIAL NEEDS POPULATIONS IN TO MAINTAIN AND IMPROVE THE NUTRI ABLE TO PEOPLE IN NEED. TO DEVELOR COPPLE IN NEED THROUGH TARGETED OUT COMMUNITY AWARNESS OF HUNGER, ITS | CLUDING TIONAL CLONG-TERM CREACH AND |
| I M A | AINTAIN THE NUTRITION ND SHARE 31-COUNTY SO OLORADO, IS CONTRACTO | \$ | JT THE CARE JGH FEEDING |
| 4c ((| Code:) (Expenses | \$including grants of \$ |) (Revenue \$) |
| | | | |
| | other program services (Descrik Expenses \$ inc | |) |

PAGE 3

Form 990 (2011)

Page 3

| leithe organization described in section 501(x/3) or 48-7(a/(1) (other than a private foundation)? If "Yos," complete Schedule A. | Par | Checklist of Required Schedules | | | raye J |
|---|----------|--|-------|------|--------|
| complete Schedule A 2 Is the organization required in complete Schedule C. Schedule of Confrantors (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in papersistor to candidates for public offers ("I'ves" complete Schedule C. Part i. 4 Section 501(c)(3) organizations. Did the organization engage in lobying activities, or have a section 501(n) election in effect curring the tax year? I'ves" complete Schedule C, Part ii. 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 95-197 ii "Yes", complete Schedule C. Part ii. 5 Is the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in soun funds or accounts in the report of the part in the report of the part in the report of the part in the report of the conservation essentent, including easements to preserve open space the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 5 Did the organization receive or nold a conservation essentent, including easements to preserve open space the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part IV. 5 Did the organization directly on through a related organization for amounts not listed in Part X, ion 3 or accounts of the same section of the part X, ion 3 or accounts of the part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V, IV. 5 Did the organization directly or through a related organization neon complete Schedule D, Part V, IV. 6 Did the organization and part X, ion 15 If Yes, complete Schedule D, Part V, IV. 7 Did the organization and part X, ion 15 If Yes, complete Schedule D, Part V, IV. 8 Did the organization and part X, Iv. 10 1 | | | · | Yes | No |
| complete Schedule A 2 Is the organization required in complete Schedule C. Schedule of Confrantors (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in papersistor to candidates for public offers ("I'ves" complete Schedule C. Part i. 4 Section 501(c)(3) organizations. Did the organization engage in lobying activities, or have a section 501(n) election in effect curring the tax year? I'ves" complete Schedule C, Part ii. 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 95-197 ii "Yes", complete Schedule C. Part ii. 5 Is the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in soun funds or accounts in the report of the part in the report of the part in the report of the part in the report of the conservation essentent, including easements to preserve open space the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 5 Did the organization receive or nold a conservation essentent, including easements to preserve open space the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part IV. 5 Did the organization directly on through a related organization for amounts not listed in Part X, ion 3 or accounts of the same section of the part X, ion 3 or accounts of the part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V, IV. 5 Did the organization directly or through a related organization neon complete Schedule D, Part V, IV. 6 Did the organization and part X, ion 15 If Yes, complete Schedule D, Part V, IV. 7 Did the organization and part X, ion 15 If Yes, complete Schedule D, Part V, IV. 8 Did the organization and part X, Iv. 10 1 | 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." | | | |
| 3 Did the organization engage in direct or indirect political camplagia activities on behalf of or in opposition to candidates for public office; if "Yes," complete Schedule C, Part I. 4 Section 501(c)(3) organizations. Did the organization engage in loobying activities, or have 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 96-19? If "Yos," complete Schedule C, Part III. 5 Is the organization assertion 501(c)(4), 501(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 96-19? If "Yos," complete Schedule C, Part III. 6 Did the organization maintain any denor actived durinds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in south ratios or accounts? If "Yos," complete Schedule D, Part III. 7 Did the organization forecode or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yos," complete Schedule D, Part III. 8 Did the organization forecode or an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or doct negotiation sendoes? If "Yos," complete Schedule D, Part V. 10 Did the organization, directly or through a related organization, hold assests in temporarily restricted endowments, permanent endowments, or quasi-encomments? If "Yos," complete Schedule D, Part V. 11 If the organization sendor of the following questions is "Yes," then complete Schedule D, Part V. 12 Did the organization amount for investments—other securities in Part X, line 10? If "Yos," complete Schedule D, Part V. 13 Did the organization and amount for land, buildings, and equipment in Part X, line 10? If III is X. 14 Did the organization seported in Part X, line 10? If "Yos," complete Schedule D, Par | | complete Schedule A | 1 | X | |
| candidates for public office? If "Yes," complete Schedule C, Part II. Section S01((x)) organizations. Did the organization angage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part III. Is the organization organization section 501((x)4), 501(x)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 95-19? If "Yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar tunds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part II. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. Did the organization receive or hold a conservation easement, including essements to preserve open space, the environment, historical land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of ant, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization report an amount in Part X, line 21: serve as a custodian for amounts not listed in Part X, or provide credit countsiling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V. Did the organization advicedly or through a related organization, hold assets in *temporariy restricted endowments, or quasi-endowments, or quasi-endowments and services or the section of the services organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part V. Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, | 2 | | 2 | Х | |
| 4 Sction 601(c)(3) organizations. Did the organization engage in loobying activities, or nave a section 501(h) election in effect during the laxy ear? If "Pics", complete Schedule C, Part IV 5 is the organization assettion 501(c)(4), 501(c)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99-19? If "Yos", complete Schedule C, Part IV 7 "Yes," organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such thurson or accounts? If "Yes," complete Schedule D, Part IV 7 "X X 9 Did the organization relation of a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part IV 7 X X 9 Did the organization report an amount in Part X, line 21: serve as a custodian for amounts not listed in Part X, or provide credit courseling, debt management, credit repair, or debt negotiation services? If "Yes," on provide credit courseling, debt management, credit repair, or debt negotiation services? If "Yes," on provide Schedule D, Part V 9 X Y 1 If the organization (and the environments, or quasi-endowments? If "Yes," complete Schedule D, Part V 9 X Y 1 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 9 Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assest reported in Part X, line 16? If "Yes," complete Schedule D, Part X V 1 It X Y 1 It X | 3 | | | | |
| election in effect during the tax year? If "yes," complete Schedule C, Part II. Is the organization as exclosion 501(c)(s), of 501(c)(s), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical land areas, or historical structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. Did the organization directly or through a related organization, hold assets in temporarity restricted endowments or quasi-endowments? If "Yes," complete Schedule D, Part V. If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other liabilities in Part X, line 16 part X, line 16? If "Yes," complete Schedule D, Part XII. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complet | | | 3 | | X |
| 5 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) organization that receives membership diss, assessments, or similar amounts as defined in Revenue Procedure 96-199 if "Ves," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment; of amounts in such funds or accounts? If "Ves," complete Schedule D, Part II. Did the organization revenue or hold a conservation easement, including easements to preserve open space, the environment, historical and areas, or historical structures? If "Yes," complete Schedule D, Part III. Bid the organization and areas, or historical structures? If "Yes," complete Schedule D, Part III. Did the organization and proper an amount in Part X, line 21: sarve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V. Did the organization indirectly or through a related organization, hold assets in temporarity restricted endowments, permanent endowments, or quasi-encowments? If "Yes," complete Schedule D, Part V. If the organization and the service of the s | 4 | | | | |
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| Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 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 Did the organization report an amount in Part X, line 21: serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization inferedty or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization inferedty or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization report an amount for following questions is "Yes," then complete Schedule D, Part V If the organization report an amount for investments—other socurities in Part X, line 10? If "Yes," complete Schedule D, Part V Did the organization report an amount for investments—other socurities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V Did the organization report an amount for other assets in Part X, line 18 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X Did the organization separate or consolidated financial statements for the tax year? If "Yes," and II X Did the organizat | 5 | | | | |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I "Yes," complete Schedule D, Part I "X 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 "X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II "X Did the organization amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V Y, or vivore credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V Y, VII. VIII, X, VII. X Sa spiplicable. 10 Did the organization interest and amount for interest and organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowment? If "Yes," then complete Schedule D, Part V Y, VII. VIII, X, or X as applicable. 2 Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part V W. 2 Did the organization report an amount for investments—other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V W. 2 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 Part X, line 16? If "Yes," complete Schedule D, Part V W. 2 Did the organization separate or consolicated financial statements for the tax year include a foothort that address X in the organization report an amount for other assets in Part X, line 15 fine 12 that is 5% or more of i | | | | | |
| have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 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 III and the environment, historic lands areas, or historic structures? If "Yes," complete Schedule D, Part III and the environment, historic lands areases, or other similar assests? If "Yes," sometimes Schedule D, Part III and the environment in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V and Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V and If the organization sawer to any of the following questions is "Yes," then complete Schedule D, Part V and If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V and Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assests proported in Part X, line 16? If "Yes," complete Schedule D, Part V III by C Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets and the organization seport an amount for other labilities in Part X, line 15 if "Yes," complete Schedule D, Part V III by C Did the organization of the III by C III by | e | | 5 | | X |
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| the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional. 12a X 13 Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional. 14a Did the organization asswered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional. 15 Did the organization maintain an office, employees, or agents outside of the United States? 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV. 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). 17 X 18 Did the organization report more than \$15,000 of of expenses for professional fundraising services on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 18 If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more | | | 11e | | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? . 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . | • | | 445 | x | |
| complete Schedule D, Parts XI, XII, and XIII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional. 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 Did the organization maintain an office, employees, or agents outside of the United States?. 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts III and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV. 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II (see instructions). 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. | 12a | Did the organization obtain separate independent audited financial statements for the tax year? If "You" | 7 1 1 | - 11 | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | | complete Schedule D. Parts XI. XII. and XIII. | 122 | х | |
| the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional. 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | b | | 120 | | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | | 12b | | X |
| Did the organization maintain an office, employees, or agents outside of the United States? | 13 | | | | X |
| fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | | foreign investments valued at \$100,000 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 aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | | | |
| to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 4.0 | organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | | | |
| on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 47 | to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 1 / | on Part IX column (A) lines 6 and 1150 if "You " committee Orbert IX column (A) lines 6 and 1150 if "You " committee Orbert IX column (A) lines 6 and 1150 if "You " committee Orbert IX column (A) lines 6 and 1150 if "You " committee Orbert IX column (A) lines 6 and 1150 if "You " column (A) lines 6 and 1150 if "You " column (A) lines 6 and 1150 if "You " column (A) lines 6 and 1150 if "You " column (A) lines 6 and 1150 if "You " column (A) lines 6 and 1150 if "You " column (A) lines 6 and 1150 if "You " column (A) lines 6 and 1150 if "You " column (A) lines 6 and 1150 if "You " column (A) lines 6 and 1150 if "You " column (A) lines 6 and 1150 if "You " column (A) lines 6 and 1150 if "You " column (A) lines 6 and 1150 if " You " column (A) lines 6 an | | | 17 |
| Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 12 | Did the organization report more than \$15,000 total of fundacions asset as a second | 17 | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 10 | Part VIII lines 1c and 8a? If "Yes" complete Schedule C. Part II | , | v | |
| If "Yes," complete Schedule G, Part III | 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Bort VIII. | 18 | ^ | |
| 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | If "Yes." complete Schedule G. Part III | 10 | | У |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20 a | Did the organization operate one or more hospital facilities? <i>If "Yes." complete Schedule H</i> | | | |
| | <u>b</u> | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| Par | 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 | | X |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States | | | |
| 23 | on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | ļ | X |
| 4.5 | 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 | | | 37 |
| 24.5 | employees? If "Yes," complete Schedule J | 23 | - | X |
| - a | \$100,000 as of the last day of the year that was issued after December 34, 2000, 1777, 177 | | | |
| | \$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 | ١ | X | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24a | | X |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 24b | | |
| Ů | to defease any tax-exempt bonds? | 24- | | X |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24c 24d | | X |
| | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | 24u | <u> </u> | 21 |
| | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | <u> 20a</u> | | 22 |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | ĺ | |
| | If "Yes," complete Schedule L, Part I | 25b | | Х |
| 6 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | 200 | | |
| | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. | 26 | | Х |
| 7. | 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 |
| 8 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | 04.40 | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | Х |
| ·c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | X | |
| 9 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | X | |
| 0 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | Χ |
| i | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Part | 31 | | X |
| 2 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II | 32 | | X |
| 3 | 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 | | X |
| ļ | 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 |
| ja h | 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 | | | |
| 3 | meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | X |
| , | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yos " complete School P. Port V line 2 | | | ** |
| 7 | related organization? If "Yes," complete Schedule R, Part V, line 2. | 36 | | X |
| • | 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 |
| 3 | Part VI | 37 | | X |
| - | 19? Note. All Form 990 filers are required to complete Schedule O | 20 | v | |
| | 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - | 38 | X | (2011) |

| The Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. b Enter the number of Forms W1-2G included in line 1a. Enter -0- if not applicable. b Enter the number of Forms W1-2G included in line 1a. Enter -0- if not applicable. c Did the organization comply with backup withholding rules for recentable paymouts to vendors and resortable gaining (gaining withings to face withouts). 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax. Statements, field of the calonidar year and ny with or within the year covered by this return. 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax. Statements, field of the calonidar year and ny with or within the year covered by this return. 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax. Statements, field of Form 509-77 for this year? If was required the search of the year of the warry of the calonidar year and and 2a is greatest than 250, you may be required to efficiency and the year? 3a Dot the organization have unreased business gross income of \$1,000 or more during the year? 3a Dot the reginization have unreased business gross income of \$1,000 or more during the year? 3a Dot the reginization have unreased business gross income of \$1,000 or more during the year? 3a Dot the reginization in a foreign country. ** 5a Dot the organization have an interest of the properties of the year of the properties of the year of the yea | Par | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V | | | |
|---|--------|--|---------|---|----|
| b Emer the number of Forms W-26 neducided in Ine 1s. Emer-0-find applicable. Did the organization comply with backing withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners? 2a Emer the number of amplyowers reported on Form W-3, Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return. 5b If at least one is reported on line 2a, did the organization flie all rescularly federal employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to 4-Me (see instructions). 3b Of the organization have unreated business gross income of \$1.000 or more during the year? 3a Of the organization have unreated business gross income of \$1.000 or more during the year? 3a Of the organization have unreated business gross income of \$1.000 or more during the year? 3a Of the organization have unreated business gross income of \$1.000 or more during the year? 3a Of the organization in a foreign country 5a If Yes a fine the name of the foreign country 5a If Yes a fine the name of the foreign country 5a If Yes a fine the name of the foreign country 5a If Yes are the name of the foreign country 5b If Yes are the name of the foreign country 5c If Yes are the name of the foreign country 5c If Yes are the name of the foreign country 5c If Yes are the name of the foreign country 5c If Yes are the name of the foreign country 5c If Yes are the name of the foreign country 5c If Yes are the name of the foreign country 5c If Yes are the name of the foreign country 5c If Yes are the name of the foreign country 5c If Yes are the name of the foreign country 5c If Yes are the name of the foreign country 5c If Yes are the name of the foreign country 5c If Yes are the name of the foreign country 5c If Yes are the name of the foreign country 5c If Yes are the name of the foreign country 5c If Yes are the name of the foreign coun | | , | · · · · | | No |
| b Emer the number of Forms W-26 neducided in Ine 1s. Emer-0-find applicable. Did the organization comply with backing withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners? 2a Emer the number of amplyowers reported on Form W-3, Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return. 5b If at least one is reported on line 2a, did the organization flie all rescularly federal employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to 4-Me (see instructions). 3b Of the organization have unreated business gross income of \$1.000 or more during the year? 3a Of the organization have unreated business gross income of \$1.000 or more during the year? 3a Of the organization have unreated business gross income of \$1.000 or more during the year? 3a Of the organization have unreated business gross income of \$1.000 or more during the year? 3a Of the organization in a foreign country 5a If Yes a fine the name of the foreign country 5a If Yes a fine the name of the foreign country 5a If Yes a fine the name of the foreign country 5a If Yes are the name of the foreign country 5b If Yes are the name of the foreign country 5c If Yes are the name of the foreign country 5c If Yes are the name of the foreign country 5c If Yes are the name of the foreign country 5c If Yes are the name of the foreign country 5c If Yes are the name of the foreign country 5c If Yes are the name of the foreign country 5c If Yes are the name of the foreign country 5c If Yes are the name of the foreign country 5c If Yes are the name of the foreign country 5c If Yes are the name of the foreign country 5c If Yes are the name of the foreign country 5c If Yes are the name of the foreign country 5c If Yes are the name of the foreign country 5c If Yes are the name of the foreign country 5c If Yes are the name of the foreign coun | 1 a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 3 | | |
| c Did the organization comply with backup witholding rules for reportable payments to vendors and reportable gaming (ambing) winnings to prize winners? 2a Enter the number of emolyees reported on From W-3. Transmittal of Wage and Tax Statements, filed for the coleaning versal anding with or within the year covered by this return. 2a Enter the number of emolyees reported on From W-3. Transmittal of Wage and Tax Statements, filed for the coleaning versal anding with or within the year covered by this return. 2b If If a Least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1 and 2a is greater than 250, you may be required to #Ne see instructions. 3b If If Yes, has it filed a From 590-T for this year? If Yes, 'norwice an explanation in X-bredule 0. 3b If Yes, 'note the name of the foreign country (such as a bank account, securities account, or other finencial account)? 5a Was the organization a perty to a prohibited tax sheller transaction at any time during the tax year? 5a Was the organization a perty to a prohibited tax sheller transaction at any time during the tax year? 5b If Yes,' canter the name of the foreign country in the file year of the year of the file of the year of year | b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable |) | | |
| A Enter the number of employees reported or Form W.S., Transmittal of Wage and Tax Statements, filed for the caloniar year ending with or within the year covered by this return Statements, filed for the caloniar year ending with or within the year covered by this return Statements, filed for the caloniar year ending with or within the year covered by this return Note. If the sum of lines ta and 2a is greater than 260, you may be required to e-file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a In the sum of lines ta and 2a is greater than 260, you may be required to e-file (see instructions). 3b If Yes. The at filed a Form \$90.07 for this year? If 700, provide an explanation is Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, a foreign country. See instructions for filing requirements for Form TD F.90-22.1. Report of Foreign Bank and Financial Accounts. 5b If Yes, 'enter the name of the foreign country. See instructions for filing requirements for Form TD F.90-22.1. Report of Foreign Bank and Financial Accounts. 5c In Yes to line so or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes to line so or 5b, did the organization the Form \$980-17. 6c If Yes to line so or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction or gifts were not tax deductible? 6c If Yes to line so or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction or gifts were not tax deductible and the year year of the year of year of the year of the year of the year of the year of year | С | Did the organization comply with backup withholding rules for reportable payments to vendors and | 1 | | |
| 2a Emer the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fleef or the calenaar year ending with or within the year covered by this return 2a 60 b if at least one is reported on line 2a, did the organization flie all required faderal employment tax returns? Note, if the sum of lines 14 and 2a is greater than 250, you may be required to e-file (see instructions). 3a D of the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b if "Yes," has if field a Form 990-T for this year? If "No," provide an explanation in Schedule C 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts? 5a Was the organization appropriate to fire from 10 F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization appropriate to Form 10 F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization appropriate to Form 10 F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization appropriate to Form 10 F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization appropriate to Foreign Bank and Financial Accounts. 5a X View the organization appropriate to Foreign Bank and Financial Accounts. 5a X View the organization appropriate to Foreign Bank and Financial Accounts. 5a X View the organization appropriate to Foreign Bank and Financial Accounts. 5a X View the organization appropriate to Foreign Bank and Financial Accounts. 5a X View the organization solid the organization file form Bases. 7a View the organization solid the organization include with every solicitation an express statement that such c | | reportable gaming (gambling) winnings to prize winners? | 1 c | | 1 |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1 and 2a is greater than 250, you may be required to o-file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-Tf or this year? If "No," provide an explanation in Schedule 0. 3c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5c If "Yes," enter the name of the foreign country. ► 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization inclined with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(a). 8d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d If "Yes," did the organization that year, experimentins, directly or indirectly, or a personal benefit contract? 7d If "Yes," did the organization freely experiments, directly or indirectly, or a personal benefit contract? 7d If "Yes," indicate the number of forms 8282 filed during the year. 9d Did the organization make a distribution of contributions | 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
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| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations, Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11a 12a 13 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 13 Section 501(c)(12) organizations received from them.) 14 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization incensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization | | gifts were not tax deductible? | 6b | | |
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| b If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8262? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, nor a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? D Did the organization make and istribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities D Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 22 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 11b Section 501(c)(29) qualified nonprofit health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note. | а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
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| b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O | 14a | Did the organization receive any payments for indoor tanning services during the tay year? | 140 | | y |
| | b | If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O | | | 41 |

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Form 990 (2011) CARE AND SHARE, INC. 84-0731930 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. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X 4 Did the organization become aware during the year of a significant diversion of the organization's assets?.... X 6 X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7 a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8<u>a</u> Χ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Χ 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . Χ 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Did the organization have a written whistleblower policy?.... 13 Χ 13 14 Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶_NONE 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,

State the name, physical address, and telephone number of the person who possesses the books and records of the

organization: ▶ JENNIFER KLEINSCHMIDT 2605 PREAMBLE POINT COLORADO SPRINGS, CO 80915 719-528-1247

and financial statements available to the public during the tax year.

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

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) | (B) | | | ((| C) | | | (D) | (E) | (F) |
|---------------------------------------|--|---|-----------------------|---------|--------------|--|--|---|-----------------|--|
| Name and Title | Average hours per week (describe hours for | Position (do not check more th box, unless person is b officer and a director/ | | is both | an | Reportable compensation from the organization | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the | | |
| | related organizations in Schedule O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (W 271000 MIGO) | organization and related organizations |
| (1) STEVE SCHNEIDER | 8.00 | x | | Х | | - Control of the Cont | | | | |
| (2) JIM HENDREN | 8.00 | ^ | | Λ | | | | 0 | 0 | 0 |
| VICE CGO | 8.00 | Х | | Х | | | | 0 | 0 | 0 |
| (3) FRANCIS DECKER DIRECTOR/SECRETARY | 8.00 | Х | | Х | | | | 0 | 0 | 0 |
| (4) GARRY HILL | | | | | <u> </u> | | | | | |
| DIRECTOR | 8.00 | X | | | | | | 0 | 0 | 0 |
| (5) CATHRYN M. JOHN DIRECTOR | 8.00 | x | | | | | | 0 | 0 | 0 |
| (6) RICHARD G. WOOD | | | | | | | | | 0. | |
| DIRECTOR | 8.00 | X | | | | | | 0 | 0 | 0 |
| (7) MATT COLLIGAN DIRECTOR | 8.00 | X | | | | | | 0 | 0 | 0 |
| (8) MARY CUKJATI | | | | | | | | | | |
| DIRECTOR | 8.00 | Х | | | | | | 0 | 0 | C |
| (9) CARLA L. HARTSELL | | | | | | | | | | |
| DIRECTOR | 8.00 | X | | | | | | 0 | 0 | C |
| (10) STEPHANNIE J. FINLEY | | | | | | | | | | |
| DIRECTOR | 8.00 | X | | | | | | 0 | 0 | 0 |
| (11) TREVOR MILLER | | | | | | | | | | |
| DIRECTOR | 8.00 | X | | | | | | 0 | 0 | 0 |
| (12) BRITTNEY MOORE | | | | | | | | | | |
| DIRECTOR | 8.00 | X | | | | ļ | | 0 | 0 | 0 |
| (13) GARY PEACOCK DIRECTOR | 8.00 | Х | | | | | | 0 | 0 | C |
| (14) BETSY SOBRAL | | | | | | | | | | |
| DIRECTOR | 8.00 | X | | | | | | 0 | 0 | C |

JSA

| FOIM 990 (2011) | | | ~ | | | | | | | | Page 8 |
|--|--|--------------------------------|-----------------------|----------------------|--------------|------------------------------|--------------|--|---|--|--|
| Part VII Section A. Officers, Directors, Tr | ustees, Ke | y En | piq | оуе | es, | and | Hig | hest Compensa | ted Employe | es (c | ontinued) |
| (A) Name and title | (B) Average hours per week (describe | box, | unle | Pos heck ss pe | erson | e than o | an tee) | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | from | (F) Estimated amount of other compensation |
| | hours for related organizations in Schedule O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-M | | from the organization and related organizations |
| | | Ф | tee | | | sate | | | | | |
| 15) PETER VUJCICH | | | - | - | | Δ. | - | | | | **** |
| DIRECTOR | 8.00 | X | | | | | | | | o | C |
| 16) LYNNE TELFORD | | | | | | | | | | | |
| PRESIDENT/CEO | 40.00 | | | X | | | | 72,813. | | 0 | 5,537. |
| 17) CHARLES RICE | | | | | | | | | | | |
| FORMER CDO | 40.00 | ļ | <u> </u> | X | | 1 | | 54,253. | | 0 | C |
| 18) STACY POORE CDO | 40.00 | | | 17 | | | | | | | |
| 19) LORI KAPU | 40.00 | | | X | | | | |) | 0 | C |
| COO | 40.00 | | | X | | | | 64,398. | | | 342. |
| 20) MELISSA MARTS | | | | 1 | - | | | 01,000. | | \dashv | 342. |
| СРО | 40.00 | | | X | | | | 53,116. | | 0 | 7,369. |
| 21) SUSANNE BAKER | | | | | | | | | | | · · · · · · · · · · · · · · · · · · · |
| FORMER CFO | 40.00 | | | X | <u> </u> | | | 53,812. | | 0 | 7,369. |
| 22) JENNIFER KLEINSCHMIDT CFO | 40.00 | | | X | | | | C | | 0 | 0 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | The state of the s | | | |
| | | | | | | | | | | | The second secon |
| 1b Sub-total | | | L | | <u> </u> | | | C | | 0 | 0 |
| c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) | ection A | | | | | | > | 298,392. 298,392. | | 0 | 20,617. |
| Total number of individuals (including but not reportable compensation from the organization) | limited to the | hose (| liste | d al | bove | <u>· · ·</u> ∋) wh | o re | | \$100,000 of | | 20,617. |
| 2 Did the annihilation line of | ,, | | | | | | | | | | Yes No |
| 3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched | ule J for suc | r, or ch ind | tru ividi | uste ual | e, i | <ey ε<br="">• • •</ey> | emp • • | loyee, or highes | t compensate | ed | 3 X |
| 4 For any individual listed on line 1a, is the organization and related organizations graindividual | eater than | \$15 | 0,0 | 00? |) If | "Yes | ," (| nd other compens complete Schedu | sation from the letter of the second second to the second termination of the second termination | ne ch | 4 X |
| 5 Did any person listed on line 1a receive or | accrue con | mpen | sati | on t | from | anv | uni | related organization | on or individu | ıal | |
| for services rendered to the organization? If "You Section B. Independent Contractors | es, complet | e Scr. | ieat | ne J | 101 | sucn | pers | son | | <u>. </u> | 5 X |
| Complete this table for your five highest com- compensation from the organization. Report of year. | pensated in compensation | ndepe | ende the | ent o | cont | racto lar ye | rs t ar e | hat received more | than \$100,0 nin the organi | 00 of zation | s tax |
| (A) | | | | | | | | (B) | | ···· | (C) |
| Name and business add | dress | | | —— | · | | - | Description of se | ervices | Co | ompensation |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 Total number of independent contractors (in | ncludina bu | ıt not | : lin | nite | d to | thos | e li | isted above) who | received | | |
| more than \$100,000 in compensation from th | ie organizat | ion 🕨 | > | | | 0 | - '' | | . 5551760 | | |

Form **990** (2011)

Όλαν α

| Pa | rt VII | Statement of Revenue | | | | | | | |
|--|----------|--|-------------------|----------------------|--|--|---|--|--|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | | |
| tributions, Gifts, Grants Other Similar Amounts | 1 a | Federated campaigns 1a | 241,557. | | | | | | |
| ,G | b | Membership dues | 057 674 | | | 2.0 | | | |
| sifts ar A | C C | Fundraising events 1c | 257,671. | | 342.13 | | | | |
| imil) | d | Related organizations 1d Government grants (contributions) 1e | 2,173,417. | | | | | | |
| ıtior er S | f | All other contributions, gifts, grants, | | | 1950 E. S. H. | to the same of | | | |
| trib Oth | | and similar amounts not included above . 1f | 24,086,949. | | | | 1919 | | |
| Contributions, Gifts, and Other Similar Ar | g | Noncash contributions included in lines 1a-1f: \$ | 22,644,401. | | | | | | |
| | h | Total. Add lines 1a-1f | 1 | 26,759,594. | | | | | |
| Program Service Revenue | | OPERATIONS TRANS | Business Code | | | | | | |
| Rev | 2a | OPERATIONS INCOME | 900099 | 1,476,283. | 1,476,283. | | | | |
| /ice | b | | | | | | | | |
| Sen | d | | | | | | | | |
| E | e | | | | | | | | |
| ogr | f | All other program service revenue | | | | | | | |
| <u>a</u> | g | Total. Add lines 2a-2f | <u></u> | 1,476,283. | 100 | | | | |
| | 3 | Investment income (including dividends, intere | | | | | | | |
| | | other similar amounts) | | 3,208. | | | 3,208. | | |
| | 5 | Income from investment of tax-exempt bond p Royalties | | 0 | | | | | |
| | | (i) Real | (ii) Personal | | | | | | |
| | 6a | Gross rents | | | | | | | |
| | b | Less: rental expenses | | | | | | | |
| | С | Rental income or (loss) | | | 40 | | | | |
| | d | Net rental income or (loss) | | 0 | | | | | |
| | 7 a | Gross amount from sales of (i) Securities | (ii) Other | | 100 | | | | |
| | | assets other than inventory | | | | | | | |
| | b | Less: cost or other basis and sales expenses | | | | | | | |
| | С | Gain or (loss) | | | | | | | |
| | d | Net gain or (loss) | | 0 | | | | | |
| e | 8a | Gross income from fundraising | | \$10 KB 4 | 31 | | | | |
| eu | | events (not including \$257,671. | ATCH 1 | | 100000 | | | | |
| Şe, | | of contributions reported on line 1c). | | 100 | | | | | |
| - | | See Part IV, line 18 a | 19,110. | | | | | | |
| Other Revenue | b b | Less: direct expenses \dots b Net income or (loss) from fundraising events . | 54,785. ATCH 2 | -35,675. | | | 25 675 | | |
| O | 9a | Gross income from gaming activities. | 734 011 , 2 , 5 | -33,073. | | | -35,675. | | |
| | Ju | See Part IV, line 19 a | | | | | | | |
| | b | Less: direct expenses b | | | | | | | |
| | С | Net income or (loss) from gaming activities | | 0 | | | | | |
| | 10a | Gross sales of inventory, less | | | | | | | |
| | | returns and allowances a | | | | | | | |
| | b | Less: cost of goods sold b | | | | | | | |
| | <u> </u> | Net income or (loss) from sales of inventory Miscellaneous Revenue | Business Code | 0 | | | | | |
| | 11a | | | | | | | | |
| | b | | | | | | | | |
| | С | | | | | | | | |
| | d | All other revenue | | | | | | | |
| | e | Total. Add lines 11a-11d | | | | | | | |
| | 12 | Total revenue. See instructions | 🕪 | 28,203,410. | 1,476,283. | 1 | -32.467 | | |

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 (Å) but are not required to complete columns (B), (C), and (D).

| Check if Schedule O contains a resp | | | | |
|---|-----------------------|------------------------------------|-------------------------------------|--------------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21. | 0 | | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | 0 | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the | 0 | | | |
| United States. See Part IV, lines 15 and 16 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, | 390,626. | 127,094. | 60,252. | 202 200 |
| trustees, and key employees 6 Compensation not included above, to disqualified | 330,020. | 127,034. | 00,232. | 203,280 |
| persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 1,185,719. | 924,688. | 227,810. | 22 001 |
| 7 Other salaries and wages | 1,100,719. | 924,000. | 227,010. | 33,221 |
| Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | o | | | |
| 9 Other employee benefits | 236,368. | 184,332. | 45,413. | 6,623 |
| 10 Payroll taxes | 132,555. | 90,391. | 18,200. | 23,964 |
| 11 Fees for services (non-employees): | | | | |
| a Management | 4,030. | 671. | 926. | 2,433 |
| b Legal | 2,588. | 431. | 595. | 1,562 |
| c Accounting | 35,656. | 5,935. | 8,197. | 21,524 |
| d Lobbying | 0 | | | |
| e Professional fundraising services. See Part IV, line 17 | 0 | | | |
| f Investment management fees | F 0 71 4 | | | |
| g Other | 50,714. | 8,441. | 11,659. | 30,614 |
| 12 Advertising and promotion | 17,384. | 874. | 369. | 16,141 |
| 13 Office expenses | 67,877. | 53,590. | 10,682. | 3,605 |
| 14 Information technology | 70,439. | 38,694. | 19,307. | 12,438 |
| 15 Royalties | 168,520. | 158,736. | F 006 | 2 700 |
| 16 Occupancy | 300,812. | 300,812. | 5,996. | 3,788 |
| 17 Travel | 300,012. | 300,612. | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 15,957. | 5,677. | 9,311. | 969 |
| 20 Interest | 165,914. | 80,830. | 80,549. | 4,535 |
| 21 Payments to affiliates | 0 | | 00,010. | 1,000 |
| 22 Depreciation, depletion, and amortization | 386,759. | 356,375. | 15,192. | 15,192 |
| 23 Insurance | 47,002. | 44,117. | 690. | 2,195 |
| 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 O.) | | | | |
| a DONATED FOOD DISTRIBUTION | 21,644,108. | 21,644,108. | | |
| b FOOD PURCHASE PROGRAM | 1,254,342. | 1,254,342. | | |
| c DONATED FOOD ACQUISITION | 483,580. | 483,580. | | |
| d PRINTING | 158,463. | 1,539. | 141. | 156,783 |
| e All other expenses | 169,067. | 75,011. | 36,548. | 57,508 |
| 25 Total functional expenses. Add lines 1 through 24e | 26,988,480. | 25,840,268. | 551,837. | 596,375 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here [50] 100 July 100 SOR 08 2 (ASC 055 720) | | | | |
| following SOP 98-2 (ASC 958-720) | 0 | | | |

1E1052 1.000

| Marketin | art X | Balance Sheet | | | Page 1 |
|-----------------|-------|---|--------------------------|--------|--------------------|
| | 1 | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 230,027 | | 213,178 |
| | 2 | Savings and temporary cash investments | 832,375 | | 982,773 |
| | 3 | Pleages and grants receivable, net | 132,732 | . 3 | 303,124 |
| | 4 | Accounts receivable, net | 148,391 | . 4 | 251,560 |
| | 5 | Receivables from current and former officers, directors trustees key | | 4 1 | |
| | | employees, and highest compensated employees. Complete Part II of Schedule L. Receivables from other disqualified persons (as defined under section | | 5 | |
| Š. | 6 | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | 4, 4, | 6 | |
| Assets | 7 | Notes and loans receivable, net | (| 7 | (|
| As | 8 | inventories for sale or use | 1,644,618. | 8 | 2,544,050. |
| | 9 | Prepaid expenses and deferred charges | 92,620. | | 31,278. |
| | 10a | Land, buildings, and equipment: cost or | | | |
| | | other basis. Complete Part VI of Schedule D 10a 10,997,465. | | | |
| | b | Less: accumulated depreciation | 9,423,243. | 10c | 9,235,825. |
| | 11 | Investments - publicly traded securities | (| 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | C | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | C | 13 | |
| | 14 | Intangible assets | C | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 8,351. | | 108,759. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 12,512,357. | 16 | 13,670,547. |
| | 17 | Accounts payable and accrued expenses | 358,099. | | 298,843. |
| | 18 | Grants payable | C | 18 | 0 |
| | 19 | Deferred revenue | C | 19 | |
| | 20 | Tax-exempt bond liabilities | 2,907,592. | | 2,917,108. |
| S | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | 2/31//100. |
| ij | 22 | Payables to current and former officers, directors, trustees, key | | SV:178 | |
| Liabilities | | employees, highest compensated employees, and disqualified persons. | | | |
| | | Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | C |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| | 25 | Other liabilities (including federal income tax, payables to related third | | 24 | V |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | ď | 25 | 0 |
| | 26 | Total liabilities. Add lines 17 through 25 | 3,265,691. | 26 | 3,215,951. |
| sec | | Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34. | 3,233,031. | 2.0 | 3,213,931. |
| aŭ | 27 | Unrestricted net assets | 9,092,197. | 27 | 8,823,236. |
| Fund Balances | 28 | Temporarily restricted net assets | 154,469. | 28 | 1,631,360. |
| pu | 29 | Permanently restricted net assets | Q | 29 | 1,001,000. |
| or Fu | | Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Assets | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| t A | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| Net | 33 | Total net assets or fund balances | 9,246,666. | 33 | 10,454,596. |
| - 1 | 34 | Total liabilities and net assets/fund balances. | 12,512,357. | 34 | 13,670,547. |
| | | | | J4 | Eorm 990 (2011) |

| - | m 990 (2011) | | F | age 1 2 |
|--------|--|-------------|-------|--|
| P | Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI | | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 28 | ,203, | 410. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 26 | ,988, | 480. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 1 | ,214, | 930. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 9, | ,246, | 666. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | | -7, | 000. |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, | . , , , , , | | |
| manage | column (B)) | 10 | ,454, | 596. |
| Pa | Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII | | | |
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O. | in | | |
| 2a | the enganizations infamous statements complied of reviewed by an independent accountant? | 2 2 | 3 | X |
| b | Were the organization's financial statements audited by an independent accountant? | 2 t | X c | 1 |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversic | ht | | 1 |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 20 | x c | |
| | If the organization changed either its oversight process or selection process during the tax year, explain Schedule O. | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year we issued on a separate basis, consolidated basis, or both: | re | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth the Single Audit Act and OMB Circular A-133? | i | FO. | |
| b | | 3a | a X | |
| D | 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 Q and describe any steps taken to undergo such audits. | ne ah | v | |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public

OMB No. 1545-0047

Internal Revenue Service Inspection Name of the organization Employer identification number CARE AND SHARE, INC. 84-0731930 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 Χ 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type I Type II С Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No Yes and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the (v) Did you notify (vii) Amount of (vi) is the organization (described on lines 1-9 organization in col. (i) listed in the organization organization in support above or IRC section in col. (i) of col. (i) organized your governing (see instructions)) your support? in the U.S.? document? Yes Yes No No Yes (A) (B)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

(C)

(D)

(E)

Page 2

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 | Section A. Public Support | | | | | | | | | |
|------|---|--------------------------------------|------------------|-------------------|------------------|------------------|----------------|--|--|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total | | | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 17,229,582. | 25,662,420. | 24,118,481. | 22,754,982. | 26,759,594. | 116,525,059. | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 17,229,582. | 25,662,420. | 24,118,481. | 22,754,982. | 26,759,594. | 116,525,059. | | | |
| 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) | | | | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | 0.00 | | | | | 116,525,059. | | | |
| | tion B. Total Support | | | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total | | | |
| 7 | Amounts from line 4 | 17,229,582. | 25,662,420. | 24,118,481. | 22,754,982. | 26,759,594. | 116,525,059. | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 70,868. | 22,230. | 9,670. | 5,115. | 3,208. | 111,091. | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 22,567. | 25,485. | 9,841. | | | 57,893. | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 116,694,043. | | | |
| 12 | Gross receipts from related activities, etc. (s | see instructions) . | | | | 12 | 6,743,624. | | | |
| 13 | First five years. If the Form 990 is forganization, check this box and stop here tion C. Computation of Public Sup | | | d, third, fourth, | or fifth tax yea | ar as a section | 501(c)(3) ▶ | | | |
| 14 | | | SK | | | | 00.06 | | | |
| 15 | Public support percentage for 2011 (li | ne 6, column (f) Sabadula A. Da | alvided by line | 11, column (f)) | | 14 | 99.86% | | | |
| | Public support percentage from 2010 | schedule A, Pa | rt II, IIne 14 | | | 15 | 99.80% | | | |
| 100 | 331/3% support test - 2011. If the o this box and stop here. The organization | nganization uiu nn gualifiae as a | not check the i | box on line 13, | and line 14 is | 331/3% or mor | e, check | | | |
| b | 331/3% support test - 2010. If the c | organization did | not check a he | teu organization | 11 | 45 :- 22 | 🕨 🔀 | | | |
| | check this box and stop here. The orga | anization qualifie | not check a be | supported organ | n roa, and nne | 10 18 3 31/3 % | or more, | | | |
| 17a | 10%-facts-and-circumstances test - 2 | 2011. If the ora | anization did no | ot check a hox | on line 13 16s | | no 14 io | | | |
| | 10% or more, and if the organization | meets the "fac | cts-and-circumst | ances" test ch | eck this hox ar | nd ston here F | volain in | | | |
| | Part IV how the organization meets t | he "facts-and-c | ircumstances" te | est. The organiz | zation qualifies | as a publicly si | nnorted | | | |
| | organization | | | | | ac a publicly St | *bboured | | | |
| b | 10%-facts-and-circumstances test - 2 | 2010. If the org | anization did no | ot check a box | on line 13, 16 | a 16b or 17a | and line | | | |
| | 15 is 10% or more, and if the orga | anization meets | the "facts-and | l-circumstances' | test, check th | nis box and sto | n here | | | |
| | Explain in Part IV how the organization | on meets the "f | acts-and-circum | istances" test. | The organizatio | n qualifies as a | publicly | | | |
| | supported organization | | | | | | | | | |
| 18 | Private foundation. If the organization | did not check a | box on line 13, | 16a, 16b, 17a, | or 17b, check | this box and see | , | | | |
| | instructions | | | | | | | | | |

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 | | | | | | |
|----------|---|---|------------------------------------|-------------------|------------------|-------------------|---------------|
| | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | (-) | (-/ | (0,2011 | (r) Total |
| | 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 | | ļ | - | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7 a | 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 | | | | | | |
| 8 | Add lines 7a and 7b | | \$ 157 : 1 2 : 14 : 14 : 15 | | | | |
| Ū | line 6.) | | | | | | |
| Sec | tion B. Total Support | | 18 18 | 28 9 | L | | |
| | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (a) 2000 | (4) 2010 | (a) 2014 | (E) T - 1 - 1 |
| | · · · · · · · · · · · · · · · · · · · | (a) 2007 | (b) 2000 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 9 10a | Amounts from line 6 | | | | | | |
| ıva | payments received on securities loans, rents, royalties and income from similar | | | | | | |
| | sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| 1 1 | activities not included in line 10b, | | | | | | |
| | whether or not the business is regularly | | | | | | |
| | carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part IV.) | | - | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for | the organization | n's first, second, | third, fourth, or | fifth tax year a | as a section 501(| c)(3) |
| | organization, check this box and stop here. | | | <u> </u> | | | ▶ |
| Sec | tion C.Computation of Public Sup | port Percent | age | | | | |
| 15 | Public support percentage for 2011 (line 8, | column (f) divid | ed by line 13, colu | mn (f)) | | 15 | % |
| 16 | Public support percentage from 2010 Sche | dule A, Part III, lii | ne 15 | | | 16 | % |
| Sec | tion D. Computation of Investmen | | | | | | 70 |
| 17 | Investment income percentage for 2011 (lir | | | 13 column (f)) | | 17 | % |
| 18 | Investment income percentage from 2010 8 | Schedule A Part | III line 17 | | | 18 | |
| | 331/3% support tests - 2011. If the org | nanization did n | of check the he | v on line 44 | lino 1F is | | |
| | | | | | | | |
| h | 17 is not more than 331/3%, check thi | | | | | | |
| ม | 331/3% support tests - 2010. If the orga | | | | | | |
| 0.0 | line 18 is not more than 331/3%, check | | | | | | |
| 20 | Private foundation. If the organization | uia not check | a box on line | 14, 19a, or 19b | , check this be | ox and see instru | ictions > |

PAGE 16

Schedule A (Form 990 or 990-EZ) 2011

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II LINE 10

PRIOR YEARS OTHER INCOME: MISCELLANEOUS REVENUE

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

| Name of the organization | ~ | Employer identification number |
|--|---|---|
| CARE AND SHARE, IN | C. | 84-0731930 |
| Organization type (check or | ne): | 0.0702300 |
| Filers of: | Section: | |
| Form 990 or 990-EZ | X 501(c)(³) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as | a private foundation |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a pr | rivate foundation |
| | 501(c)(3) taxable private foundation | |
| property) from any Special Rules X For a section 501 | n filing Form 990, 990-EZ, or 990-PF that received, during the year one contributor. Complete Parts I and II. c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 | % support test of the regulations |
| under sections 50 the greater of (1) 3 Complete Parts I a | 9(a)(1) and 170(b)(1)(A)(vi) and received from any one contribute \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h and II. | or, during the year, a contribution of n, or (ii) Form 990-EZ, line 1. |
| during the year, to | c)(7), (8), or (10) organization filing Form 990 or 990-EZ that rectal contributions of more than \$1,000 for use <i>exclusively</i> for religing poses, or the prevention of cruelty to children or animals. Comple | ious, charitable, scientific, literary, |
| during the year, co not total to more t year for an <i>exclusi</i> | c)(7), (8), or (10) organization filing Form 990 or 990-EZ that recontributions for use <i>exclusively</i> for religious, charitable, etc., purposenan \$1,000. If this box is checked, enter here the total contributions <i>yely</i> religious, charitable, etc., purpose. Do not complete any of the anization because it received nonexclusively religious, charitable, ear | oses, but these contributions did ons that were received during the ne parts unless the General Rule , etc., contributions of \$5,000 or |
| 990-EZ, or 990-PF), but it m | t is not covered by the General Rule and/or the Special Rules do ust answer "No" on Part IV, line 2, of its Form 990; or check the 0-PF, to certify that it does not meet the filing requirements of Sch | box on line H of its Form 990-EZ or on |

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

| | B (Form 990, 990-EZ, or 990-PF) (2011) | | Page |
|------------|---|--------------------------------------|--|
| Name of o | rganization CARE AND SHARE, INC. | 1 | Employer identification number 84-0731930 |
| Part I | Contributors (see instructions). Use duplicate copies | of Part I if additional space is nee | ded. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1_ | | т 1 /Q1 335 | Person Payroll Noncash (Complete Part II if there is |
| | | | a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | Ф. | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$\$ | Person Payroll Noncash |

(Complete Part II if there is a noncash contribution.)

Name of organization CARE AND SHARE, INC.

Employer identification number 84-0731930

| Part II | Noncash Property (see instructions). | Use duplicate copies of Part II if additional space is needed | Ч |
|-----------------------|---|--|-----|
| And the second second | [· · · · · · · · · · · · · · · · · · · | and are produce of the control of th | ωi. |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|--|--|--|--|
| | FOOD | | · · · · · · · · · · · · · · · · · · · |
| 1_ | | | |
| | | \$\\$1,491,335. | 06/30/2012 |
| (a) N o. | 40 | (c) | |
| from Part I | (b) Description of noncash property given | FMV (or estimate) (see instructions) | (d) Date received |
| The second second property and a second seco | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | ************************************** |
| | | | |
| | | \\$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | | |
| | | \\$ | |

Name of organization CARE AND SHARE, INC.

Employer identification number

| R A | 1 | 0 | 7 | 3 | 1 | 03 | \cap | |
|-----|---|---|---|---|---|----|--------|--|

| Part III | Exclusively religious, charitable, etc., that total more than \$1,000 for the year | ear. Complete columns (a) the | nrough (e) a | nd the following line entry. | | | | | |
|---------------------------|--|--|--|--------------------------------------|--|--|--|--|--|
| | For organizations completing Part III, e contributions of \$1,000 or less for the | nter the total of <i>exclusively</i> re eyear. (Enter this information | eligious, cha ⊢once. See ii | ritable, etc., hstructions.) ► \$ | | | | | |
| | Use duplicate copies of Part III if addition | onal space is needed. | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | | | |
| | - | | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| | | (e) Transfer of gift | L | | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationsh | ip of transferor to transferee | | | | | |
| | | | | | | | | | |
| (a) No. | | | | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | (e) Transfer of gift | | | | | | | |
| | Transferee's name, address, ar | | Relationsh | ip of transferor to transferee | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | | | |
| | | Part of the second seco | | | | | | | |
| | | | | (| | | | | |
| | | | | | | | | | |
| | | (e) Transfer of gift | | | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationsh | ip of transferor to transferee | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| (a) No. | | | | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | | | |
| | | - | | | | | | | |
| | | | | | | | | | |
| | | West and the second sec | | | | | | | |
| | | (e) Transfer of gift | | | | | | | |
| | Transferee's name, address, as | nd ZIP + 4 | Relationship of transferor to transferee | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

2011

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Inspection Employer identification number

| Nam | ne of the organization | | Employer identification number |
|--------|--|---|--|
| | RE AND SHARE, INC. | | 84-0731930 |
| Pa | organizations Maintaining Donor Advious organization answered "Yes" to Form 9 | ised Funds or Other Similar Funds 90, Part IV, line 6. | or Accounts. Complete if the |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor a | advisors in writing that the assets held | in donor advised |
| _ | funds are the organization's property, subject to the | e organization's exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, ar | | |
| | only for charitable purposes and not for the benefit | | |
| Π- | conferring impermissible private benefit? | 4b | Yes No |
| 1 | rt II Conservation Easements. Complete if Purpose(s) of conservation easements held by the | | Form 990, Part IV, line 7. |
| • | | | |
| | Preservation of land for public use (e.g., recre | , | n of an historically important land area |
| | Protection of natural habitat | Preservation | n of a certified historic structure |
| _ | Preservation of open space | -1.1 P.C - 4 | |
| 2 | Complete lines 2a through 2d if the organization he | eld a qualified conservation contribution | in the form of a conservation |
| | easement on the last day of the tax year. | | Held at the End of the Tax Year |
| _ | Takal mountains at a sure and the sure and the | | |
| a | Total number of conservation easements | | |
| b | Total acreage restricted by conservation easements | | |
| C | Number of conservation easements on a certified | | . 2c |
| d | Number of conservation easements included in (c) | | |
| 2 | historic structure listed in the National Register | | |
| 3 | Number of conservation easements modified, tran | sterred, released, extinguished, or term | inated by the organization during the |
| | tax year > | | |
| 4 | Number of states where property subject to conse | | |
| 5 | Does the organization have a written policy regard | | |
| _ | violations, and enforcement of the conservation ea | | |
| 6 | Staff and volunteer hours devoted to monitoring, ir | ispecting, and enforcing conservation e | asements during the year |
| | - | | |
| 7 | Amount of expenses incurred in monitoring, inspec | iting, and enforcing conservation easem | nents during the year |
| _ | S | | |
| 8 | Does each conservation easement reported on line | | |
| ^ | (i) and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIV, describe how the organization reports | | |
| | balance sheet, and include, if applicable, the text organization's accounting for conservation easeme | | ncial statements that describes the |
| Đ | rt III Organizations Maintaining Collections | | or Cimilar Acasta |
| نسن | Complete if the organization answered | "Yes" to Form 990, Part IV, line 8. | ier Similar Assets. |
| 1 a | If the organization elected, as permitted under Si works of art, historical treasures, or other similar | FAS 116 (ASC 958), not to report in it | s revenue statement and balance sheet |
| | public service, provide, in Part XIV, the text of the fe | potnote to its financial statements that d | escribes these items. |
| b | If the organization elected, as permitted under sworks of art, historical treasures, or other similar public service, provide the following amounts relative | ar assets held for public exhibition, e | revenue statement and balance sheet ducation, or research in furtherance of |
| | public service, provide the following amounts relati | | . . |
| | (i) Revenues included in Form 990, Part VIII, line | | |
| _ | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of a | | • , |
| _ | following amounts required to be reported under S | | |
| a b | Revenues included in Form 990, Part VIII, line 1. Assets included in Form 990, Part X | | |
| N | / NOOCIO HICHUCU HI I OHII 330, Fall A | | |

Schedule D (Form 990) 2011 Page 2

| Par | t III Organizations Maintaining C | ollections of | Art, Hist | torical Tr | easure | s, or | Other | Similar A | ssets (d | continuea | ') |
|--------|--|--------------------|--------------|---|------------------|---|--|----------------------|---|-----------------|------------|
| | | | | | | | | | | | |
| 3 | Using the organization's acquisition, accollection items (check all that apply): | ccession, and d | other rec | ords, chec | k any c | of the | tollow | ing that ar | e a sigr | nificant us | e of its |
| | Public exhibition | | ا م | | n or ov | (ahan | ac proa | romo | | | |
| a b | Scholarly research | | d | Oth | an or ex | | | | | | |
| C | Preservation for future general | ione | e | | | | | | | | |
| 4 | Provide a description of the organizati | | and over | nlain haw | thou fu | rthor | the ere | anization!a | ovemn | t nurnaca | in Dort |
| 7 | XIV. | orra conections | and exp | Dialii 110W | they lu | i ti i e i | the org | janization s | s. exemp | r purpose | III Fall |
| 5 | During the year, did the organization so | licit or receive o | lonatione | of art hiet | orical tr | 222111 | ree or c | ther eimile | .r | | |
| Ŭ | assets to be sold to raise funds rather th | | | | | | | | | Yes | No |
| Par | t IV Escrow and Custodial Arran | | | | | *************************************** | | | | | |
| | line 9, or reported an amoun | | | | 1112241101 | | | 100 101 | 0,,,, | o, raitiv | 1 |
| | | | | | | | | | | | |
| 1 a | Is the organization an agent, trustee, cu | stodian or othe | r interme | diary for co | ontributi | ions c | or other | assets not | | | |
| | included on Form 990, Part X? | | | | | | | | | Yes | No |
| b | If "Yes," explain the arrangement in Part | XIV and comp | lete the f | ollowing ta | ble: | | | | _ | | l-uncara-l |
| | | | | | | | | Ar | nount | | |
| С | Beginning balance | | | | | 1 c | | | | | |
| d | Additions during the year | | | | | 1d | | | | | |
| е | Distributions during the year | | | | | | | | | | |
| f | Ending balance | | | | | | | | | | |
| | Did the organization include an amount | | Part X, lir | ne 21? | | | | | | Yes | No |
| | If "Yes," explain the arrangement in Part | | | | | | | | | | |
| Par | V Endowment Funds. Comple | te if the orgar | nization a | answered | "Yes" t | o Fo | rm 990 |), Part IV, | line 10. | | |
| | <u> </u> | a) Current year | (b) P | rior year | (c) Tw | vo year | s back | (d) Three ye | ars back | (e) Four ye | ears back |
| | Beginning of year balance | ···· | | - | | | | | | | |
| | Contributions | | | | | | | | | | Selforia. |
| С | Net investment earnings, gains, | | | | | | | | | | |
| | and losses | | | | | | | | | | |
| | Grants or scholarships | | | *************************************** | ļ | | | | | | |
| е | Other expenditures for facilities . | | | | | | | | | | |
| _ | and programs | **** | | | | *********** | | ··· | | 美国11 国际产 | |
| | Administrative expenses | | | ······ | | | | | | | |
| _ | End of year balance | | L | | <u> </u> | | | | | | |
| 2 | Provide the estimated percentage of the | | | ce (line 1g | , columr | າ (a)) | held as: | | | | |
| a | Board designated or quasi-endowment | ~ ~ ~ ~ ~ ~ ~ ~ ~ | _% | | | | | | | | |
| D | Permanent endowment | - | | | | | | | | | |
| C | Temporarily restricted endowment | % | 000/ | | | | | | | | |
| 3.0 | The percentages in lines 2a, 2b, and 2c | | | | | 1-1 | | | | | |
| Ja | Are there endowment funds not in the p | oossession of the | ne organi | ization that | are ne | id and | a admin | istered for t | ine | [] | |
| | organization by: (i) unrelated organizations | | | | | | | | | | es No |
| | - | | | | | | | | | 3a(i) | |
| h | (ii) related organizations | | | | | | | | | 3a(ii) 3b | |
| 4 | Describe in Part XIV the intended uses | | | | | | | | | 30 | |
| | tVI Land, Buildings, and Equipm | | | | | *************************************** | | | | | |
| | Description of property | | other basis | | | | (-) . | | | -N. n | |
| | bescription of property | | tment) | | or other bother) | asis | , , | umulated eciation | (6 | d) Book value | ; |
| 1 a | Land | | | 1, | 997,0 | 71. | 1 | | | 1.99 | 7,071. |
| b | Buildings | | | | 360,4 | 2.7 | 7 | 41,504. | *************************************** | | 3,953. |
| С | Leasehold improvements | <u> </u> | | | | | | | | , | |
| d | Equipment | | | 1, | 639,9 | 37. | 1,0 | 20,136. | | 619 | 9,801. |
| е | Other | | | | | | ······································ | | | | |
| | I. Add lines 1a through 1e. (Column (d) | | n 990, Pa | art X, colum | n (B). lir | ne 10 | (c).). | | | 9,235 | 5,825. |
| | | | | · · · · · · · · · · · · · · · · · · · | - ' // | | | | | | |

Schedule D (Form 990) 2011

Page 3

| Part VII | Investments - Other Securities. See F | orm 990, Part X, Iir | ne 12. |
|---|--|----------------------|--|
| *** | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| | ial derivatives | | |
| | y-held equity interests | | |
| | | | |
| $-\frac{(A)}{(B)}$ | | | |
| <u>(B)</u> | | | |
| (C) (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| (l) | | | |
| Total. (Colum | nn (b) must equal Form 990, Part X, col. (B) line 12.) | | |
| Part VIII | Investments - Program Related. See F | orm 990, Part X, lir | ne 13. |
| | (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | <u> </u> | |
| <u>(6)</u> (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| | nn (b) must equal Form 990, Part X, col. (B) line 13.) | | |
| Part IX | Other Assets. See Form 990, Part X, I | ine 15. | |
| | (a) | Description | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| <u>(6)</u> (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| | nn (b) must equal Form 990, Part X, col. (B) line 15.) | | |
| Part X | Other Liabilities. See Form 990, Part > | | |
| 1. | (a) Description of liability | (b) Book valu | ue |
| (1) Fede | ral income taxes | | |
| _(2) | | | |
| _(3) | | | |
| (4) | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| <u>(9)</u> (10) | | | |
| (10) | | | |
| *************************************** | mn (b) must equal Form 990, Part X, col. (B) line 25. |) ▶ | |
| | (, | , - | |

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

| Sched | ule D (Form 990) 2011 | | . 0 / | Page 4 |
|---------|---|-----------|------------------|---------------|
| Pari | | ment | | rage 7 |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | | 28,203,410. |
| 2 | rotal expenses (Form 990, Part IX, column (A), line 25) | 2 | | 26,988,480. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 1 2 | | 1,214,930. |
| 4 | Net unrealized gains (losses) on investments | А | | |
| 5 | Donated services and use of facilities | 5 | | |
| 6 | investment expenses | 6 | | |
| 7 | The period adjustments | 7 | | |
| 8 | Other (Describe iii Fait XIV.) | Ω | | -7,000. |
| 9 | rotal adjustifients (fiet). Add lifes 4 through 8 | 9 | | -7,000. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | | 1,207,930. |
| Part | XII Reconciliation of Revenue per Audited Financial Statements With Revenue per R | eturn | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 28,272,015. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | 31 | |
| а | Net unrealized gains on investments 2a | | | |
| b | Donated services and use of facilities 2b 13,8 | 320. | | |
| С | Recoveries of prior year grants 2c | | | |
| d | Other (Describe in Part XIV.) | 85. | | |
| е | Add lines 2a through 2d | 2 | e e | 68,605. |
| 3 | Subtract line 2e from line 1 | | 3 | 28,203,410. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | 1 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | | |
| b | Other (Describe in Part XIV.) | | | |
| С | Add lines 4a and 4b | 4 | c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 28,203,410. |
| Part | Reconciliation of Expenses per Audited Financial Statements With Expenses per | Returr | 1 | |
| 1 | Total expenses and losses per audited financial statements | | 1 | 27,064,085. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities 2a 13,8 | 20. | \$1.11 \$4.11 | |
| b | Prior year adjustments 2b | | | |
| C . | Other losses 2c 7,0 | | | |
| d | Other (Describe in Part XIV.) 2d 54,7 | 85. | | |
| e | Add lines 2a through 2d | 2 | e | 75,605. |
| 3 | Subtract line 2e from line 1 | | 3 | 26,988,480. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | | |
| a | Other (Describe in Part XIV.) | | | |
| 5 | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 4 | С | |
| - | XIV Supplemental Information | · ! | 5 | 26,988,480. |
| Comp | At Supplemental information lete this part to provide the descriptions required for Port II. lines 2. 5. and 0. Port III. lines 4. and 6. | | | |
| Part V. | lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P , line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com | art IV, I | ines | 1b and 2b; |
| any ac | ditional information. | hiere ri | iis þa | ir to provide |
| | | | | |
| SEE | PAGE 5 | | | |
| | | | | |
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| | | | | |

Part XIV Supplemental Information (continued)

PART XII LINE 2D

FUNDRAISING EXPENSES NETTED WITH INCOME FOR 990 REPORTING: \$54,785

PART XIII LINE 2D

FUNDRAISING EXPENSES NETTED WITH INCOME FOR 990 REPORTING: \$54,785

PART X LINE 2

THE ORGANIZATION BELIEVES THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

PART XI LINE 8

FINANCIAL STATEMENT LOSS ON BAD DEBT \$7,000

SCHEDULE G

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Employer identification number CARE AND SHARE, INC. 84-0731930 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. 'Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations а Solicitation of non-government grants е b Internet and email solicitations f Solicitation of government grants Phone solicitations C Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (i) Name and address of individual (vi) Amount paid to (iv) Gross receipts (or retained by) (ii) Activity custody or control of (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes 1 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA

Schedule G (Form 990 or 990-EZ) 2011

| P | art | Fundraising Events. Complete than \$15,000 of fundraising ever gross receipts greater than \$5,000 of fundraising ever gross receipts greater than \$5,000 of fundraising ever gross receipts greater than \$5,000 of fundraising every gross greater | nt contributions and gros | wered "Yes" to Form 99 ss income on Form 990 | 0, Part IV, line 18, or -EZ, lines 1 and 6b. I | reported more List events with |
|-----------------|----------|---|---|---|---|--|
| | | | (a) Event #1 HARVEST OF LOVE (event type) | (b) Event #2 RECIPE FOR HOP (event type) | (c) Other Events 5. | (d) Total events (add col. (a) through col. (c)) |
| Revenue | 1 | Gross receipts | 144,692. | 53,437. | 78,652. | 276,781 |
| ď | | Less: Charitable contributions Gross income (line 1 minus | 144,692. | 53,437. | 59,542. | 257,671 |
| | 3 | line 2) | | | 19,110. | 19,110 |
| | 4 | Cash prizes | | | | |
| S | | Noncash prizes | | | | |
| Direct Expenses | | Rent/facility costs | | | | |
| ect Ex | | Food and beverages | | 27,192. | | 27,192 |
| ä | | Entertainment | | 350. | *************************************** | 350 |
| | | Other direct expenses | | 5,217. | 21,559. | |
| سيستن | 11 rt | Net income summary. Combine line 3 Gaming. Complete if the orgathan \$15,000 on Form 990-E | 3, column (d), and line 10 anization answered "Y |) <i></i> | | (54,786.) -35,676 rted more |
| Revenue | | ικαπ φτο,σσο σπ τ σππ 330-Ε | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Re | 1 | Gross revenue | | | | |
| uses | 2 | Cash prizes | | | | |
| t Expenses | 3 | Noncash prizes | | V 10 1 - 10 10 10 10 10 10 10 10 10 10 10 10 10 | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | No No | No No | Yes % | |
| | 7 | Direct expense summary. Add lines 2 | through 5 in column (d) | · | | () |
| | 8 | Net gaming income summary. Comb | ine line 1, column d, and | l line 7 | | |
| 0 | | | | | | |
| 9 a | ı İs | nter the state(s) in which the organizate the organization licensed to operate of "No," explain: | gaming activities in each | of these states? | | . Yes No |

Schedule G (Form 990 or 990-EZ) 2011

| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | | lule G (Form 990 or 990-EZ) 2011 Page |
|---|------|--|
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | 11 | Does the organization operate gaming activities with nonmembers? |
| Indicate the percentage of gaming activity operated in: The organization's facility | 12 | is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity |
| Indicate the percentage of gaming activity operated in: The organization's facility | | formed to administer charitable gaming? |
| b An outside facility | 13 | Indicate the percentage of gaming activity operated in: |
| b An outside facility | а | |
| Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ | b | |
| Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and |
| Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Name ▶ |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ | | Address ► |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶ | 15 a | Does the organization have a contract with a third party from whom the organization receives gaming |
| amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶ | | revenue? |
| c If "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ Description of services provided ▶ Director/officer | а | and the |
| Name ► | _ | amount of gaming revenue retained by the third party > \$ |
| Address ▶ | C | res, enter name and address or the third party: |
| Address ▶ | | Nama 🏊 |
| Name ► | | Name > |
| Name ► | | Address ► |
| Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer | 16 | |
| Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer | | Name ▶ |
| Description of services provided Director/officer Employee Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations | | |
| Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes b Enter the amount of distributions required under state law to be distributed to other exempt organizations | | |
| Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | | Description of services provided ▶ |
| 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations | | |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations | | Director/officer Employee Independent contractor |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations | 17 | Mandatory distributions: |
| retain the state gaming license? Yes b Enter the amount of distributions required under state law to be distributed to other exempt organizations | | · |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations | - | |
| or spent in the organization's own exempt activities during the tax year > \$ | b | Enter the amount of distributions required under state law to be distributed to other exempt organizations |
| | | or spent in the organization's own exempt activities during the tax year > \$ |
| Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete the | Part | Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this |
| part to provide any additional information (see instructions). | | part to provide any additional information (see instructions). |

SCHEDULE K (Form 990)

Department of the Treasury

Name of the organization Internal Revenue Service

CARE AND SHARE, INC.

Part

▶ See separate instructions. ► Attach to Form 990.

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047 Open to Public

Employer identification number 84-0731930

(i) Pooled (h) On Bond Issues

| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (c) CUSIP # (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased behalf of financing issuer | behalf of issuer | . ij | ncing | |
|---------------------------|----------------|-------------|-----------------------------|-----------------|----------------------------|---|------------------|------|----------------|--|
| | | | | | | Yes No | Yes No Yes | Υe | N _s | |
| A EL PASO COUNTY COLORADO | | | 08/01/2011 | 3,005,172. | 3,005,172. SEE PART V | × | × | | × | |
| В | | | | | | | | | | |
| U | | | | | | | | | | |
| D | | | | | | | | | | |
| Par II Proceeds | | | | | | | | | - | |

| | 4 | മ | ပ | ۵ |
|------------------------------------|------------|--|--|--|
| 1 Amount of bonds retired | | | | TO THE REAL PROPERTY OF THE PR |
| 2 Amount of bonds legally defeased | | | The state of the s | The state of the s |
| 3 Total proceeds of issue | 3,005,172. | The state of the s | And the special section of the secti | |
| 4 Gross proceeds in reserve funds | | | And and an additional property of the state | AVVP 7 17 VV |

| | | | + |
|---------------------------------------|--|---|---|
| s Capitalized interest from proceeds | | | |
| Sapitalized litterest from proceeds. | | | |
| | | | |
| S Proceeds in refinding esprove | | | |
| · · · · · · · · · · · · · · · · · · · | | | |
| | | | |
| 7 Jestiance costs from proceeds | | • | |

| • | | - |
|---------------------------------|--------------------------------|------------------------------------|
| 6 Proceeds in refunding escrows | 7 Issuance costs from proceeds | 8 Credit enhancement from proceeds |

| When the state of | | |
|---|------------|--|
| 9 Working capital expenditures from proceeds | | |
| 10 Capital expenditures from proceeds | 3,005,172. | |
| 11 Other spent proceeds | | The state of the s |

| 12 Other unspent proceeds | | | | | | | |
|-----------------------------------|------|--------|-----|----|-----|----|-----|
| 13 Year of substantial completion | 2011 | F | | | | | |
| | Yes | o N | Yes | °N | Yes | No | Yes |

×

ŝ

| 15 Were the bonds issued as part of an advance refunding issue? | × | | | |
|---|---|---|--|--|
| 16 Has the final allocation of proceeds been made? | × | - | AND THE PROPERTY OF THE PROPER | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | | |
| Private Business Use | | | | |

| Zalelle Private Business Use | | | | |
|---|-----|----|-----|----|
| | 1 | | | œ |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned | Yes | No | Yes | No |
| property financed by tax-exempt bonds? | | × | | |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | × | | |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990. | | | | |

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Schedule K (Form 990) 2011

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Yes

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Yes

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Schedule K (Form 990) 2011

Page 2 % % | % ŝ Ω Yes % % % ŝ ပ Yes % % % ° EL PASO COUNTY COLORADO Yes % %% 2× × × Yes other than a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use by entities Enter the percentage of financed property used in a private business use as a Are there any management or service contracts that may result in private business Are there any research agreements that may result in private business use of bond-If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel d If "Yes" to line 3c, does the organization routinely engage bond counsel or other result of unrelated trade or business activity carried on by your organization, outside counsel to review any research agreements relating to the financed property? to review any management or service contracts relating to the financed property? Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? another section 501(c)(3) organization, or a state or local government Private Business Use (Continued) use of bond-financed property? Total of lines 4 and 5 financed property? Part III 3a Ω ĸ ဖ

Part IV Arbitrage

| | 4 | ω | | U | | _ |
|---|--------|--------|--|-----|--|----|
| 1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of | Yes No | Yes No | Yes | ° N | Yes | No |
| Arbitrage Rebate, been filed with respect to the bond issue? | × | | The state of the s | | | |
| 2 Is the bond issue a variable rate issue? | X | | | | | |
| 3a Has the organization or the governmental issuer entered into a qualified hedge with | | | | | | |
| respect to the bond issue? | × | | | | | |
| b Name of provider | | | | | *************************************** | |
| c Term of hedge | | | | | | |
| d Was the hedge superintegrated? | | | | | | |
| e Was the hedge terminated? | | | | | | |
| 4a Were gross proceeds invested in a guaranteed investment contract (GIC)? | X | | | | | |
| b Name of provider | | | | | And the second s | |
| c Term of GIC | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | |
| 5 Were any gross proceeds invested beyond an available temporary period? | × | | | | | |

Frocedures To Undertake Corrective Action

Did the bond issue qualify for an exception to rebate?

9

ŝ × Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations

×

Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions) SCHEDULE K PART I COLUMN Part VI

CONSTRUCTION OF FOOD STORAGE AND DISTRIBUTION FACILITY

JSA 1E1296 1,000

1611DY P091 11/14/2012 3:56:30 PM

004228-000

V 11-6.1

Schedule K (Form 990) 2011 PAGE 31

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open To Public

OMB No. 1545-0047

Name of the organization

Employer identification number

| CARE AND SHARE, INC. | | | | | | | -073 | 1930 |) | | |
|---|---------------------------------------|-----------------------------|---|---------------------------|---------------------------------------|--------------|----------|---|---------|-----------------|------------|
| Part I Excess Benefit Transactions (see Complete if the organization answer | ction 501(c) ed "Yes" on | (3) and Form | d section 501(c)(4) 990, Part IV, line 2 | organizati 25a or 25b, | ons only) or Form |). 990-E | Z, Pa | rt V, li | ne 40 | b. | |
| 1 (a) Name of disqualified person | | | (| b) Description | on of tran | saction | , | | | (c) | Corrected* |
| | · · · · · · · · · · · · · · · · · · · | | | | | | , | | | Υe | es No |
| (1) | Western | | | | ~~~~ | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (5) | | | | | | | | | | | _ |
| (6) | | | | | | | | | | - | |
| Enter the amount of tax imposed on the ounder section 4958 Enter the amount of tax, if any, on line 2, | <i></i> | | . <i></i> | | | | 🏲 | \$ \$ | | | |
| Part II Loans to and/or From Intereste Complete if the organization answe | | | n 990, Part IV, line 2 | 26, or Form | 990-EZ | , Part | V, line | 38a. | | | |
| (a) Name of interested person and purpose | (b) Loa | n to or from panization? | (c) Original principal amount | (d) Balan | | T | lefault? | | ard or | (g) W agreen | |
| | То | From | | | | Yes | No | Yes | No | Yes | No |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | ļ | | | | | |
| (4) (5) | | | | | | ļ | | | | | |
| (6) | | - | | | | | | | | | |
| (7) | | - | | | | ļ | | | | | |
| (8) | | | | | | | | | | | |
| (9) | | | | | | | | | | | |
| 10) | | 1 | *** | | | | | | | | |
| otal | | 1 | > \$ | | | | | | | | |
| Complete if the organization answer (a) Name of interested person | g Intereste red "Yes" or | d Pers n Form | sons. | | (c) | Amour | nt and | type of | f assis | tance | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | T T T T T T T T T T T T T T T T T T T | | | *************************************** | | | |
| (5) | | | | | | | | | | | |
| (6) | | | | | | | | *************************************** | | | |
| (7) | | | | | | | | | | | |
| (8) | | | | | | | | *************************************** | | | |
| (9) | | | | | | | | | | | |
| 10) | | | | | | | | | | | |
| or Paperwork Reduction Act Notice, see the | Instruction | s for F | orm 990 or 990-EZ | | | Sche | dule L | (Form 9 | 990 or | 990-EZ | 2) 2011 |

Schedule L (Form 990 or 990-EZ) 2011

Page 2

| Part IV Business Transactions Invo | lving Interested Persons. | | | | raye Z |
|------------------------------------|---|--|--------------------------------|--------|---------------------------------|
| Complete if the organization an | swered "Yes" on Form 990, Par | t IV, line 28a, 28b | o, or 28c. | | |
| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | organi | naring of ization's nues? |
| | | THE PROPERTY OF THE PROPERTY O | | Yes | No |
| (1) STEVE SCHNEIDER | CGO AND BOARD MEMBER | 13,632. | SEE PART V | | х |
| (2) | | | | | |
| (3) | | | | 1 | |
| (4) | | | | | |
| (5) | | | | 1 | |
| (6) | | | | | |
| (7) | | | | + | |
| (8) | | | | + | |

Part V Supplemental Information

(9) (10)

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

PART IV LINE 2 COLUMN D

STEVE SCHNEIDER (CGO AND BOARD MEMBER) IS PRESIDENT OF CENTRAL BANCORP WHICH INCLUDES CENTRAL BANCORP INSURANCE (CBI). CARE AND SHARE PAID \$13,631.50 DURING 2011-2012 FOR ITS COMMERCIAL AND UMBRELLA INSURANCE POLICIES WITH THE CARRIER, PHILADELPHIA INSURANCE.

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

►Attach to Form 990.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CARE AND SHARE, INC.

Employer identification number

| Par | t 1 Types of Property | | | | 01 0701900 |
|------|---------------------------------------|---|--|---|---|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
| 1 | Art - Works of art | | | | |
| 2 | Art - Historical treasures | | | | |
| 3 | Art - Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household | | | | |
| | goods | | | | |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities - Publicly traded | | | | |
| 10 | Securities - Closely held stock | | | | |
| 11 | Securities - Partnership, LLC, | | | | |
| | or trust interests | *************************************** | | | |
| 12 | Securities - Miscellaneous | | | | |
| 13 | Qualified conservation | | | | |
| | contribution - Historic | | | | |
| | structures | | | | |
| 14 | Qualified conservation | | | | |
| | contribution - Other | | | | |
| 15 | Real estate - Residential | | | | |
| 16 | Real estate - Commercial | | | | |
| 17 | Real estate - Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | X | 2,800. | 22,644,401. | PRICE PER POUND |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other ►() | ****** | | | |
| 26 | Other ►() | | | | |
| 27 | Other ►() | | | | |
| 28 | Other ►() | | | | |
| 29 | Number of Forms 8283 received | | | | |
| | which the organization completed F | orm 8283, | Part IV, Donee Acknowledg | ement | 29 |
| | | | | | Yes No |
| 30 a | During the year, did the organizat | ion receive | by contribution any prope | rty reported in Part I, line | s 1-28 that |
| | it must hold for at least three year | rs from the | date of the initial contribu | ition, and which is not rec | quired to be |
| | used for exempt purposes for the el | ntire holding | period? | | 30a X |
| | If "Yes," describe the arrangement in | | | | |
| 31 | Does the organization have a | | | | ion-standard |
| | contributions? | | | | 31 X |
| 32 a | Does the organization hire or use | e third part | ies or related organization | s to solicit, process, or s | sell noncash |
| | contributions? | | | | 32a X |
| | If "Yes," describe in Part II. | | | | |
| 33 | If the organization did not report ar | amount in | column (c) for a type of pro | perty for which column (a) | is checked, |
| | describe in Part II. | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2011)

Part II

Page 2

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M PART I COLUMN B

FOOD INVENTORY WAS CONTRIBUTED BY 2,800 CONTRIBUTORS.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

OMB No. 1545-0047

2011

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

CARE AND SHARE, INC.

Employer identification number 84-0731930

FORM 990 PART III LINE 1

CONTINUATION OF MISSION: IN COALITION WITH DIVERSE ORGANIZATIONS, WE PROVIDE HUNGER RELIEF AND WORK TO ADDRESS THE ROOT CAUSES OF HUNGER THROUGH ADVOCACY AND EDUCATION.

FORM 990 PART VI SECTION B LINE 11

THE BOARD OF DIRECTORS WILL RECEIVE A DRAFT COPY OF THE FORM 990 BEFORE IT IS FILED AND WILL BE GIVEN TIME TO REVIEW AND CONSENT BEFORE FILING.

FORM 990 PART VI SECTION B LINE 12C

THE CONFLICT OF INTEREST POLICY IS RE-CIRCULATED FOR SIGNATURE ANNUALLY AND IS MONITORED THROUGHOUT THE YEAR. IF POTENTIAL CONFLICTS OF INTEREST ARISE, THEY ARE BROUGHT TO THE ATTENTION OF THE ORGANIZATION'S MANAGEMENT AND BOARD, IF APPROPRIATE, WITH ENFORCEMENT OCCURRING AT THAT TIME.

FORM 990 PART VI SECTION B LINE 15

THE BOARD OF DIRECTORS HAS ESTABLISHED AN EXECUTIVE COMPENSATION

COMMITTEE, WHICH ANNUALLY REVIEWS THE CEO'S COMPENSATION. RESEARCH OF

SIMILAR POSITIONS IS RECORDED AND DOCUMENTED, AS IS THE PERFORMANCE

EVALUATION OF THE CEO. THE CEO ESTABLISHES THE COMPENSATION OF THE OTHER

OFFICERS OF THE ORGANIZATION, WITH BOARD OVERSIGHT. A COMPENSATION STUDY

IS CONDUCTED ANNUALLY TO COMPARE OFFICERS' SALARIES WITH SIMILAR

ORGANIZATIONS. THE BOARD REVIEWS A MONITORING REPORT ANNUALLY, PREPARED

BY THE CEO, THAT REPORTS ON THE COMPENSATION-ESTABLISHING PROCESS.

Employer identification number 84-0731930

FORM 990 PART VI SECTION C LINE 19

GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990 PART XI LINE 5

FINANCIAL STATEMENT LOSS ON BAD DEBT \$7,000

FORM 990 PART XII LINE 2C

THE ORGANIZATION HAS AN AUDIT COMMITTEE WHICH IS RESPONSIBLE FOR ENGAGING

THE INDEPENDENT CPA FIRM. THE AUDIT COMMITTEE REVIEWS THE AUDIT WITH THE

CPA FIRM.

ATTACHMENT 1

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION

AMOUNT

FUNDRAISING EVENTS

257,671.

TOTAL

257,671.

FORM 990, PART VIII - FUNDRAISING EVENTS

ATTACHMENT 2

| DESCRIPTION | GROSS INCOME | DIRECT EXPENSES | NET INCOME |
|--------------------|-----------------|--------------------|---------------|
| FUNDRAISING EVENTS | 19,110. | 54,785. | -35,675. |
| TOTALS | 19,110. | 54,785. | -35,675. |



orm 8868

(Rev. January 2012)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

rganization Return OMB No. 1545-1709

| Internal Revenu | e Service File a | separate a | pplication for each return | • | | | | |
|--|---|--|--|---|---|--|--|--|
| | filing for an Automatic 3-Month Extension, of | | | | > X | | | |
| | efiling for an Additional (Not Automatic) 3-M o olete Part II unless you have already been gra | | · · | , , , | i8. | | | |
| a corporatio 8868 to red Return for | iling (e-file). You can electronically file Form on required to file Form 990-T), or an addition quest an extension of time to file any of the Transfers Associated With Certain Personal. For more details on the electronic filing of the | nal (not au forms liste Il Benefit | tomatic) 3-mönth exte ed in Part I or Part II v Contracts, which mus | ension of time. You can electronical with the exception of Form 8870, st be sent to the IRS in paper to | lly file Form Information format (see | | | |
| Part I Au | tomatic 3-Month Extension of Time. Or | ily submit | original (no copies n | needed). | | | | |
| Part I only | on required to file Form 990-T and requesting rporations (including 1120-C filers), partnersh | | | · · · · · · · · · · · · · · · · · · · | of time | | | |
| | ne tax returns. | | oo, ana tracto made acc | Enter filer's identifying number, se | | | | |
| | Name of exempt organization or other filer, see in | nstructions. | | Employer identification number (EIN) or | | | | |
| Type or print | | | | | | | | |
| | CARE & SHARE FOOD BANK FOR SOUTHERN | | X 84-0731930 | | | | | |
| File by the due date for | Number, street, and room or suite no. If a P.O. bo | ctions. | Social security number (SSN) | | | | | |
| filing your return. See | 2605 PREAMBLE POINT | a faraian ad | Idraga, aga inata satiana | | | | | |
| instructions. | City, town or post office, state, and ZIP code. For | a roreign ad | idress, see instructions. | | | | | |
| Enter the Re | COLORADO SPRINGS, CO 80915 eturn code for the return that this application | is for (file s | a cenarate application f | for each return) | . 0 1 | | | |
| Litter the 14 | starr code for the retain that this application | is for time a | a separate application i | Gordanietum, | . [0] 1 | | | |
| Application | | Return | Application | Retur | | | | |
| Is For | | Code | Is For | | Code | | | |
| Form 990 | | 01 | Form 990-T (corpora | ation) | 07 | | | |
| Form 990-B | L | 02 | Form 1041-A | | | | | |
| Form 990-E. | Z | 01 | Form 4720 | Form 4720 0 | | | | |
| Form 990-P | F | 04 | Form 5227 | 1 5227 | | | | |
| Form 990-T | (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 | | | | |
| Form 990-T | (trust other than above) | 06 | Form 8870 | | | | | |
| | s are in the care of THE ORGANIZATI | | | | | | | |
| | e No. ► 719-528-1247 | ~~~ | FAX No. ▶ | 1.1.2.3 | , | | | |
| | anization does not have an office or place of | | | | ▶∐_ | | | |
| | or a Group Return, enter the organization's fo e group, check this box ▶ | - | · · | • | | | | |
| | e names and EINs of all members the extens | | art of the group, check | this box and at | lacii | | | |
| | est an automatic 3-month (6 months for a cor | | equired to file Form 99 | 90-T) extension of time | | | | |
| • | | | | ne organization named above. The | extension is | | | |
| | organization's return for: | | 9 | | | | | |
| > | calendar year 20 or | | | | | | | |
| X | | , 20_1 | 1 , and ending JUNE | E 30 , 20 12 . | | | | |
| ļ | ax year entered in line 1 is for less than 12 m Change in accounting period | nonths, che | ck reason: Initial | return Final return | | | | |
| 3a If this | application is for Form 990-BL, 990-PF, 99 | 90-T, 4720 |), or 6069, enter the | tentative tax, less any | | | | |
| | nonrefundable credits. See instructions. 3a \$ | | | | | | | |
| | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and | | | | | | | |
| | ited tax payments made. Include any prior yea | ····· | | | | | | |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS | | | | | | | | |
| | onic Federal Tax Payment System). See instru | | 1 41:- 5- 0000 | 3c \$ | 0.00 | | | |
| | you are going to make an electronic fund | withdrawa | i with this Form 8868 | s, see Form 8453-EO and Form 8 | 3879-EU for | | | |
| payment ins | structions. | | | | | | | |