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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or ti	ne 201	1 calendar year, or tax year beginning 07/01, 2011, and ending	9	06/30 , 20 12
_	_		C Name of organization	D Employer ident	tification number
Во	heck if s	ppiicable:	JUST DETENTION INTERNATIONAL	13-37118	840 .
	Addr		Doing Business As		
	_	change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone num	ber
	Inilia	l return	3325 WILSHIRE BLVD 340	(213) 384	-1400
	Tern	inaled	City or town, state or country, and ZIP + 4		
	Ame		LOS ANGELES, CA 90010-1703	G Gross receipts	s 868,973.
		celion	F Name and address of principal officer: LOVISA STANNOW	H(a) is this a group i	
_	penc	ing	3325 WILSHIRE BLVD STE 340, LOS ANGELES, CA 90010	affiliates? H(b) Are all affiliates	
ī	Tax-ex	empt sta	·		list. (see instructions)
J		:	JUSTDETENTION.ORG	H(c) Group exemptio	
			17. T. W. L. L. T. 1984	formation: 1980 M Sta	· · · · · · · · · · · · · · · · · · ·
			nmary	IOITIONICIE E PO O MI SE	ate of regar dominone. O11
	1		describe the organization's mission or most significant activities:		
	'		IS AN INTERNATIONAL HUMAN RIGHTS ORGANIZATION THAT	WORKS TO PILT	ΔN
ခ	}		TO SEXUAL VIOLENCE AGAINST MEN, WOMEN AND YOUTH IN		
J. Bu	}		ENTION.		
& Governance	,			. 000/ -61	
Ö	2		this box if the organization discontinued its operations or disposed of more than		ر ا
	3		er of voting members of the governing body (Part VI, line 1a)		***************************************
ij	4		er of independent voting members of the governing body (Part VI, line 1b)		·
Activities	5		number of individuals employed in calendar year 2011 (Part V, line 2a)		
ď	6	lotal r	number of volunteers (estimate if necessary)	, 6	
	/ 7a	Total u	unrelated business revenue from Part VIII, column (C), line 12	7:	
	<u>b</u>	Net un	related business taxable income from Form 990-T, line 34		
			_	Prior Year	Current Year
9	8		butions and grants (Part VIII, line 1h)	1,203,308	
Revenue	9		ım service revenue (Part VIII, line 2g)		0 23,194.
æ	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)	6,007	. 1,454.
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0 0
	12		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,209,315	. 868,973.
	13		and similar amounts paid (Part IX, column (A), lines 1-3)	· · · · · · · · · · · · · · · · · · ·	0 0
	14	Benefi	ts paid to or for members (Part IX, column (A), line 4)		0 0
S			es, other compensation, employee benefits (Part IX, column (A), lines 5-10)	836,523	. 876,807.
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)		0 0
ď	b	Total fo	undraising expenses (Part IX, column (D), line 25) ▶81,167.		
			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	409,000	
	18	Total e	xpenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,245,523	
	19	Reven	ue less expenses. Subtract line 18 from line 12	-36,208	533,163.
<u> </u>			<u>l</u>	Beginning of Current Yea	r End of Year
Net Assets or Fund Balances	20	Total a	ssets (Part X, line 16)	1,451,886	. 901,624.
뜅	21	Total li	abilities (Part X, line 26)	61,929	. 44,830.
2년	22	Net as:	sets or fund balances. Subtract line 21 from line 20.	1,389,957	. 856,794.
Pai		Sig	nature Block		
Und	ler pen	alties of	perjury, I declare that have examined this return, including accompanying schedules and statements,	and to the best of my know	wledge and belief, it is true,
COTE	ect, an	a comp	ee. Declaration of propagater (other than officer) is based on all information of which preparer has any k	1 r Z -	- /10
			lar 8	b/l5	0/13
ig		7 8	Supature of officer CT	Date	
ler	.e		LOVISZ Stannow, Executive Director		
		T	ype or print name and title		
		Print/T	ype preparer's name Preparer's signature Date	Check if	PTIN
aid			Weller Kaplan Aruse LLP 5/14		P00341874
	Only	Firm's	WITTED MIDIAN ADAGE LID		-2036255
/5E	Only		address > 4123 LANKERSHIM BLVD, NORTH HOLLYWOOD, CA 91602-2828		8-769-2010
lay	the IF		uss this return with the preparer shown above? (see instructions)		X Yes No
_					

Pa	1 990 (2011) Pag
	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
	Briefly describe the organization's mission:
	JDI IS AN INTERNATIONAL HUMAN RIGHTS ORGANIZATION THAT WORKS TO PUT
	AN END TO SEXUAL VIOLENCE AGAINST MEN, WOMEN AND YOUTH IN ALL FORMS OF DETENTION.
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured
	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(Code:)(Expenses \$1,215,450. including grants of \$0)(Revenue \$868,973)
	JDI SEEKS TO: ENGENDER POLICIES THAT ENSURE GOVERNMENT ACCOUNTABILITY FOR PRISONER RAPE; CHANGE ILL-INFORMED AND FLIPPANT
	PUBLIC ATTITUDES TOWARD SEXUAL ASSAULT BEHIND BARS; AND PROMOTE
	ACCESS TO RESOURCES FOR SURVIVORS OF THIS TYPE OF VIOLENCE.
,	
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lh i	Code:)(Expenses \$ including grants of \$)(Revenue \$)
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-	
- - - - - - -	Other program services (Describe in Schedule O.)
- - - - - - - (Other program services (Describe in Schedule O.) Expenses \$ including grants of \$) (Revenue \$)
- - - - - - - (Other program services (Describe in Schedule O.) Expenses \$ including grants of \$)(Revenue \$) Total program service expenses ▶ 1,215,450.

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Par	Checklist of Required Schedules	T	1
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Yes	No
•	complete Schedule A	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	\top	<u> </u>
	candidates for public office? If "Yes," complete Schedule C, Part I	-	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		
	Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		1
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		١.,
_	"Yes," complete Schedule D, Part I	 	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		x
۰	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	+	<u> ^</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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 counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		
	complete Schedule D, Part N		X
10	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	,	Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	100	
	VII, VIII, IX, or X as applicable.		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		ļ
	Schedule D, Part VI	a X	<u> </u>
þ	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 VII	<u> </u>	X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		١,,,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<u>- </u>	X
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		x
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	=	-
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	f X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	+	
,	complete Schedule D, Parts XI, XII, and XIII	a X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	1	
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	<u> </u>	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	a X	
b	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	1	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	X	<u> </u>
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		v
17	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	+	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)		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	+	<u> </u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1	
-	If "Yes," complete Schedule G, Part III		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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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		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	i	х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	· · · · · · · · · · · · · · · · · · ·			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23	х	
•	employees? If "Yes," complete Schedule J	23	Λ.	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			٠,
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
Z 1	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	· · · · · · · · · · · · · · · · · · ·	27		х
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		Jan 21	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		A S	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	76:36:36		X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			37
	Schedule L, Part N	28b		X
С	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 N	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
•	IV, and V, line 1	34		Х
35 a	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	30a		
D	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
		336		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u> _
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			4,7
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2011)

Form 990 (2011) Page 5 Statements Regarding Other IRS Filings and Tay Compliance

Par	Check if Schedule O contains a response to any question in this Part V			\Box
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			Marie
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1 c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	***		
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			LI LALL
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	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		ĺ	
	account)?	4a		X
ь	If "Yes," enter the name of the foreign country: ▶		4.00	494
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-		Х
	organization solicit any contributions that were not tax deductible?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?			
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		Х
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year	***		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		al entre
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	.,	1. 16		
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders		ili b	
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	in in wheeligh to	allia de resta de la comp
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	. ,	10000	i e
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which		- 7	
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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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.

Sec	tion 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	1a 1			
	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.	4			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 1:			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel				.,
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or ur	der the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other	r person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	ed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		X
6	Did the organization have members or stockholders?		6		<u>x</u>
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect or appoint			
	one or more members of the governing body?		7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval				
	stockholders, or persons other than the governing body?		7 b		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertaken during			
	the year by the following:				
а	The governing body?	. .	8a	X	
b	Each committee with authority to act on behalf of the governing body?		8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	rnal Revenue	Code		
			$\overline{}$	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		<u>x</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of s	such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	rposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		PATERIA		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	_X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t	-		.,	
	rise to conflicts?		12b	Х	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the po-	•	_	v	
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	Δ.	CONTRO
15	Did the process for determining compensation of the following persons include a review and appr	•			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation			X	Fairli
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization	· · · · · · · · ·	15b	Λ ::::::::::::::::::::::::::::::::::::	27-14 1-11
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simila	_			X
	with a taxable entity during the year?		16a		A
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to				
	participation in joint venture arrangements under applicable federal tax law, and take steps to		401		
Cast	organization's exempt status with respect to such arrangements?		16b		
	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed CA, DC, NY				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 9	990-1 (Section ()(c)(uc	3)s oi	nly)
	available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents of the schedule	ents, conflict o	t inter	est p	olicy,
	and financial statements available to the public during the tax year.		<u>.</u> _		
20	State the name, physical address, and telephone number of the person who possesses the books organization: >LOVISA STANNOW, 3325 WILSHIRE BLVD STE 340, LOS ANGELES, CA 90010-1703 213-3		ne		
	OF GRITHLE BLY DOVIDA STARROW, 3323 WILSELKE BLYD STE 340, DUS ANGELES, CA 90010-1703 213-3	84-1400			

JSA Form **990** (2011)

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

- 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 Position Reportable Reportable Estimate

(A)	(B)			- (4	C)			(D)	(E)	(F)		
Name and Title	Average hours per week (describe hours for	box,	unle	heck ss pe	erson	e than o is both tor/trust	an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation		
	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-MISC)	from the organization and related organizations		
(1) CECILIA CHUNG							<u> </u> .					
DIRECTOR	1.00	X						0	0	0		
(2) GARRETT CUNNINGHAM DIRECTOR	1.00	х						0	0	0		
(3) MICHAEL AMHERST												
DIRECTOR	1.00	Х						0	ļ o	0		
(4) MARY GARTON												
DIRECTOR	1.00	Х				•		0	o	0		
(5) HECTOR VILLAGRA DIRECTOR	1.00	Х						0	0	0		
(6) AMY WAKELAND DIRECTOR	1.00	Х						0	0	0		
(7) DAWN DAVISON DIRECTOR	1.00	Х						0	0	0		
(8) LOVISA STANNOW												
EECUTIVE DIRECTOR/SECRETARY	1.00	Х		Х				146,572.	ol	14,997.		
(9) DAVID KAISER CHAIRPERSON	1.00	х		x				0	0	0		
(10) PETER REILLY TREASURER	1.00	х		Х				. 0	0	0		
(11) RUSSELL ROBINSON DIRECTOR	1.00	х			:			0	0	0		
(12) JULIA BOVEY DIRECTOR	1.00	Х						0	0	0		
(13) SEAN HECKER DIRECTOR	1.00	Х						0	0	0		
(14) ALICIA DIXON DIRECTOR	1.00	х						0	0.	0		
DIRECTOR	1.00	Λ					L	U	<u> </u>	- 000		

Form 990 (2011)

JSA

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Page	٤

(A) Name and title	(B) Average hours per week (describe hours for related	(do r box,	not ch unles	Pos neck sspe	c) sition mon erson lirect	e than c is both or/trust	one an	(D) Reportable compensation from the organization	(E) Reportable compensation related organization (W-2/1099-M	table tion from led ations	(F) Estimated amount of other compensation from the organization
	organizations in Schedule O)	Individual trustee or director	Institutional trustee	юг	Key employee	Highest compensated employee	Her .	(W-2/1099-MISC)			and related organizations
											. In W
		·									
											,,,,,
				••••							
									•	:	
											- "
								,			
1b Sub-total c Total from continuation sheets to Part VII, Se d Total (add lines 1b and 1c)	ction A 🔒						* * *	146,572. 0 146,572.	,	0 0 0	14,997. 0 14,997.
Total number of individuals (including but not li reportable compensation from the organization	imited to th		stec				re	ceived more than	\$100,000	of	· · · · · · · · · · · · · · · · · · ·
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	le J for suc	h indi	vidu	al.				• • • • • • • • • • • • • • • • • • • •			Yes No
4 For any individual listed on line 1a, is the s organization and related organizations gre individual	ater than	\$15	0,00	00?	lf	"Yes,	," (complete Schedul	le J for		4 X
5 Did any person listed on line 1a receive or a for services rendered to the organization? If "Yes	accrue cor	npens	atio	n f	rom	any	unr	elated organizatio	n or indiv		5 X
Section B. Independent Contractors	o, <u>oompror</u>	0000	<i>.</i>		10.	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>		1 3 1 ==
 Complete this table for your five highest components of the organization. Report of year. 											
(A) Name and business addr	ess							(B) Description of se	rvices	С	(C) ompensation
							_				
Total number of independent contractors (in more than \$100,000 in compensation from the						thos	e lis	sted above) who	received		si 1889 (St. John C.). Pari

PAGE 8

Part VIII 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	
nts nts	1a	Federated campaigns 1a		Page 107 - 21 5	to a street	5数据 重要的	d fri de t	
ons, Gifts, Grants Similar Amounts	Ь	Membership dues 1b		140	in established display			
Tage Tage	c	Fundraising events <u>1c</u>		A SAME IN				
<u>.</u>	d	Related organizations 1d		TOP NO.		5. 网络猪鱼鱼	克特美国电影	
Sir	е	Government grants (contributions) 1e	215,122.					
ther ther	f	All other contributions, gifts, grants,	(20, 202	计算机 医多数	CONTRACT TO		Selection :	
Contributions, and Other Sin		and similar amounts not included above . 1f	629,203.		1 12:35			
ပ္ပန္	g	Noncash contributions included in lines 1a-1f. \$		844,325.		机动物 多	医骨 经品	
92	1		Business Code		100	100		
Ven	2a	EDUCATION	900099	23,194.	23,194.			
Service Revenue	Ь							
<u>ē</u> .	С							
	d		·					
E R	е							
Program	f	All other program service revenue			an a second of	i i i i i i i i i i i i i i i i i i i		
	9	Total. Add lines 2a-2f		23,194.	t to a section of		10 E	
	3	Investment income (including dividends, into other similar amounts)		1,454.		,	1,454.	
	4	Income from investment of tax-exempt bond		0			<u> </u>	
	5	Royalties · · · · · · · · · · · · · · · · · · ·		0			,,	
		(i) Real	(ii) Personal			To a series		
	6a	Gross rents		4 (145.05)	enage as	optical City	Market Service	
	b	Less: rental expenses				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	C	Rental income or (loss)			14 L 31 356		223311	
	d	Net rental income or (loss) (i) Securities	(ii) Other	0	and the state of t			
	7 a	Gross amount from sales of	(II) Other	e en la compa	地叫请求 请	经基础分配的	Maria da	
	١.	assets other than inventory		44564				
	b	Less: cost or other basis and sales expenses				a distribution	or will be see	
	c	Gain or (loss)						
	ď	Net gain or (loss)	·	D				
ē	8a	Gross income from fundraising			1100			
eul		events (not including \$		4.6666		steath a fairth	1.8.40 per a	
ě		of contributions reported on line 1c).			36 S 46 3 H 4			
Other Revenue		See Part IV, line 18			ed by the co	p district	4. 海水风流	
Ę	b	Less: direct expenses		5			84 te 3 a 55	
0	0	Net income or (loss) from fundraising events		State of the state	to design of the		0.00	
	9a	Gross income from gaming activities. See Part IV, line 19	_					
	b		b					
	C	Net income or (loss) from gaming activities .		0				
	10a	Gross sales of inventory, less		100		Ada Lar		
		returns and allowances	a	Water Co.	5984596	1.140 (6.12)		
	b	Less: cost of goods sold		1		1.1		
	<u> </u>	Net income or (loss) from sales of inventory, Miscellaneous Revenue	Business Code	0				
	4.0		Dusiness Code					
	11a							
	b	***************************************		,				
	d	All other revenue						
	e	Total. Add lines 11a-11d		0	The state of the s			
	12	Total revenue. See instructions	<u></u> ▶	868,973.	23,194.		1,454.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX (C) Management and (B) Program service Do not include amounts reported on lines 6b, (A) Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States, See Part M. line 2.1. Grants and other assistance to individuals in the United States. See Part IV, line 22, Grants and other assistance to governments. organizations, and individuals outside the 0 United States, See Part IV, lines 15 and 16 Compensation of current officers, directors, 148,262. 128,988. 8,896. 10,378. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 570,220. 496.091. 34,213. 39,916. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... 103,572. 90,108. 6,214. 7,250. Other employee benefits 54,753. 47,635. 3,285. 3,833. Payroll taxes Fees for services (non-employees): 0 26,903. 29,892. 2,989. Accounting Professional fundraising services. See Part IV, line 17 Investment management fees 215,620. 215,620. 12 49,161. 41,854. 4,005. 3,302. Office expenses 20,342. 18,032. 552 1,758. 14 Information technology..... 5,489. 4,704. 78,410. 68,217. 16 77,626. 73,745. 3,881. Payments of travel or entertainment expenses for any federal, state, or local public officials 15,988. 7.994. 7,994 Conferences, conventions, and meetings 19 20 Interest 21 4,709. 4,097. 282. 330. 22 Depreciation, depletion, and amortization 4,665. 280. 326. 4,059. 23 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 SURVIVOR OUTREACH AND 3,570 3,570 TRAINING 8,191 8,191 c STAFF RECRUITMENT d PRINTING AND PUBLICATIONS 17,155. 15,440. 1,715. e All other expenses _____ 1,402,136. 1,215,450. 105,519. 81,167. Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720) . . .

JSA 1E1052 1.000 Form 990 (2011)

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Page 11

	rt X	Balance Sheet			(A)		(B)
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			379,146.	1	348,974
	2	Savings and temporary cash investments			450,386.	2	271,086
	3	Pledges and grants receivable, net			587,824.	3	184,356
	4	Accounts receivable, net				4	55,906
	5	Receivables from current and former officers,	dire	ctors, trustees, key			
		employees, and highest compensated employe	es. C	Complete Part II of			
					0	5	
	6	Receivables from other disqualified persons (a	s def	ined under section			e de la companya de l
		4958(f)(1)), persons described in section 4958(employers and sponsoring organizations of se	c)(3)(I	3), and contributing			
		employees' beneficiary organizations (see instruct	ions)	Sor(c)(s) voluntary	(6	
ets	7	Notes and loans receivable, net	,		C	7	,
Assets	8	Inventories for sale or use			C	8	
٩	9	Prepaid expenses and deferred charges			C	9	
	10a	Land, buildings, and equipment: cost or	1				
		other basis. Complete Part VI of Schedule D	£ .	49,715.			
	Ь	Less: accumulated depreciation	10b			10c	18,468
	11	Investments - publicly traded securities			C	11	
	12	Investments - other securities. See Part IV, line 11			C	12	
	13	Investments - program-related. See Part IV, line 11			C	13	i
	14	Intangible assets			C	14	
	15	Other assets. See Part IV, line 11			18,019.		22,834
	16	Total assets. Add lines 1 through 15 (must equal			1,451,886.		901,624
	17	Accounts payable and accrued expenses			50,693.		37,116
	18	Grants payable			C	18	
	19	Deferred revenue			C	19	<u> </u>
	20	Tax-exempt bond liabilities			C	20	
s	21	Escrow or custodial account liability. Complete			C	21	1"
Liabilities	22	Payables to current and former officers,					Programme and Indian maintaining appoint of
ē		employees, highest compensated employees, a					
ڐ		Complete Part II of Schedule L			0	22	e projekteranters in the first and a series and a series in
	23	Secured mortgages and notes payable to unrelate	ed thir	parties	C	23	
		Unsecured notes and loans payable to unrelated to			O	24	
		Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1					
		of Schedule D		·	11,236.	25	7,714
	26	Total liabilities. Add lines 17 through 25			61,929.	26	44,830
		Organizations that follow SFAS 117, check here					
8		lines 27 through 29, and lines 33 and 34.	-				
ie E	27	Unrestricted net assets			720,467.	27	532,438
ğ	28	Temporarily restricted net assets			669,490.	28	324,356
2	29	Permanently restricted net assets			C	29	
or Fund Balances		Organizations that do not follow SFAS 117, che complete lines 30 through 34.	ck her	e ▶ 🗍 and			
	30	Capital stock or trust principal, or current funds		·		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equ	 ipmen	t fund	·	31	
Ä	32	Retained earnings, endowment, accumulated inco	ome. d	or other funds		32	
let Tet	33	Total net assets or fund balances			1,389,957.		856,794
-	34	Total liabilities and net assets/fund balances			1,451,886.		901,624

Form **990** (2011)

For	n 990 (2011)		Page 1 2
Pa	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)	86	8,973.
2	Total expenses (must equal Part IX, column (A), line 25)	1,40	2,136.
3	Revenue less expenses. Subtract line 2 from line 1	-53	3,163.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1,38	9,957.
5	Other changes in net assets or fund balances (explain in Schedule O)		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,		-
	column (B))	85	6,794.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII	,	
		Y	es 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 in Schedule O.	111 2 4 4 5 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	'	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	x
	If the organization changed either its oversight process or selection process during the tax year, explain in	11.00 8 9 9 9 9 9	
	Schedule O.		
ď	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		
	issued on a separate basis, consolidated basis, or both:		
	X Separate basis Consolidated basis Both consolidated and separate basis		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		
	the Single Audit Act and OMB Circular A-133?	3 a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	
		Form 9	90 (2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047
2011
Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

Name of the organization

Employer identification number

JUS'	r [DETENTION INT	ERNATIONAL							13	-371	1840		
Pari		Reason for Pub	olic Charity Statu	ເຣ (All organizations mເ	ust cor	nplete	this p	art.) S	ee instr	uctions				
The c	rga	inization is not a pri	vate foundation be	cause it is: (For lines 1 th	rough	11, ch	eck only	one bo	ox.)					
1		A church, conventi	ion of churches, or	association of churches	describ	oed in s	section	170(b)	(1)(A)(i).				
2		A school described	d in section 170(b)	(1)(A)(ii). (Attach Schedu	le E.)									
3		A hospital or a coo	perative hospital:	service organization desci	ribed in	sectio	on 170(b)(1)(A)(iii).					
4		A medical research	ch organization op	perated in conjunction w	ith a h	nospita	al desc	ribed ir	sectio	n 170(k)(1)(/	4)(iii).	Enter	r the
_		hospital's name, ci	ty, and state:											
5	_]	An organization of	perated for the be	enefit of a college or univ	ersity	owned	d or op	erated	by a go	vernme	ntal ı	ınit de	scribe	ed in
`-		section 170(b)(1)(A)(iv). (Complete I	Part II.)										
6				t or governmental unit des	cribed	in sec	tion 17	0(b)(1)	(A)(v).					
7	x		_	es a substantial part of i						nit or fro	m th	e gene	eral p	ublic
_		described in section	on 170(b)(1)(A)(vi)	. (Complete Part II.)			_					_	•	
8				ion 170(b)(1)(A)(vi). (Con	nplete F	Part II.)	÷							
9		•		es: (1) more than 331/39	•	,		contri	butions,	membe	ership	fees,	and ç	ross
L,		_	-	s exempt functions - sub							-		_	
				ome and unrelated bus										
				ne 30, 1975. See section							,			
10			-	ated exclusively to test for	•					١).				
11	\exists	=	=	erated exclusively for the	-	-				-	or t	o carr	v out	the
_		-	-	upported organizations de			•							
		509(a)(3). Check ti	he box that describ	es the type of supporting	organ	ization	and co	mplete	lines 1	1e throu	igh 1	1h.		
		a Type I	b Type	II c Type	III - F	unction	ally inte	egrated		d 🗌	Тур	e III - C)ther	
e		By checking this	box, I certify that	t the organization is not	contr	olled	directly	or inc	lirectly	by one	or m	iore di	squa	lified
	_	persons other than	n foundation mana	agers and other than one	or mo	re pub	olicly su	pporte	d organ	izations	des	cribed i	in se	ction
		509(a)(1) or sectio	n 509(a)(2).											
f		If the organization	received a writte	en determination from th	e IRS	that it	is a T	ype I, `	Type II,	or Type	e III s	upport	ting	
		organization, check	k this box							-				
g		Since August 17, 2	2006, has the orga	nization accepted any gif	t or co	ntributi	on fron	n any o	fthe				• • •	
		following persons?												
		(i) A person who	directly or indire	ectly controls, either alor	ne or t	ogethe	er with	persor	ns desc	ribed in	(ii)		Yes	No
		and (iii) below,	, the governing bo	dy of the supported orgar	nization	?						11 g(i)		
		(ii) A family meml	ber of a person de	scribed in (i) above?								11g(ii)		
		(iii) A 35% control	led entity of a pers	son described in (i) or (ii) a	bove?							11g(iii)		
h		Provide the following	ng information abo	out the supported organiz	ation(s)).).								
(i) Na	ame of supported	(ii) EIN	(iii) Type of organization	T	Is the	(v) Did	you notify	(vi)	ls the	()	rii) Amo	unt of	
		organization	·	(described on lines 1-9 above or IRC section		zation in Tisted in		anization		zation in rganized		suppo	ort	
				(see instructions))	your governing document?			in col. (i) of your support?		U.S.?				
				<u> </u>	Yes	No	Yes	No	Yes	No				
										li				
(A)					l .									
'B\						1								
(B)														
·C)														
(C)														
(D)		·												
رد					<u> </u>	<u> </u>								
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Total														
									_					

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

Schedule A (Form 990 or 990-EZ) 2011

	JUST	DETENTION	INTERNATIO	NAL		13-37118	340
Sche	dule A (Form 990 or 990-EZ) 2011				<u> </u>		Page 2
Pa	Support Schedule for Or (Complete only if you check Part III. If the organization f	ked the box of	n line 5, 7, or 8	3 of Part I or if	the organizat	ion failed to qu	
Sec	tion 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.")	1,233,586.	1,013,566.	1,154,359.	1,203,308.	769,325.	5,374,144.
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	1,233,586.	1,013,566.	1,154,359.	1,203,308.	769,325.	5,374,144.
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)						2,151,286.
6	Public support. Subtract line 5 from line 4.	September 1	es, i de juja julija				3,222,858.
Sec	tion B. Total Support						3,222,030.
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	1,233,586.	1,013,566.	1,154,359.	1,203,308.	769,325.	5,374,144.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,085.	19,769.	6,514.	6,007.	1,454.	44,829.
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.)						· · -
11	Total support. Add lines 7 through 10	1000000	spelle de la colonia			April 19	5,418,973.
12	Gross receipts from related activities, etc. (s					12	124,498.
13	First five years. If the Form 990 is forganization, check this box and stop here	<u></u>					
	tion C. Computation of Public Sup					· ·	
14	Public support percentage for 2011 (li	ne 6, column (f)	divided by line	11, column (f))		14	59.47%

14	Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	59.4/9	<u>~</u>
15	Public support percentage from 2010 Schedule A, Part II, line 14	15	90.90	<u>%</u>
16a	331/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is	3 31/3 9	% or more, check	_
	this box and stop here . The organization qualifies as a publicly supported organization		, <i></i> ▶ <u>X</u>	.]
b	331/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line	15 is	331/3 % or more,	_
	check this box and stop here . The organization qualifies as a publicly supported organization		▶∟	╝
17a	10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a			
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box ar	nd stop	here. Explain in	
	Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies			_
	organization,		▶∟	
b	10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a	a, 16b,	or 17a, and line	

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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Schedule A (Form 990 or 990-EZ) 2011

	for Organizations	

(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) 2001	(5),200	(4, 20, 50	(-,	(-,/	(7)
•	received. (Do not include any "unusual grants.")			1]	
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						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf				ļ		
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						
_	Add lines 7a and 7b			· ·			
_	Public support (Subtract line 7c from		upatri di Talifet				
•	line 6.)	and Thirtier	FT31E-728-541213E-37			gefeta Maria Defe (20)	
Sec	tion B. Total Support	SC ARE THE PLACE WHEN A PROPERTY HE SCALE				A SA COLONIA CONTRACTOR CONTRACTOR	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	, , , , , , , , , , , , , , , , , , , ,	(4) 2001	(2) 2000	(0) 2000	(5) 20.0	(0,2011	(-)
9 10 a	Amounts from line 6						
	payments received on securities loans,						
	rents, royalties and income from similar						
_	sources						
ь	Unrelated business taxable income (less					ļ	
	section 511 taxes) from businesses					ĺ	
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on					•	
12	Other income. Do not include gain or				1		
	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	s a section 501(c	c)(3)
	organization, check this box and stop here						▶ 🗍
Sec	tion C. Computation of Public Sur						
15	Public support percentage for 2011 (line 8	, column (f) divide	ed by line 13, colur	nn (f))		15	%
16	Public support percentage from 2010 Sche					16	%
	tion D. Computation of Investmen			<u> </u>		<u></u>	
17	Investment income percentage for 2011 (li			3. column (f))		17	%
18	Investment income percentage for 2011		18				
	331/3% support tests - 2011. If the or						
134		=					. 🖂
	17 is not more than 331/3%, check th 331/3% support tests - 2010. If the orga						
D							. [7]
20	line 18 is not more than 331/3%, check Private foundation . If the organization		•	-		• •	

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Part IV 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).