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.

Open to Public Inspection

A I	or th	ne 201	2 calendar year, or tax year beginning 07/01, 2012	, and endin	g		06/	30, 20	13					
P			C Name of organization			D Employer id	entificat	ion num	ber					
_	Check if a	pplicable:	JUST DETENTION INTERNATIONAL			13-371	1840							
	nbbA cedo		Doing Business As											
	Nami	e change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephone n	umber		-					
	Initia	l return	3325 WILSHIRE BLVD	340		(213) 38	4-14	00						
	Тегт	insled	City, town or post office, state, and ZIP code											
	Amei		LOS ANGELES, CA 90010-1703			G Gross receip	ts \$	2,	137	,706.				
		ication	F Name and address of principal officer: LOVISA STANNOW			H(a) Is this a gro	up return f		Yes	X No				
	peno	"ing	3325 WILSHIRE BLVD STE 340, LOS ANGELES, C	A 90010		affiliates? H(b) Are all affilia	ates includ	ed?	Yes	No				
<u> </u>	Tax-ex	empt sta			7	If "No," attac			J					
J			JUSTDETENTION.ORG	0. 1 02.		H(c) Group exem			,					
ĸ			ization: X Corporation Trust Association Other	L. Year of	format	tion: 1980 M	•		micile:	CA				
	rt1		mmary	12 /00/0	1011111	uon. =====	Otato or	ingui do	mana.					
	1		describe the organization's mission or most significant activities:											
	'			ON THAT	WOR	KS TO PUT	ΔN							
Governance		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												
'n		DETENTION.												
Š	2		this box if the organization discontinued its operations or dispose				. 							
	3									14.				
وي دي	3	Numbe	er of voting members of the governing body (Part VI, line 1a)	• • • • •		<i></i>	3			13.				
Activities	4		er of independent voting members of the governing body (Part VI, line 1b)							$\frac{13.}{15.}$				
Ę			number of individuals employed in calendar year 2012 (Part V, line 2a)							0				
⋖	6	lotair	number of volunteers (estimate if necessary)				6			0				
			unrelated business revenue from Part VIII, column (C), line 12							0				
	0	Net un	related business taxable income from Form 990-T, line 34	· · · · · · ·			7b							
	_	_				Prior Year	-		ent Ye					
re re	8	Contril	butions and grants (Part VIII, line 1h)			844,32				,543.				
Revenue	9	Progra	ım service revenue (Part VIII, line 2g)			23,19				,018.				
Re	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)			1,45				,145.				
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0			0				
			evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).			868,97		<u>2,</u>	137	,706.				
			and similar amounts paid (Part IX, column (A), lines 1-3)				0			0				
			ts paid to or for members (Part IX, column (A), line 4)				0	,						
es	15	Salarie	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)			876 , 80								
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)				0)						
ă					CHARGE T		iki kil			44.03.07.40				
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			525,32				<u>,788.</u>				
	18	Total e	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			1,402,13		1,	<u>817,</u>	,453.				
	19	Reven	ue less expenses. Subtract line 18 from line 12			-533,16	3.		320,	,253.				
Net Assets or Fund Balances					Begin	ning of Current Y	'ear		of Yea					
sets	20	Total a	ssets (Part X, line 16)			901,62	4.	1,	277,	,866.				
d Big	21	Total li	abilities (Part X, line 26)	[44,83	30 -		100,	,819.				
훈	22	Net as:	sets or fund balances. Subtract line 21 from line 20,			856,79	4.	1,	177,	,047.				
Pa	rt II	Sig	nature Block											
Und	ler per	alties of	perjury, I declare that I have examined this return, including accompanying schedu	les and statem	ents, a	nd to the best of	my kno	wledge :	and be	lief, it is				
true	, corre	ct, and d	omplete. Declaration of preparer (other than officer) is based on all information of which	th preparer has	any kn	nowledge.								
		V 6	Nov Rm											
Sig		F §	Signature of officer	10		Date	Tac	1	1					
Hei	е		LOVISA STANNOW, EXECUTIVE DIRE	CTOY		ì	143)/[1					
		 7	Type or print name and title						•					
		Print/T	ype preparer's name Preparer's signature	Date		Check	if PTIN	4						
Paid -		M	uller Taplan Arase (1)	12/11	13	self-employe		P003	3418	74				
•	arer	Firm's	name MILLER KAPLAN ARASE LLP			Firm's EIN	95-20							
use	Only		address > 4123 LANKERSHIM BLVD, NORTH HOLLYWOOD, CA 91602-2828				818-7							
Mav	the IF		suss this return with the preparer shown above? (see instructions)			. Hone Ho.	 -i	X Ye		No				
<u> </u>	_		Reduction Act Notice see the senarate instructions	<u></u>		· · · · · · · ·	• • • •			(2012)				

Check if Schedule O contains a response to any question in the Briefly describe the organization's mission: JDI IS AN INTERNATIONAL HUMAN RIGHTS ORGANIZAT AN END TO SEXUAL VIOLENCE AGAINST MEN, WOMEN A OF DETENTION. Did the organization undertake any significant program services during prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant charms services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for expenses. Section 501(c)(3) and 501(c)(4) organizations are required the total expenses, and revenue, if any, for each program service report	ION THAT WORKS TO PUT ND YOUTH IN ALL FORMS Ing the year which were not listed on the Yes X No. Inges in how it conducts, any program Yes X No.
Briefly describe the organization's mission: JDI IS AN INTERNATIONAL HUMAN RIGHTS ORGANIZAT AN END TO SEXUAL VIOLENCE AGAINST MEN, WOMEN A OF DETENTION. Did the organization undertake any significant program services during prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant char services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for expenses. Section 501(c)(3) and 501(c)(4) organizations are required.	ION THAT WORKS TO PUT ND YOUTH IN ALL FORMS Ing the year which were not listed on the Yes X N Inges in how it conducts, any program Yes X N
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 3 Did the organization cease conducting, or make significant charservices? If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for expenses. Section 501(c)(3) and 501(c)(4) organizations are required. 	Yes X N
 If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for expenses. Section 501(c)(3) and 501(c)(4) organizations are required. 	
expenses. Section 501(c)(3) and 501(c)(4) organizations are require	each of its three largest program services, as measured
	ed to report the amount of grants and allocations to other
4a (Code:)(Expenses \$ 1,575,855. including grants of \$ JDI SEEKS TO: ENGENDER POLICIES THAT ENSURE GO	
ACCOUNTABILITY FOR PRISONER RAPE; CHANGE ILL-T PUBLIC ATTITUDES TOWARD SEXUAL ASSAULT BEHIND	NFORMED AND FLIPPANT
ACCESS TO RESOURCES FOR SURVIVORS OF THIS TYPE	
	7-1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
4b (Code:) (Expenses \$including grants of \$)(Revenue \$
+b (code:)(expenses #nicloding grants of \$)) (Revenue \$)
,	***
4c (Code:) (Expenses \$ including grants of \$)(Revenue \$
//	
	· · · · · · · · · · · · · · · · · · ·
	y-, , , , , , , , , , , , , , , , , , ,
4d Other program services (Describe in Schedule O.)	
	(Revenue \$
	(COTOLING V
ie iotai program service expenses ► 1,0/5,805.	
4e Total program service expenses ► 1,575,855. ISA 20 2:000	Form 990 (201

Part	V Checklist of Required Schedules			_
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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	4		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	5		X
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	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8	ĺ	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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	9		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	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	40	100	tilian.
• •	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,"	NA XIEMMANA	raidon da viva de la	TATAL VENEZUE (C. C.)
-	complete Schedule D, Part VI	11a	х	
h	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	11b	:	X
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
Ī	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
ч	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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	11f	х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a	х	
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 and XII 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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	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	14b	Х	
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		X
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	16		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)	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	18		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	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
h	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	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			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		<u> </u>	
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a		Х
	through 24d and complete Schedule K. If "No," go to line 25	24b		<u> </u>
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	242		
	to defease any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?,	24d	<u> </u>	
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			.,
		25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		;	ļ
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a) - lejiliilii	Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L. Part IV	28b		Х
_	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		Х
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			-
30	·	30		Х
24	conservation contributions? If "Yes," complete Schedule M	100		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		Х
	Part I	31		- ^-
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		Х
	complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33		Х
3 4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			.,
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			i.
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35 <u>b</u>	ļ	<u> </u>
3 6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	L	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
-	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
			990	(2012)

Form 990 (2012)

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1.	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
1-			Yes	N
ıa	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2 🐺 📴	3. J.,	
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
	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 1	5 2 3		
	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)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	AND THE PERSON NAMED IN	Same
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Г
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			Г
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ĺ
	account)?	4a		
ь	If "Yes," enter the name of the foreign country: ▶		i luch	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	40		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	el amilia ce	338.8
	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		_
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		$\overline{}$
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va		_
	gifts were not tax deductible?	6b		l
	Organizations that may receive deductible contributions under section 170(c).	00		12
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
		7a	2362	
	and services provided to the payor?	7b		_
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	/.		_
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7 G		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
				_
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		—
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9 (2)	elsa.	
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7	distin	
	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	100 and 1	33
	Sponsoring organizations maintaining donor advised funds.		g (e spilare e g	
	Did the organization make any taxable distributions under section 4966?	9a	endske.	
	Did the organization make any taxable distributions under section 4900? Did the organization make a distribution to a donor, donor advisor, or related person?	9b		—
	Section 501(c)(7) organizations. Enter:	9D		14
	Initiation fees and capital contributions included on Part VIII, line 12		Jago.	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
		G d	11.51	ñ.
	Gross income from other sources (Do not net amounts due or paid to other sources			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	42-	13. Or	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1.400	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-		
	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			
b l	the organization is licensed to issue qualified health plans			
b i	F-t4h		CONTRACTOR OF THE	
b i t	Enter the amount of reserves on hand		1. f	
b i c i	Enter the amount of reserves on hand	14a 14b		

PAGE 5

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI................ X Section A. Governing Body and Management Yes Nο 14 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. 13 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 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X <u>7b</u> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body?..... 8a X Each committee with authority to act on behalf of the governing body? 8h Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No x 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х 12¢ Х 13 Did the organization have a written whistleblower policy?...... 13 Х Did the organization have a written document retention and destruction policy?...... 14 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 a The organization's CEO, Executive Director, or top management official 15a Х 15b 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 similar arrangement <u> 16a</u> b 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 ▶_CA, DC, NY 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 X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: >LOVISA STANNOW, 3325 WILSHIRE BLVD STE 340, Los ANGELES, CA 90010-1703 JSA

87791S F173

2E 1042 1.000

13-3711840 JUST DETENTION INTERNATIONAL

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

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 employees."
- 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.

(A) Name and Title	(B) Average hours per week (list any	box, unless person is both an						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Officer Institutional trustee Individual trustee or director		Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) CECILIA CHUNG	1.00									
DIRECTOR		Х						0	0	0
(2) GARRETT CUNNINGHAM	1.00									
DIRECTOR		X						0	0	0
(3) MICHAEL AMHERST	1.00									
DIRECTOR		X						0	0	0
(4) MARY GARTON	1.00									
DIRECTOR		Х						0	0	0
(5) HECTOR VILLAGRA	1.00									
DIRECTOR		X						0	0	0
(6) AMY WAKELAND	1.00							_		_
DIRECTOR		Х						0	0	0
(7) DAWN DAVISON	1.00									
DIRECTOR		Х						0	0	0
(8) LOVISA STANNOW	40.00								_	
EECUTIVE DIRECTOR/SECRETARY		X		Х				151,082.	0	15,772.
(9) DAVID KAISER	1.00							_		
PRESIDENT		Х		Х				0	0	0
(10)PETER REILLY	1.00									
TREASURER		Х		Х				0	0	0
(11)RUSSELL ROBINSON	1.00									
DIRECTOR		Х						0	9	0
(12)JULIA BOVEY	1.00									
DIRECTOR	1 00	Х						0	0	0
(13)SEAN HECKER	1.00	17						_		^
DIRECTOR	1 00	X					_	0	0	0
(14)ALICIA DIXON	1.00	v						0	ا	0
DIRECTOR		X	L		ļ		Į	<u> </u>	Į U	

_	
Page	t

Part VII Section A. Officers, Directors, Tru								1				
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unle: er and	Pos heck ss pe	ition more erson lirect	e than c is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations		am com	(F) timated ount of other pensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/109	9-MISC)	orga and	om the anization I related anizations
												<u>.</u>
		·										'
									• " •			
1b Sub-total c Total from continuation sheets to Part VII, Se d Total (add lines 1b and 1c)	ection A 🚬						* * *	151,082. 0 151,082.		0 0		15,772 15,772
Total number of individuals (including but not I reportable compensation from the organization	imited to th		iste				re		\$100,000	of	-	
3 Did the organization list any former office	er, directo	r, or	tru	ste	e, k	ey e	mp	loyee, or highest	compen	sated	15016	Yes No
 employee on line 1a? If "Yes," complete Schedu For any individual listed on line 1a, is the sorganization and related organizations green 	um of rep ater than	ortab \$15	le c 0,00	om 00?	pen: <i>If</i>	satior "Yes	ar ," (nd other compens	ation from	the such	3	X
individual	accrue cor	npens	satio	on f	rom	any	unr	related organization	n or indiv	ridual	4	
for services rendered to the organization? If "Ye Section B. Independent Contractors	s," complet	e Sch	edu	ie J	tor	such _i	pers	son	.,,,,,,,,,,	- , ,	5	X
 Complete this table for your five highest component of compensation from the organization. Report of year. 	pensated in ompensation	ndepe on for	nde the	nt c cal	end	ractoi ar yea	rs ti ar e	hat received more ending with or with	than \$10 in the org	0,000 o anizatioi	f n's tax	
(A) Name and business add	ress							(B) Description of se	rvices	С	(C) ompens	ation
								· ·				
2 Total number of independent contractors (in more than \$100,000 in compensation from the				itec		thos	e lis	sted above) who	received	1200	15640	

Pa	Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII											
THE PERSON NAMED IN		Check if Schedule O contains a respo	rise to any ques	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514					
i, Gifts, Grants nilar Amounts	1a b c	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d										
Contributions, Gift and Other Similar	e f g	All other contributions, gifts, grants, and similar amounts not included above . 1f Noncash contributions included in lines 1a-1f. \$	1,064,936.									
ပြွန်	h	Total. Add lines 1a-1f		2,114,543.	2512 708							
Program Service Revenue	2a	EDUCATION	Business Code 900099	22,018.	22,018.							
	c d											
Program	e f g	All other program service revenue Total. Add lines 2a-2f		22,018.	Sept. 1 Sp. 1							
	3 4 5	Investment income (including dividends, inter other similar amounts)	oroceeds	1,145.		£10 - 2 No. 2 No. 3 No.	1,145					
	6a b	Gross rents	(ii) Personal									
	d 7a	Gross amount from sales of assets other than inventory	(ii) Other			The Galler of the Comment of the Com	and the state of Impulsion of the State Control of the State of the					
	c d	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)										
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a										
Ę	ь	Less: direct expenses b										
Ō	9a	Net income or (loss) from fundraising events . Gross income from gaming activities. See Part IV, line 19 a				inder en per en						
	ь с	Less: direct expenses b Net income or (loss) from gaming activities		0	enge english Pangangan satud							
	10a b	Gross sales of inventory, less returns and allowances a Less: cost of goods sold b		TRANSPORT AND AND STREET ESTATEMENT								
		Net income or (loss) from sales of inventory. Miscellaneous Revenue					t was all thousands					
	11a b c											
	d e 12	All other revenue		2,137,706.	22,018.		1,145					

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).

Done	Check if Schedule O contains a res of include amounts reported on lines 6b, 7b,	(A)		(C)	
	b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
	Frants and other assistance to governments and rganizations in the United States. See Part IV, line 21.	C)		
	Grants and other assistance to individuals in the United States. See Part IV, line 22)		
3 G	Grants and other assistance to governments,				
	rganizations, and individuals outside the				
	Inited States. See Part IV, lines 15 and 16	0			
	senefits paid to or for members	C			
	Compensation of current officers, directors, rustees, and key employees ,	153,840.	133,841.	9,230.	10,769
	compensation not included above, to disqualified ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)				
	Other salaries and wages	791,651.	688,737.	47,499.	55,415
	ension plan accruals and contributions (include section	,			
	01(k) and 403(b) employer contributions),	l c)		
	Other employee benefits	150 700	138,069.	9,522.	11,109
	Payroll taxes	78,474.	68,273.	4,708.	5,493
	ees for services (non-employees):				
a M	fanagement	0)		
	egal	0	<u> </u>		
c A	ccounting	40,540.		36,486.	4,054
d L	obbying	0			
	rofessional fundraising services. See Part IV, line 17	0			
	vestment management fees	<u> </u>			
_	ther. (If line 11g amount exceeds 10% of line 25, column	_			
	a) amount, list line 11g expenses on Schedule O.)		1		
	dvertising and promotion	65,756.	55,257.	6,333.	4,166
	aformation technology	22 506	19,717.	·	1,256
	oyalties	0		,	,
	ccupancy	95,971.	83,495.	5,758.	6,718
	ravel , , ,	113,410.	107,740.		5,670
	ayments of travel or entertainment expenses				
fo	or any federal, state, or local public officials	0			
19 C	onferences, conventions, and meetings	24,886.	12,443.	12,443.	
20 In	nterest	0			
	ayments to affiliates	5 000	4 400	205	
	epreciation, depletion, and amortization	5,080.	4,420.	305.	355
	surance	2,962.	2,577.	178.	207
	ther expenses. Itemize expenses not covered				
	pove (List miscellaneous expenses in line 24e. If the 24e amount exceeds 10% of line 25, column				
	and amount, list line 24e expenses on Schedule O.)				
•	JRVIVOR OUTREACH AND	— почето предаватия са паска от почето в се	THE RESERVE OF THE PROPERTY OF THE PARTY OF		
a =_: b	TRAINING	7,941.	7,941.	1	
c CC	ONSULTANTS	233,756.	233,756.		
	RINTING AND PUBLICATIONS	21,765.	19,589.		2,176
	If other expenses	215.		215.	
	otal functional expenses. Add lines 1 through 24e	1,817,453.	1,575,855.	134,210.	107,388
26 Jo	oint costs. Complete this line only if the ganization reported in column (B) joint costs om a combined educational campaign and				
	ndraising solicitation. Check here if	_			
TO	llowing SOP 98-2 (ASC 958-720)	0			

2E 1052 1.000

Part X

Balance Sheet

Page 11

(A) Beginning of year End of year 348,974. 499,459. Cash - non-interest-bearing 1 Savings and temporary cash investments 271,086. 327,760. 2 2 250,000. 184,356. 3 3 55,906. Accounts receivable, net 159,919. 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 0 Loans and other receivables from other disqualified persons (as defined under section 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). Complete Part II of Schedule L 0 6 ō ď Notes and loans receivable, net _______ 7 ď 0 8 0 ď 9 10 a Land, buildings, and equipment: cost or 34,286. other basis. Complete Part VI of Schedule D 10a 20,898. 18,468. 10c 13,388. n Q 11 11 0 Investments - other securities. See Part IV, line 11 d 12 12 0 Investments - program-related. See Part IV, line 11 13 13 ď 14 0 14 22,834. 15 15 27,340. 901,624. 1,277,866. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 95,209. Accounts payable and accrued expenses 37,116. 17 17 0 18 q 18 ō Deferred revenue 19 d 19 Ō 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D ō 21 21 iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 0 Q 22 0 23 ō Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties. 0 24 0 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 7,714. 25 5,610. Total liabilities. Add lines 17 through 25..... 44,830.26 100,819. 26 Organizations that follow SFAS 117 (ASC 958), check here Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 532,438. 27 27 677,297. 499,750. Temporarily restricted net assets 324,356. 28 28 Fund 29 Organizations that do not follow SFAS 117 (ASC 958), check here 5 complete lines 30 through 34. Capital stock or trust principal, or current funds Assets 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 let Total net assets or fund balances 33 856,794. 1,177,047. 33 Total liabilities and net assets/fund balances........ 901,624 1,277,866.

Form 990 (2012) Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI..... 2,137,706. 1 1,817,453. 2 320,253. 3 856,794. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 0 5 5 ō 6 6 0 7 7 ō 8 ō 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 1,177,047. Part XII **Financial Statements and Reporting** Yes Νo 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 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis X 2b b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Both consolidated and separate basis Consolidated basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight Х 2c of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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

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

Form 990 (2012)

X 3a

X

3b

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

20**1**:

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

ons. Inspection
Employer identification number

00	DI L	DETENTION INT	ERNATIONAL							13	3-3/11840
Pa	rt I	Reason for Pub	olic Charity Statu	ıs (All organizations mu	ıst co	mplete	e this p	art.) S	ee instr	ructions	\$.
The	orga	nization is not a pri	vate foundation be	ecause it is: (For lines 1 th	rough	11, ch	eck only	y one bo	ox.)		
1				r association of churches	_		-		-).	
2)(1)(A)(ii). (Attach Schedu						•	
3	П			service organization descr		section	on 170(Β)(1)(Α	Xiii).		
4	П			perated in conjunction w			•	,,,,		n 170/	h)(1)(A)(iii) Enter the
		hospital's name, ci									The state of the s
5				enefit of a college or univ	ersity	OWNE	d or on	erated	hy a go		ental unit described in
-	ш	section 170(b)(1)(_	Olony	011110	u 0, 0p	oratoa	<i>2</i> , 2 90	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Sintal arms accombed in
6	П			t or governmental unit des	crihad	in sec	tion 17	0(b)/4\/	AMA		
7	X		-	es a substantial part of i						nit as fr	om the general nublic
•				. (Complete Part II.)	is sup	port in	on a g	overnin	ental ul	ill Of II	om me general public
۰	\Box			, ,		D-4 II					
8 9		•		ion 170(b)(1)(A)(vi). (Con	•		•		L		
9	Ш			es: (1) more than 331/39							
				s exempt functions - sub	-					•	
				ome and unrelated bus				_		n 511	tax) from businesses
	$\overline{}$			ne 30, 1975. See sectio n	•		-		•		
10	\square			ated exclusively to test for	•	-				-	
11				erated exclusively for the							•
				upported organizations de							
				oes the type of supporting	-			mplete			-
		a Type I	b Type II	c Type III-Functio	-	-		q 🔝			unctionally integrated
е				t the organization is not							
				agers and other than one	or mo	re pul	olicly su	upporte	d organ	nizations	described in section
		509(a)(1) or sectio									
f		If the organization	received a writte	en determination from th	e IRS	that if	isaT	ype I,	Type II,	or Typ	e III supporting
		organization, check									
g		Since August 17, 2	2006, has the orga	nization accepted any gif	t or co	ntribut	ion fron	n any o	f the		
		following persons?									
		(i) A person who	directly or indire	ectly controls, either alor	ne or i	togeth	er with	persor	ns desc	ribed in	ı (ii) Yes No
		and (iii) below,	the governing bo	dy of the supported organ	ization	ı?					11g(i)
		(ii) A family memi	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(îii)
h		Provide the following	ng information abo	out the supported organiz	ation(s).	• •		• • • •		• • • • • • • • • • • • • • • • • • • •
		ame of supported	(ii) EIN	(iii) Type of organization		Is the	(v) Did	you notify	(vi)	ls the	(vii) Amount of monetary
	C	organization		(described on lines 1-9 above or IRC section		zation in Ilsted in		anization	, ~	zation in	support
				(see instructions))	yourg	overning ment?		l. (i) of upport?		rganized U.S.?	
					Yes	No	Yes	No	Yes	No	1
						 -		1		·	
(A)											
							 	<u> </u>			
(B)											
						 	 		ļ <u>.</u>	 	
(C)					}						
						 	1		 		
(D)											
				<u> </u>	-		 	<u> </u>	 .	<u> </u>	
(E)											
						gui i lije.	drivi		121-59, 1		
Tota	ı										
						1	7 · · · · · · · · · · · · · · · · · · ·	and the second second	1		

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

Schedule A (Form 990 or 990-EZ) 2012

Pa	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	ction A. Public Support		**										
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total						
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,013,566.	1,154,359.	1,203,308.	769,325.	2,039,543.	6,180,101.						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	I .					0						
3	The value of services or facilities furnished by a governmental unit to the organization without charge					`	0						
4	Total. Add lines 1 through 3	1,013,566.	1,154,359.	1,203,308.	769,325.	2,039,543.	6,180,101.						
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)						2,210,123.						
6	Public support. Subtract line 5 from line 4.						3,969,978.						
Sec	Section B. Total Support												
Cale	ndar year (or fiscal year beginning in) 🕨 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total						
7	Amounts from line 4	1,013,566.	1,154,359.	1,203,308.	769,325.	2,039,543.	6,180,101.						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,769.	6,514.	6,007.	1,454.	1,145.	34,889.						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	1					0						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	Transfer	44				0						
11	Total support. Add lines 7 through 10	(A) (1)			er mi is		6,214,990.						
12	Gross receipts from related activities, etc. (s					12	82,097.						
13	First five years. If the Form 990 is f	or the organizati	ion's first, secon	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)						
	organization, check this box and stop here		<u> </u>				▶						
	tion C. Computation of Public Sup				1		63.88%						
14	Public support percentage for 2012 (li	• • •	-	. , , ,		14	59.47%						
15	Public support percentage from 2011												
ıoa	331/3% support test - 2012. If the of this box and stop here. The organization						re, cneck ► X						
h	331/3% support test - 2011. If the o						• • • • • •						
	check this box and stop here. The organization qualifies as a publicly supported organization												
IJ	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga Explain in Part IV how the organization supported organization	anization meets on meets the "f	the "facts-and acts-and-circum	-circumstances" stances" test.	test, check th The organizatio	nis box and st on n qualifies as a	op here.						
18	Private foundation. If the organization	did not check a	box on line 13,	16a, 16b, 17a,	or 17b, check	this box and see	· · · · · · · · · · · · · · · · · · ·						

Schedule A (Form 990 or 990-EZ) 2012

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Part III	Support Schedule fo	or Organizations [Described in Sec	tion 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.)

	tion A. Public Support	(3) 2000	(b) 2000	(c) 2010	(d) 2011	(a) 2042	(fi Total
	ndar year (or fiscal year beginning in)		(ь) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities				ĺ		
	furnished in any activity that is related to the						
	organization's tax-exempt purpose				ļ		
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					ļ	
5	The value of services or facilities						
	furnished by a governmental unit to the			<u> </u>			
	organization without charge						
6	Total. Add lines 1 through 5			}	1		
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons				1		
Ь	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	7			Principal Control Labor		
	line 6.)		Frank Circum til En 1967	91			
Sec	tion B. Total Support		<u> </u>	1.		<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						···
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
	sources	ļ			<u> </u>		
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b	<u> </u>					
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						
_	loss from the sale of capital assets						
	(Explain in Part IV.)	ļ					
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for		n's first second	third fourth or	fifth tax year a	s a section 501/	c)(3)
	organization, check this box and stop here	-			•	•	
Sec	tion C. Computation of Public Sur		•				••••
15	Public support percentage for 2012 (line 8		<u>v</u>	mn /f\\		15	
16	Public support percentage from 2011 Sche						
] 10	
	tion D. Computation of Investme			101 (0)			
17	Investment income percentage for 2012 (li					1	
18	Investment income percentage from 2011					18	
19 a	331/3% support tests - 2012. If the or						. г
	17 is not more than 331/3%, check th	-	_			•	-
b	331/3% support tests - 2011. If the orga						
	line 18 is not more than 331/3 %, check		•			• • •	
20	Private foundation, If the organization	did not check	a box on line	14, 19a, or 19b			
SA 1 1.00	00					ichedule A (Form 9	•
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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).