

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

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

2012

Open to Public
Inspection

<input type="checkbox"/> Check applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	c Name of organization TEE TREEHOUSE CENTER INC Doing Business As		D Employer Identification Number 27-1889958	
	Number and street (or P.O. box if mail is not delivered to street addr) 595 MOSSWOOD DR		Room; suite (936) 972-3345	
	City, town or country CONROE TX 77302		E Telephone number	
	state ZIP code +4 TX 77302		G Gross—pts \$ 311 214 .	
F Name and address of principal officer: KATHLEEN TANNER 2523 RIVER RIDGE CONROE TX 77385		(a) is this a group return for affiliates? Yes No (b) Are all affiliates included? Yes No If 'No,' attach a list, (see instructions) (c) Group exemption number		
Tex exempt status		501(c) () (insert no.) or 527		
Website: N/A				
Form of organization:		Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>		L Year of Formation: 2 0 0 9 M State of legal domicile: TX

Summary		Prior Year	Current Year
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3 Number of voting members of the governing body (Part VI, line 1a) 3 4			
1 Briefly describe the organization's mission or most significant activities: TEMPORARY HOUSING FOR ABUSED CHILDREN c:			
4 Number of independent voting members of the governing body (Part VI, line 1b) .		4	4
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	15
6 Total number of volunteers (estimate if necessary)			
7a Total unrelated business revenue from Part VIII, column (C), line 12			
b Net unrelated business taxable income from Form 990-T, line 34 .			0.
8 Contributions and grants (Part VIII, line 1 h) _ .		49,300	25,500
9 Program service revenue (Part VIII, line 2g)		97,148 .	285,714 .
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .			
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)		146,448	311,214
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) .			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
16a Professional fundraising fees (Part IX, column (A), line 11e) .			145,016
b Total fundraising expenses (Part IX, column (D), line 25) ▶			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g)			
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .			
19 Revenue less expenses. Subtract line 18 from line 12			153,491
			298,507 .
		146,448.	12,707

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	30,340.	26,232.
21	Total liabilities (Part X, line 26) Subtract line 21 from line 20	0.	0.
22	Net assets or fund balances. Subtract line 21 from line 20	30,340.	26,232.



Part - S; nature Block

A For the 2012 calendar year, or tax year beginning 10/01/2012, 2012, and ending 09-30, 2013 B

J
K

Revenue

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) vs based on all information of which preparer has any knowledge.

Sign Here	 Signature of officer Date 02/15/14				
	KATHLEEN TANNERBOARD MEMBER Type or print name and title.				
Paid Preparer Use Only	Print/Type preparer's name JUDITH TESTORI	Preparer's signature 	Date 02/09/14	Check if self-employed	pTIN PO 0 6 65 513
	Firm's name JUDITH TESTO ATP			Firm's	
	125 RIDGEWOOD DR MAGNOLIA TX 77355 with preparer shown above? (see instructions)			EIN 68-0653892 Phone no. (936) 931-1028 Yes No	

May the IRS discuss this return the

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

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Part II of
 Check if Schedule O contains a response to any question in this Part III

Statement Program Service Accomplishments

1 Briefly describe the organization's mission:

TEMPORARY HOUSING FOR ABUSED CHILDREN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501 (c)(3) and 501 (c)(4) organizations and section 1947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4 a (Code:) (Expenses \$ 298,507. including grants of \$ 0.) (Revenue \$ 311,214.)

PROGRAM SERVICE FEES

4 b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4 c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4 d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4 e Total program service expenses ▶ 298,507.

Part IV 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	x
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	x
5 Is the organization a section 501 (c)(4), 501 (c)(5), or 501 (c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If Yes, ' complete Schedule C, Part II/	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 h funds or accounts? If Yes,' complete Schedule D, Part I	6	x
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7	x
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	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	x
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	x
b 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 VI/	11 b	x
c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D. Part VI/I	11 c	x
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If Yes,' complete Schedule D, Part X	11 d	x
e 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	11 e	x
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts M, and XII	12a	x
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 XI/ is optional..	12a b	x
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	x
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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 foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14a b	x

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 f/ and IV.	14a	X
16	Did the organization report on Part 'X, 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.	14b	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 1 le? If 'Yes,' complete Schedule G, Part I (see instructions)	15	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	16	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.	17	X
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	18	X
		19	X
		20	X
		20b	

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Pan IV Checklist of Re uired Schedules continued

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line i? If 'Yes,' complete Schedule J, Parts I and II		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		X
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 . .		X
24a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? .		
25 a Section and organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I . . .		
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 . . .	25a	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end Of the organization's tax year? If 'Yes,' complete Schedule L, Part II	25b	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 entity or family member of any of these persons? ff Yes, ' complete Schedule L, Part III - . . .	26	X
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):	27	X
aA current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.		
bA family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	X
cAn 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.	28b	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If Yes, ' complete Schedule M.	28c	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M -	29	

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31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part	30		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 .	31		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 .	32		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, 1/1, IV, and V, line .	33		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .	34		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 .	35a		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 .	35b		
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 .	36		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1 1b and 19? Note. All Form 990 filers are required to complete Schedule O	37		X
		38	X	

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Form990

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V -

yes No

- 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1 b
- c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .
- 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 . 1 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b x
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)
- 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? x b If 'Yes' has it filed a Form 990-E 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 account)? x b If 'Yes,' enter the name of the foreign country:
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
- 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . x b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? x c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?
- 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . x
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b 7 Organizations that may receive deductible contributions under section 170(c).
- a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? x

b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? x d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? x f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . x

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .

8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds.

a Did the organization make any taxable distributions under section 4966?

b Did the organization make a distribution to a donor, donor advisor, or related person? . 9b 10 Section 501(c)(7) organizations.

Enter:

a Initiation fees and capital contributions included on Part VI", line 12 . 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b II Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders II a

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . 11 b

12a Section non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041 ? . 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a 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.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b

c Enter the amount of reserves on hand 13c

14a Did the organization receive any payments for indoor tanning services during the tax year? . 14a x b 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 70b 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 . ,

Section A. Governin Bod and Mana ement

Yes No

- 1 a Enter the number of voting members of the governing body at the end of the tax year . 1 a 4
- 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.
- 1 b Enter the number of voting members included in line 1a, above, who are independent 1 b 4
- 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 x
- 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 x
- 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 x
- 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 x
- 6 Did the organization have members or stockholders? 6 x
- 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? x
- b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7b x
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
 - a The governing body? x
 - b Each committee with authority to act on behalf of the governing body? 8b x
- 9 Is there any officer, director or 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 9 x

Section B. Policies his Section B re uests information about o/icies not re uired b the Internal Revenue Code.

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .	IOa	x
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	

b Describe in Schedule O the process, if any, used by the organization to review this Form 990.
 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 73

II		X
a		
12a		X
12b		
12c		
13		X
14		X
15a		X
15b		X
16a		X
16b		

b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? -

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy? Schedule O how this is done

15 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?

a The organization's CEO, Executive Director, or top management official . . . b Other Officers of key employees of the organization . . .

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . .

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 taken steps to safeguard the organization's exempt status with respect to such arrangements? . . .

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ Texas

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501 (c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization makes 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:

▶ KATHLEEN TANNER 596 MOSSWOOD RD CONROE TX 77302
TEEA0106 08/08/12 **COPY** (936) 273-3453

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

Check if Schedule O contains a response to any question in this Part VII

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

1 a 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 in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAY LEE SNELL HOUSTON TX	12.00	X						0.	0.	0.
(2) BURL LEE TANNER CONROE TX	40.00	X						0.	0.	0.
(3) SIMONE HADEN CONROE TX	8.00	X						0.	0.	0.
(4) KATHLEEN TANNER CONROE TX	40.00	X						0.	0.	0.
(5) -----										
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										

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RAA employees; and former such persons.

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Estimated amount of other compensation from the organization and related organizations

O.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
1 b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual		x
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual . . .		x
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person		x

Section B. Independent contractors

1 Complete this table for your five highest compensated Independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII .

	Total revenue	(B) Related or exempt business revenue	Unrelated excluded from tax function under sections 512, 513, or 514	(D) Revenue from tax function revenue
1 a Federated campaigns b Membership dues . 1 b c Fundraising events . d Related organizations e Government grants (contributions) . 3 000. f All other contributions, gifts, grants, and similar amounts not included above 1 f 22 50 g Noncash contributions included in lns la-l f: \$	25 500.			
h Total. Add lines la-lf .				
		Business Code		

> C

f All other program service revenue .	285 714 .	285 714 .	0 .	0 .
g Total. Add lines 2a-2f 28	714 .			

Part IX	Statement of Functional Expenses
----------------	---

285 714 . 0 . 0 .

- 3 Investment income (including dividends, interest and other similar amounts)
- 4 Income from investment of tax-exempt bond
 - 5 Royalties

(O Real Personal

- 6a Gross rents . . .
- b Less: rental expenses c Rental income or (loss) .
- d Net rental income or (loss) .

(i) Securities (it) Other

proceeds

- 7 a Gross amount from sales of assets other than inventory .
- b Less: cost or other basis and sales expenses c Gain or (loss) .
- d Net gain or (loss) . . .

- 8a Gross income from fundraising events (not including . \$ of contributions reported on line 1c).

See Part IV, line 18 b Less: direct expenses b

c Net income or (loss) from fundraising events .

- 9 a Gross income from gaming activities.

See Part IV, line 19 b Less: direct expenses

b c Net income or (loss) from gaming activities

- 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold . b c Net income or (loss) from sales of inventory

Miscellaneous Revenue Business Code II a b

d All other revenue e Total.

Add lines 1 la-1ld .

12 Total revenue. See instructions .

311 214 .

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Section 501(c)) and 501(c) 4 or nizations must com Jete all columns. All other organizations must com lete column A).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service ex enses	(C) Management and eneral ex enses	(D) Fundraising ex enses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members .				

298 507.	298 507	0.	0

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Form 990 (2012)

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X .

		(A) Beginning of year	(B) End of year
1	Cash — non-interest-bearing	30,340.	26,232.
2	Savings and temporary cash investments		2
3	Pledges and grants receivable, net		3
4	Accounts receivable, net . . .		4
5	Loans and other receivables from current and trustees, key employees, and highest compensated directors, Complete		5
6	Loans and other receivables from other section 4958(f)(1)), persons described in section 8(c)(3)(B) and sponsoring organizations of beneficiary organizations (see instructions). Part II		6
7	Notes and loans receivable, net .		7
8	Inventories for sale or use .		8
9	Prepaid expenses and deferred charges . former		9
10a	Land, buildings, and equipment: cost or other		
	Complete Part VI of Schedule D		
b	Less: accumulated depreciation .	10b	10c
11	Investments — publicly traded securities		11
12	Investments — other securities. See Part IV, 13 Investments — program-related.		12
13	Investments — program-related. See Part IV, 14 Intangible assets .		13
14	Intangible assets .		14
15	Other assets. See Part IV, line 11		15
16	Total assets. Add lines 1 through 15 (must include line 11 . line 11 . total line 14) . .	30,340	26,232 .
17	Accounts payable and accrued expenses .		0 .
18	Grants payable		18
19	Deferred revenue .		19
20	Tax-exempt bond liabilities .		20
21	Escrow or custodial account liability. Complete Part IV of Schedule D		

- 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.
- 23 Secured mortgages and notes payable to unrelated third parties
- 24 Unsecured notes and loans payable to unrelated third parties.
- 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D
- 26 Total liabilities. Add lines 17 through 25

	21	
	22	
	23	
	24	
0.	26	0.

Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.

- 27 Unrestricted net assets
 - 28 Temporarily restricted net assets
 - 29 Permanently restricted net assets
- Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.
- 30 Capital stock or trust principal, or current funds.
 - 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds
 - 33 Total net assets or fund balances .
 - 34 Total liabilities and net assets/fund balances .

	27		
	28		
	29		
	30		
	31		
30	340	32	26 232.
.			
30	340.	33	26 232.
30	340	34	26 232.
.			

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Part XI 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) - . 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 .	1	311 214 .
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2	298 507 .
5 Net unrealized gains (losses) on investments	3	12 707 .
6 Donated services and use of facilities	4	30 340.
7 Investment expenses	5	
8 Prior period adjustments	6	
9 Other changes in net assets or fund balances (explain in Schedule O)	7	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).	8	-16 15
	9	
	10	6 232.

Part XIc Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .		x
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:		
2b		x
Separate basis Consolidated basis Both consolidated and separate basis 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:		
3a		x
3 a 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?		
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 under o such audits		
3b		

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SCHEDULE A
(Form 990 or 990-EZ)

Department of Treasury
Internal Revenue Service
Name of the organization

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2012

Open to Public Inspection

THE TREEHOUSE CENTER INC

Employer identification number

27-1889958

Part I Reason for Public Charity Status All organizations must complete this part. See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-113% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-113% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(2). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III — Functionally integrated Type III — Non-functionally integrated

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

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990-2) 27-1889958 Page 2 aft II Support Schedule for Organizations Described in Sections 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.)

Section A. Public or
Su

Calendar 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'.)					25,500.	25,500.
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 . .					25,500.	25,500.
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .						
6 Public support. Subtract line 5 from line 4						25,500.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(D) Total
7 Amounts from line 4					25,500 .	25,500 .
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 .						25,500 .
12 Gross receipts from related activities, etc (see instructions) -					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501 (c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .	14
15 Public support percentage from 2011 Schedule A, Part II, line 14	15

16a 33-113% support test — 2012. If the organization did not check the box on line 13, and the line 14 is 33-113% or more, check this box and stop here. The organization qualifies as a publicly supported organization .

b 33-113% support test — 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-113% or more, check this box and stop here. The organization qualifies as a publicly supported organization .

- 17 a 10%-facts-and-circumstances test — 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 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 supported organization .
- b 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, 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 supported organization .
- 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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Page 3

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

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

Section A. Public Support

Calendar year (or fiscal yr 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'.)						
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						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						

12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)

13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501 (c)(3) organization, check this box and stop here

Section D. Comutation of Investment Income Percentage

Table with 2 columns: Description and Percentage. Row 17: Investment income percentage for 2012 (line 10C, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2011 Schedule A, Part III, line 17.

line 17

Section C. Comutation of Public Support Percentage

Table with 2 columns: Description and Percentage. Row 15: Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2011 Schedule A, Part III, line 15.

19a 33-113% support tests — 2012. If the organization did not check the box on line 14, and line 15 is more than 33-1/396, and line 17 is not more than 33-113%, check this box and stop here. The organization qualifies as a publicly supported organization.

33-113% support tests — 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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).

Blank lines for supplemental information.

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COPY

Schedule B

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

Schedule of Contributors

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

2012

Name of the organization

Employer identification number

THE TREEHOUSE CENTER INC

27-1889958

Organization type (check one):

Filers of:

Form 990 or 990-EZ 501 (c)(3) (enter number)

Section:

- organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization
- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Form 990-PF

Check if your organization is covered by the General Rule or a Special Rule

Note. Only a section 501 (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

For a section 501 (c)(3) organization filing Form 990 or 990-EZ that met the 33-113% support test Of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (i) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501 (c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501 (c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year ▶ \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, Schedule B (Form 990, 990-EZ, or 990-PF) (2012) or 990-PF.

COPY

Name Of organization

Employer Identification number

THE TREEHOUSE CENTER INC

27-1889958

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	MARGO BEH ----- 49 TUNAPUNA ----- ----- CORONADO CA 92118	\$ 221000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

BAA TEEA0702 sc e B (Form 990, 990-EZ, or 990-PF) (2012) OMB No. 1545-0047

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or 990-2.

2012
Open to Public Inspection

Name of the organization: THE TREEHOUSE CENTER INC

Employer identification number: 27-1889958

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AT_ BQB±RD MEETING

then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

But, if you entered -0- on the return, then

1 a Form 990 check here (Form 990, Part VIII, here)	<input checked="" type="checkbox"/>	b Tot	:-	b Total revenue, if any column (A), line 12).	1 b	311=214
2 a Form 990-EZ check (Form 990-EZ, line 9)	<input type="checkbox"/>	b		b Total revenue, if any	2 b	
3 a Form 1120-POL	<input type="checkbox"/>	b Bal:		check here b Total tax (Form 1120-POL, line 22)	3 b	
4 a Form 990-PF check here	<input type="checkbox"/>	b		Tax based on investment income (Form 990-PF, Part VI, line 5) , 4b		
5 a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)			5 b	

part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ as my signature
 ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax
 year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature _____ Date 05/15/2014

part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 76423012500
 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date 05/15/2014

**ERO Must Retain This Form — See Instructions
 Do Not Submit This Form To the IRS Unless Requested To Do So**