## Form **990**

Department of the Treasury

Internal Revenue Service

**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)

2012

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

Open to Public Inspection

Α	For th	e 2012 calendar year, or tax year beginning and e	ending			
В	Check if	C Name of organization		D Employer id	lentifi	ication number
	applicab	CELL PHONES FOR SOLDIERS, INC.				
	Addre	SS   C / C   C   C   C   C   C   C   C   C		İ		
	Name chang			2	0 – 1	343425
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone n		
	Termi		100111/00110			659-7789
	Amen	ded	***	G Gross receipts \$		1,359,854.
	Application			H(a) Is this a gr		
	pendi	F Name and address of principal officer:ROBERT BERGQUIST		for affiliate		Yes X No
		243 WINTER STREET, NORWELL, MA 02061		]		
T	Tax-ex	empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) $4947(a)(1)$ or	527	H(b) Are all affilia		
		te: CELLPHONESFORSOLDIERS. COM	527	1 '		list. (see instructions)
		organization: X Corporation Trust Association Other	- Vans	H(c) Group exe		
	art I	Summary	<u>j L. year (</u>	or iormation: 20	<u>J 4  N</u>	M State of legal domicile: MA
	1	Briefly describe the organization's mission or most significant activities: AID A	OMITTE	DIIIIX OB		CD 1/D11 1170
Governance	'	WOMEN.	CTIVE	DUTY SE	<u>≺∧⊤</u>	CE MEN AND
nai						
Š		N				_
	4	Number of independent victing members of the governing body (Part VI, line 1a)			3	6
ళ	5	Number of independent voting members of the governing body (Part VI, line 1b)			4	4
tie	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			5	5
Activities &	6	Total number of volunteers (estimate if necessary)			6	18000
Ac	/ a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
	d	Net unrelated business taxable income from Form 990-T, line 34			7b	0.
		Oracleila di anno di a		Prior Year		Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	I .	1,983,5		1,355,993.
Ven	9	Program service revenue (Part VIII, line 2g)			0.	<u> </u>
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,19	<u>)4.</u>	3,861.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,987,7	52.	1,359,854.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	7,050.
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $$		158,13	34.	143,536.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
×	b	Total fundraising expenses (Part IX, column (D), line 25)				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,432,23	2.	1,727,198.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,590,34	16.	1,877,784.
	19	Revenue less expenses. Subtract line 18 from line 12		-602,59	4.	-517,930.
Net Assets or Fund Balances			Beg	inning of Current		End of Year
set	20	Total assets (Part X, line 16)	l l	2,435,23		1,920,194.
id Ass	21	Total liabilities (Part X, line 26)		6,19		9,083.
<u> 원</u> 크	22	Net assets or fund balances. Subtract line 21 from line 20		2,429,04		1,911,111.
Pa	art II	Signature Block				<u> </u>
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best	of my	knowledge and helief it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer h	nas anv knowledge	J,	into modgo and bonor, it to
Sig	n	Signature of officer		Date		
Her		ROBERT BERGQUIST, PRESIDENT				
		Type or print name and title				
		Print/Type preparer's name Proparer's signature	Da	nte Che	ck	PTIN
Paid	,	DAVID J. MCCAUGHIN		Loly		
	arer	Firm's name HUGHES AND COMPANY, PC		1 7 1 3011	employed	
	Only	Firm's address ONE WEST FOSTER STREET		Firm's EIN		04-2842388
		MELROSE, MA 02176		DL	/ -	701\
Mar	the IE	S discuss this return with the preparer shown above? (see instructions)		Phone no		781)-665-7100
·via	LITE IF	io diocess this return with the preparer shown above? (see instructions)				X Yes No

Form	art III   Statement of Program Service Accomplishments	J Page Z
Pai		
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	
	TO ASSIST UNITED STATES MILITARY PERSONNEL SERVING OVERSEAS IN	
	COMMUNICATING WITH THEIR FAMILIES AND FRIENDS.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	es X No
	If "Yes," describe these new services on Schedule O.	
_		es X No
3	212 113 0.921 112 113 113 113 113 113 113 113 113 1	es L21110
	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 expen	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense	∍s, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,639,846. including grants of \$7,050. (Revenue \$	)
	ORGANIZATION RAISES FUNDS TO PROVIDE SUPPORT TO PURSUE ITS MISSION	1 OF
	PROVIDING AID TO SERVICE MEN AND WOMEN. THIS IS ACHEIVED BY DONA	
	FROM THE PUBLIC OF MONEY AND CELL PHONES WHICH ARE SOLD IN A RECYC	
	PROGRAM. THE PROCEEDS ARE THEN USED TO PURCHASE PREPAID CALLING	
		JANDO
	WHICH ARE SENT TO THE SERVICE MEN AND WOMEN.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
40	/ (Code:	
		· · ·
4c	Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4d	d Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
46	e Total program service expenses ► 1,639,846.	
		m <b>990</b> (2012)

C/O ROBERT BERGQUIST 20-1343425 Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х 1 If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 5 Х similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Х Schedule D, Part III 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? Х If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Х 14b 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 Х 15

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16

17

18

19

20a

X

Х

Х

X

Х

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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

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2012) C/O ROBERT BERGOUIST

Part IV 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		Х
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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2710		
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24U		
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZOa		
~	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, highest compensated employee, or disqualified	250		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		22
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer director twister or less smaller on (f. 11/4) II constitute October 11/4	28a		х
	A current of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		21
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	Α.
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		- 23
-	Sobodula N. Port II	32		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	UZ.		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b		UJ4		-25
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	550	<del></del>	
	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	- 50		<del></del>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	٠,		- 41
	Note. All Form 990 filers are required to complete Schedule O	38	х	

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#### 012) C/O ROBERT BERGOUIST Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response to any question in this Part V			
		*******	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		100	110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	1	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	UU		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:	, ru		- 21
	See instructions for filling 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?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	-	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ou		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	- 52		
а	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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			1.15
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	e jara		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		9 <sub>4</sub>	
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			- 45.
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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		lair sill	
С	Enter the amount of reserves on hand			
	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		
			000 //	

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI				X					
Sec	tion A. Governing Body and Management									
				Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year1a	6								
	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.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b	4								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with ar	v other								
	officer, director, trustee, or key employee?	•	2	х						
3	Did the organization delegate control over management duties customarily performed by or under the direct									
	of officers, directors, or trustees, or key employees to a management company or other person?		3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X					
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint or		6		X					
	more members of the governing body?		7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockhold									
	persons other than the governing body?	· ·	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the f				-21					
а	The governing body?		8a	х						
b	Each committee with authority to act on behalf of the governing body?		8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		0.0	-22						
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C		-		-21					
				Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?		10a	100	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		100							
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b							
11a	and the second of the second o		11a	Х						
b			1,0							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflic		12b	Х						
С			12.0							
	in Schedule O how this was done		12c	х						
13	Did the organization have a written whistleblower policy?		13	X						
14	Did the organization have a written document retention and destruction policy?		14	X						
15	Did the process for determining compensation of the following persons include a review and approval by inde				135					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•		.						
а	The organization's CEO, Executive Director, or top management official		15a	х						
	Other officers or key employees of the organization		15b	Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			7. 4						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with	ıa								
	taxable entity during the year?		16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its par				- 1					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?		16b							
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►MA	***************************************								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s only) av	ailabl	e						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website X Another's website X Upon request Other (explain in Sched	tule O)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of i	nterest policy, and	finan	cial						
	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 record	ls of the organization	on: 🕨							
	ROBERT BERGQUIST - 781-659-7789									
32006	243 WINTER STREET, NORWELL, MA 02061									

Form **990** (2012)

#### Form 990 (2012) 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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	1									
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and <b>T</b> itle	Average	(do	not c	heck	more	than o	one	Reportable	Reportable	Estimated
	hours per	box,	box, unless person is both officer and a director/truste			is both	han tee)	compensation	compensation	amount of
	week	-	Jo. u.,			1	.00,	from	from related	other
	(list any hours for	lirecti				_ '		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e 01 C	tee			satec		(W-2/1099-MISC)	(***2/1099-141130)	organization
	organizations	truste	l trus		yee	mper		(** 2/ 1000 1/1100)		and related
	below	dual	tion	_	mplo	st co	*			organizations
	line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			J
(1) ROBERT BERGQUIST	30.00									_
PRESIDENT		Х		Х		L.		58,333.	0.	0.
(2) GAIL BERGQUIST	30.00								_	_
CLERK		Х		Х				38,750.	0.	0.
(3) DONALD BENNETT	5.00								_	
DIRECTOR		Х						0.	0.	0.
(4) QUENTIN CARMICHAEL	5.00									
DIRECTOR		X	_			_		0.	0.	0.
(5) ANGIE KENWORTHY	5.00	<b>│</b>								
DIRECTOR	F 00	X						0.	0.	0.
(6) LOUIS PUOPOLO	5.00									_
DIRECTOR		Х						0.	0.	0.
		-								
				_		-	_			
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	990 (2012) C/O ROBE									20-13	434	125	Pag	je <b>8</b>
Pai	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	ighe	st C	ompensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related	(C) Position (do not check more the box, unless person is bofficer and a director/tr					h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC		othe compen		on
		organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			and related organization			k
										. <u> </u>				
	Sub-total  Total from continuation sheets to Part VI								97,083.		0.			0.
d 2	Total (add lines 1b and 1c)								97,083.		0.			0.
	compensation from the organization	or invited to ti	1086	IISTE	o a	DOVE	=) Wi	10 16	eceived more than \$100	,000 or reportable	)	<b>,</b>		0
3	Did the organization list any former officer,	director or tru	ısta	a ka	w er	nnlo	.VAA	orl	highest companyated or	mployee en	Г	Y	es N	No_
	line 1a? If "Yes," complete Schedule J for s	uch individual								• •		3		X_
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4		<u>X_</u>
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com								•			5	;	<u>X_</u>
Sec 1	tion B. Independent Contractors  Complete this table for your five highest co	mnongated in	done		nt o	ontr	oot o		hat received more than	1100 000 of				
	the organization. Report compensation for										ensa	uon iror	rı	
	(A) Name and business	address	NC	ONE	2			_	(B) Description of s	ervices	Со	(C) mpensa	ition	
·			<del></del>											
2	Total number of independent contractors (i		ot lii	mite	d to	_	_	sted	above) who received m	ore than				
	\$100,000 of compensation from the organiz	zation				(	<u>)                                    </u>				<u>:</u>	orm <b>99</b>	<b>0</b> (20	10\

Contributions, Gifts, Grants and Other Similar Amounts

Program Service Revenue

2 a

4 5

CELL PHONES FOR SOLDIERS, INC. C/O ROBERT BERGOUIST 20-1343425 Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D) Revenue excluded from tax under (A) (B) (C) Total revenue Related or Unrelated exempt function business revenue revenue 1 a Federated campaigns b Membership dues ..... 1b c Fundraising events ..... 1c d Related organizations ..... e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ..... 355,993 774,538. g Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f 355,993 **Business Code** f All other program service revenue ..... Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 3,861. 3,861. Income from investment of tax-exempt bond proceeds Royalties (ii) Personal 6 a Gross rents Less: rental expenses Rental income or (loss) ..... d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities assets other than inventory b Less: cost or other basis and sales expenses ...... c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 .....a 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 \_\_\_\_\_a b Less: direct expenses \_\_\_\_\_ b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 

11 a

Other Revenue

359,854

Total revenue. See instructions.

d All other revenue

e Total. Add lines 11a-11d .....

0.

3,861

Form **990** (2012)

# Form 990 (2012) C/O ROBERT BERGOUIST Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon of include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising
1	Grants and other assistance to governments and		ехрепзез	general expenses	expenses
	organizations in the United States. See Part IV, line 21	7,050.	7,050.		
	Grants and other assistance to individuals in		,,,,,,,,,		
	the United States. See Part IV, line 22				
	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	97,080.	67,957.	9,707.	19,416
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	34,400.	34,400.		
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes	12,056.	7,233.	1,206.	3,617
	Fees for services (non-employees):				
	Management				W-72
	Legal				
	Accounting	4,000.		4,000.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	, <u> </u>			
	Other. (If line 11g amount exceeds 10% of line 25,	0.51		0.54	
	column (A) amount, list line 11g expenses on Sch O.)	851.		851.	45
	Advertising and promotion	16,792.	20 070	10 255	16,792
	Office expenses	47,329.	20,079.	18,377.	8,873
	Information technology				
	Royalties	8,538.	4,269.	4 260	
	Occupancy	26,073.	2,607.	<u>4,269.</u> 5,215.	10 251
	Payments of travel or entertainment expenses	20,075.	2,007.	3,213.	18,251
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization	5,084.		5,084.	
	Insurance			3,001.	
	Other expenses. Itemize expenses not covered				au in sign an
ä	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
á	amount, list line 24e expenses on Schedule 0.)				
a (	CALLING CARDS	1,099,860.	1,099,860.		
b .	BAD DEBTS	346,288.	346,288.		
	OUTSIDE SERVICES	118,335.		4,000.	114,335
d ]	VETERAN ASSISTANCE	50,103.	50,103.		
е /	All other expenses	3,945.		3,945.	
	Total functional expenses. Add lines 1 through 24e	1,877,784.	1,639,846.	56,654.	181,284.
ه 6≥	Joint costs. Complete this line only if the organization				
r	reported in column (B) joint costs from a combined				
6	educational campaign and fundraising solicitation.				
(	Check here if following SOP 98-2 (ASC 958-720)				

C/O ROBERT BERGOUIST 20-1343425 Page 11

Part		Balance Sneet		1700011			
		Check if Schedule O contains a response to an	y quest	on in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,036,828.	1	1,111,937
	2	Savings and temporary cash investments			563,032.		560,444
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			260,782.	4	210,233
	5	Loans and other receivables from current and for		t .		· ·	
		trustees, key employees, and highest compens		,,			
1		Part II of Schedule L			5,350.	5	
	6	Loans and other receivables from other disquali	fied ne	rsons (as defined under	0,000.	Ť	
	•	section 4958(f)(1)), persons described in section					
1		employers and sponsoring organizations of sec					
		employees' beneficiary organizations (see instr).				6	
2	7	Notes and loans receivable, net			556,079.	1	
Ž					330,073.	7	
- I	8	Inventories for sale or use		10,989.	8		
- 1	9	Prepaid expenses and deferred charges		10,969.	9		
-   '	iva	Land, buildings, and equipment: cost or other		40 000			
	1.	basis. Complete Part VI of Schedule D		12,318.	2 177		27 500
		Less: accumulated depreciation	2,177.		37,580		
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
i	15	Other assets. See Part IV, line 11	0 405 005	15	1 200 101		
	6	Total assets. Add lines 1 through 15 (must equ			2,435,237.	16	1,920,194
	17	Accounts payable and accrued expenses		6,196.	17	9,083	
	8	Grants payable			18		
'	9	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
<u>g</u>   2	21	Escrow or custodial account liability. Complete				21	
2	22	Loans and other payables to current and former					
		key employees, highest compensated employee					
		Complete Part II of Schedule L				22	
- 1	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
2	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines	3 17-24)	. Complete Part X of			
		Schedule D				25	
<u>  2</u>	26				6,196.	26	9,083
		Organizations that follow SFAS 117 (ASC 958		k here ▶ LXL and			
ו מ	_	complete lines 27 through 29, and lines 33 an			0 400 044	4 2	4 044 444
2	27	Unrestricted net assets			2,429,041.	27	1,911,111
2	8	Temporarily restricted net assets		<b>,</b>		28	
2	9					29	
-		Organizations that do not follow SFAS 117 (A	SC 958	3), check here			
5		and complete lines 30 through 34.					
3	Ю	Capital stock or trust principal, or current funds				30	
2   3	1	Paid-in or capital surplus, or land, building, or ed				31	
<b>,</b>	2	Retained earnings, endowment, accumulated in				32	
_  3	3	Total net assets or fund balances			2,429,041.	33	1,911,111
3	4	Total liabilities and net assets/fund balances			<u>2,435,237.</u>	34	1,920,194

Form **990** (2012)

. 0111	000 (2012) 07 0 110DD111 DD110Q01D1	<u> </u>	<del></del>	<u> </u>	<u>90 :=</u>
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		,		
		1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,35		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,87	7,7	84.
3	Revenue less expenses. Subtract line 2 from line 1	3	-51	7,9	30.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,42	<u>9,0</u>	<u>41.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,91	1,1	<u>11.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				Щ
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a			<u>2</u> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		1

Form **990** (2012)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

### **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.

2012

Open to Public Inspection

Name of the organization CELL PHONES FOR SOLDIERS, INC. Employer identification number C/O ROBERT BERGOUIST 20-1343425 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III - Functionally integrated d \_\_\_\_ Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify the (vi) Is the (vii) Amount of monetary organization in col. (described on lines 1-9 in col. (i) listed in your organization organization in col. (i) organized in the U.S.? support above or IRC section governing document? (i) of your support? (see instructions)) Yes Yes No Yes

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

Schedule A (Form 990 or 990-EZ) 2012

232021

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

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

Sec	tion A. Public Support						
Cale	ndar 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.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities			,			
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions					-	
3	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,		a E pr				
_	column (f)						
	Public support. Subtract line 5 from line 4.						<del></del>
	tion B. Total Support				,		
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4						
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						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi	ic Support Per	rcentage				
14	Public support percentage for 2012 (	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2011					15	%
	33 1/3% support test - 2012. If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				
b	33 1/3% support test - 2011. If the o	rganization did no	t check a box on li				is box
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						or more.
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Par	t IV how the organi	ization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
	iodinacioni ii dio organizatio	did flot offoot a t	OCK OII III 10, 10	<u>, 100, 170, 01 170</u>	, or look tills box at	in see manucuons	· L

Schedule A (Form 990 or 990-EZ) 2012

#### 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

Sa	qualify under the tests listed be ction A. Public Support	elow, please compl	ete Part II.)				
		(-) 0000	#-> 0000	(-) 0010	( D 0011	/ \ 0010	(O. Tabal
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Gifts, grants, contributions, and						
	membership fees received. (Do not				_		
	include any "unusual grants.")	2,770,461.	2,067,289.	1,838,199.	1,983,558.	1,355,993.	10,015,500.
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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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	2,770,461.	2,067,289.	1,838,199.	1,983,558.	1,355,993.	10,015,500.
78	Amounts included on lines 1, 2, and					, , ,	
	3 received from disqualified persons		76,800.	85,000.	165,000.	328,500.	655,300.
ŀ	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						0.
(	: Add lines 7a and 7b		76,800.	85,000.	165,000.	328,500.	655,300.
	Public support (Subtract line 7c from line 6.)						9.360.200.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	2,770,461.	2,067,289.	1,838,199.	1,983,558.	1,355,993.	10,015,500.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25,452.	26,691.	13,216.	4,194.	3,861.	73,414.
ŀ	Unrelated business taxable income	20,1021	20,001.	13,210.	4/1040	3,001.	75,414.
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	: Add lines 10a and 10b	25,452.	26,691.	13,216.	4,194.	3,861.	73,414.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	25,452.	20,091.	13,210.	4,154.	3,001.	73,414.
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.)	2,795,913.	2,093,980.	1,851,415.	1,987,752.	1,359,854.	10,088,914.
14	First five years. If the Form 990 is for	the organization's f	irst, second, third	, fourth, or fifth ta	ıx year as a sectior	n 501(c)(3) organiz	ation,
	check this box and stop here						<b>&gt;</b>
Se	ction C. Computation of Publi	c Support Perd	centage				
15	Public support percentage for 2012 (li	ne 8, column (f) div	ided by line 13, co	olumn (f))		15	92.78 %
	16 Public support percentage from 2011 Schedule A, Part III, line 15 16 91.09 %						
Se	ction D. Computation of Inves						
17	17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 17 .73 %						
18	Investment income percentage from 2				-	18	.88 %
198	33 1/3% support tests - 2012. If the						
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The c	organization qualifi	es as a publicly s	supported organiza	ition	►X
k	33 1/3% support tests - 2011. If the	organization did no	t check a box on I	ine <b>1</b> 4 or line 19a	, and line 16 is mo	re than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and <b>sto</b>	p here. The organ	nization qualifies a	as a publicly suppo	orted organization	▶□
20	Private foundation. If the organization	n did not check a b	ox on line <b>1</b> 4, 19a,	or 19b, check th	is box and see ins	tr <b>u</b> ctions	<u>▶</u> □
						edule A (Form 990	

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

Department of the Treasury

Schedule of Contributors

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

OMB No. 1545-0047

2012

Internal Revenue Service

Name of the organization

CELL PHONES FOR SOLDIERS, INC. C/O ROBERT BERGQUIST

Employer identification number

20-1343425

Organization type (check one):							
Filers of: Section:							
Form 990 or 990-EZ		X 501(c)( 3 ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Check if	vour organization is	covered by the General Rule or a Special Rule.					
		7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
X	For an organization contributor. Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.					
Special	Rules						
For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% 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 (1) \$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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> 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).

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

Name of organization
CELL PHONES FOR SOLDIERS, INC.
C/O ROBERT BERGOUIST

Employer identification number

20-1343425

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

(-)	a.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GENERAL MOTORS  300 RENAISSANCE CENTER  DETROIT, MI 48265	\$163,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	AT&T SERVICES  208 S. AKARD SUITE 100  DALLAS, TX 75202	\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CMT  330 COMMERCE STREET  NASHVILLE, TN 37201	\$ 25,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CHRYSLER GROUP LLC  1000 CHRYSLER DRIVE  AUBURN HILLS , MI 48326	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	PALM BAY IMPORTS  48 HARBOR PARK DRIVE  PORT WACHINGTON , NY 11050	\$65,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	THE FLATLEY FOUNDATION  35 BRAINTREE HILL OFFICE PARK  BRAINTREE, MA 02184	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

CELL PHONES FOR SOLDIERS, INC.

C/O ROBERT BERGQUIST

Employer identification number

20-1343425

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed					
(a)						

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	290 990-F7 or 990-PF) (2012)

Employer identification number

CELL	PHONES	FOR	SOLDIERS.	INC.

	BERT BERGOUIST		$\frac{20-1343425}{(3)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)$				
Part III	year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additional	dual contributions to section 501(c) e following line entry. For organization ., contributions of \$1,000 or less for all space is needed.	(7), (8), or (10) organizations that total more than \$1,000 for the ns completing Part III, enter the year. (Enter this information once.) \$				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, address, an	(e) Transfer of gift	of gift  Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_	(e) Transfer of gift						
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Inspection

CELL PHONES FOR SOLDIERS, INC. Name of the organization

Employer identification number 20-1343425

C/O ROBERT BERGQUIST Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year \_\_\_\_\_ 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure  $\perp$  Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register \_\_\_\_\_\_ Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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Schedule D (Form 990) 2012

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 1a Land Buildings Leasehold improvements ..... d Equipment ..... 46,076. 11,490 34,586. 3,822. 828 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

(ii) related organizations

Schedule D (Form 990) 2012

3a(i)

3a(ii)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 

X

Schedule D (Form 990) 2012

(7) (8) (9) (10) (11) CELL PHONES FOR SOLDIERS, INC

Sche	dule D (Form 990) 2012 C/O ROBERT BERGOUIST		20-1	L343425 Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Rever	ue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	1,359,854.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	***************************************	2e	0.
3	Subtract line 2e from line 1			1,359,854.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,359,854.
Par	t XII Reconciliation of Expenses per Audited Financial Statem			
1	Total expenses and losses per audited financial statements		1	1,877,784.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1	••••••	3	1,877,784.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,877,784.
	t XIII Supplemental Information			<u> </u>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	I. lines 1a and 4: Par	t IV lines 1h and 2	h· Part V line 4· Part
	2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to			e, rate v, iirio i, rate
PAF	T X, LINE 2: THE ORGANIZATION FOLLOWS THE	ACCOUNTING	G FOR	
	,		<u> </u>	
UNC	ERTAINTY IN INCOME TAXES STANDARD WHICH R	EOUTRES TH	E ORGANIZA	סיד מסדידי
		2011120 111	D OROINGE	111011 10
REF	ORT UNCERTAIN TAX POSITIONS, RELATED INTE	REST AND P	ENALTIES	AND TO
			<u> </u>	11110 10
ADJ	UST ITS ASSETS AND LIABILITIES RELATED TO	UNRECOGNI	ZED TAX BE	CNEFTTS AND
	OUT TID MODELD THAT HIMPITITIES MEDITION TO	OTTERCOGITE	ded ink br	MELTID WID
ACC	RUED INTEREST AND PENALTIES ACCORDINGLY.	AS OF DECE	WRER 31 20	12, THE
ORG	ANIZATION DETERMINED THAT THERE ARE NO MA	TERTAL IMP	ECOGNTZED	ጥል ሂ
		THE ONK	TCOGNTUED.	144
BEN	EFITS TO REPORT.			

Schedule D (Form 990) 2012

REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND THE

COMMONWEALTH OF MASSACHUSETTS. THE ORGANIZATION DOES NOT EXPECT THAT THE

AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL CHANGE SIGNIFICANTLY WITHIN THE

····	
	Schodulo D (Form 000) 2012
	Schedule D (Form 990) 2012

NEXT TWELVE MONTHS.

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2012	Open to Public Inspection
------	------------------------------

Employer identification number å 20-1343425 (h) Purpose of grant or assistance X Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table INC. (c) IRC section if applicable CELL PHONES FOR SOLDIERS, C/O ROBERT BERGOUIST criteria used to award the grants or assistance? General Information on Grants and Assistance (p) EIN 1 (a) Name and address of organization or government Name of the organization Part Part

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Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2012)

C/O ROBERT BERGOUIST

Schedule I (Form 990) (2012)

20-1343425 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. Part III

(f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) RECIPIENTS ARE REQUIRED TO PROVIDE AN EXPLANATION LINE 2: THE ORGANIZATION SELECTS RECIPIENTS OF (d) Amount of non-cash assistance CONTRIBUTIONS WHO HAVE A PURPOSE OR NEED IN ALIGNMENT WITH THE (c) Amount of cash grant (b) Number of recipients OF HOW THE CONTRIBUTION WILL BE SPENT. (a) Type of grant or assistance ORGANIZATION'S MISSION. PART I, SCHEDULE I,

#### SCHEDULE M (Form 990)

#### **Noncash Contributions**

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

rm **ZU 1**2

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990.
CELL PHONES FOR SOLDIERS, INC.

Employer identification number 20-1343425

	C/O ROBERT B	ERGQUI	ST		20-1	1343425	
Pai	rt I Types of Property		-				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of d noncash contrib	etermining	s
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential				TARES.		
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts				7-00-1-10-1-10-1-10-1-10-1-10-1-10-1-10		
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► ( <u>CELL PHONE</u> )	X	800,000	774,538.	SALE TO REC	YCLER	
26	Other						
27	Other						
28	Other ► (						
29	Number of Forms 8283 received by the organia	zation d <b>u</b> rin	g the tax year for c	ontributions			
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement29			
						Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rep	oorted in Part I, lines 1-28 tha	t it must hold for		18 ±
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exem	pt purposes for		
	the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II.						- 1
31	Does the organization have a gift acceptance i	policy that re	equires the review	of any non-standard contribu	rtions?	31	X
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncash			
	contributions?					32a X	
b	If "Yes," describe in Part II.						
33	If the organization did not report an amount in	column (c) 1	or a type of proper	rty for which column (a) is ch	ecked,		
	describe in Part II.						:ti

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

Schedule M (Form 990) (2012)

232142 12-20-12

#### **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-EZ.

2012
Open to Public Inspection

Name of the organization

CELL PHONES FOR SOLDIERS, INC.

Employer identification number 20-1343425

C/O ROBERT BERGQUIST	20-1343425
FORM 990, PART VI, SECTION A, LINE 2: ROBERT AND GAIL BER	
OFFICERS, DIRECTORS AND FOUNDERS OF THE ORGANIZATION AND	THEY ARE MARRIED.
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PR	OVIDED TO THE
BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO FILIN	IG.
FORM 990, PART VI, SECTION B, LINE 12C: COMPLIANCE WITH T	HE CONFLICT OF
INTEREST POLICY IS MONITORED BY PERIODIC REVIEWS BY THE B	
IN CONJUNCTION WITH ADVICE OF LEGAL COUNCIL AND OUTSIDE A	CCOUNTANT.
FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION S	HALL BY EXECUTIVE
COMMITTEE ANNUALLY EVALUATE THE EXECUTIVE DIRECTOR AND OT	HER OFFICERS AND
KEY EMPLOYEES ON HIS/HER PERFORMANCE, AND ASK FOR HIS/HER	INPUT ON MATTERS
OF PERFORMANCE AND COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 18: ORGANIZATION DOCUM	ENTS ARE MADE
PUBLIC ON GUIDESTAR.COM AND UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19: ORGANIZATION DOCUM	ENTS ARE MADE
PUBLIC ON GUIDESTAR.COM AND UPON REQUEST.	
	<u></u>