Short Form Return of Organization Exempt From Income Tax

990-EZ

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For Paperwork Reduction Act Notice, see the separate instructions.

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

2012

OMB No 1545-1150

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

Open to Public Inspection

Department of the Treasury at the end of the year may use this form. Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements A For the 2012 calendar year, or tax year beginning 5/11 2012 , 2012, and ending ,20 /3 **B** Check if applicable PEmployer identification number HAGUARD POBLIC Address change Room/state Name change Number and street (or P.Q. box, if mail is not delivered to street address) Initial return Terminated City or town, state or country, and Zin + 4 F Group Exemption Amended return Number ▶ Application pending G Accounting Method: H Check ► The organization is not Other (specify) Website: ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) — \(\overline{\mathbb{D}} 501(c)(3) \) \(\overline{\mathbb{D}} 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or 527 K Check > If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments . . . 2400 00 4 Investment income 5a 5a Gross amount from sale of assets other than inventory Less; cost or other basis and sales expenses 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) SCANNED JUL Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . Less: direct expenses from gaming and fundraising events . . . 6с Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 7a Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 8 Other revenue (describe in Schedule O) 9 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 13 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . 15 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O) . . 16 17 17 Total expenses. Add lines 10 through 16 . Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 20 Other changes in net assets or fund balances (explain in Schedule O). . . 20 Net assets or fund balances at end of year. Combine lines 18 through 20

Form 990-EZ (2012)

Cat No 10642I

Pa	Balance Sheets (see the instruction	•	musakian in khia	Dovid II		
	Check if the organization used Sched	lule O to respond to a	any question in this	(A) Beginning of year	<u></u>	(B) End of year
22	Cash, savings, and investments			(22	(b) End or you
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets		[25	
26	Total liabilities (describe in Schedule O) .				26	
27	Net assets or fund balances (line 27 of colu				27	
Par	Statement of Program Service Acce					Expenses
1A/b =	Check if the organization used Sched		any question in this	Part III []		uired for section
	tt is the organization's primary exempt purpose?					c)(3) and 501(c)(4) nizations and section
	cribe the organization's program service accom neasured by expenses. In a clear and concise					(a)(1) trusts, optional
	ons benefited, and other relevant information for		ie services provided	i, the number of	ioro	thers.)
28			· · · · · · · · · · · · · · · · · · ·			
]
	(Grants \$) If this amou	unt includes foreign gr	ants, check here .	<u> ▶ □</u>	28a	
29						
						•
	(Grants \$) If this amou	unt includes foreign gr	ante chack here		29a	ļ
30	(Clairs w) it this affect	ant molades foreign gr	anto, check here	· · · · ·	200	
		unt includes foreign gr	ants, check here .	▶ 🗆	30a	
31	Other program services (describe in Schedule 0	•				
		unt includes foreign gr			31a	
	Total program service expenses (add lines 28 tV List of Officers, Directors, Trustees, and I				32	one for Dort IVA
I GI	Check if the organization used Sched				SUUCI	
	Official in the organization about Contra	(b) Average	(c) Reportable	(d) Health benefits,	Ť	· · · · <u>L</u>
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employed benefit plans, and		Estimated amount of the compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation	1	
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	res	NO
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:		'	
а	Initiation fees and capital contributions included on line 9	4		
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶			ı
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on		-	
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		•	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	-	
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	715 4 5			
b	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)?	42b	Yes	No
	If "Yes," enter the name of the foreign country. ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	1	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. •	• 🗆
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
C	Did the organization receive any payments for indoor tanning services during the year?	44c	_	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
45b		45b		

Form 990	0-EZ (2	011)						F	age 4	
46	Did to	ne organization engage, directly or in andidates for public office? If "Yes,"	ndirectly, in political c complete Schedule C	ampaign activities , Part I	on behalf	of or in oppos	ition 46	Yes	No €	
Part	VI	Section 501(c)(3) organizations 501(c)(3) organizations and secti and 52, and complete the tables Check if the organization used Scl	and section 4947 on 4947(a)(1) none for lines 50 and 51	(a)(1) nonexempt cempt charitable	ot charita trusts m	able trusts or ust answer qu	nly. All se	ction 7–49	 b	
								Yes	No	
47		he organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) elec		fect during the	l l		,	
48	•	e organization a school as described in					. 48		√	
49a		he organization make any transfers to							1	
b 50	Com	es," was the related organization a se plete this table for the organization's oyees) who each received more thar	five highest compen	sated employees	other thai	n officers, direc	tors, truste	es an	l √ d key	
	(a) Name and address of each employee paid more than \$100,000 (b) Title and average hours per week devoted to position (Forms W-2/1099-				(d) contrib benefit	(d) Health benefits, contributions to employee		(e) Estimated amount of		
								_		
							-			
			-							
f	T-4-1		on #100,000				İ			
51	Com	number of other employees paid ov- plete this table for the organization, ,000 of compensation from the orga	s five highest compe	ensated independe	ent contra	 actors who eac	h received	more	than	
(a) Name and address of each independent contractor paid more than \$100,000			(b) Type of	(c	(c) Compensation					
				l						
d		number of other independent contra			. >					
52		he organization complete Schedule A xempt charitable trusts must attach :			ons and 49		► ☐ Yes		No.	
Under pe	enalties	of perjury, I declare that I have examined this r	eturn, including accompany	ring schedules and stat	ements, and	to the best of my k				
true, con	rect, an	d complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepai	rer has any k	T 6/6/2	-			
Sign		Signature of officer	mo -		-	Date	012		—	
Here		Judith Harrison, President Type or pnnt name and title								
Do:4		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN			
Paid Prepa	arer	VE - E	1			self-emplo				
Use (Firm's name ▶				Firm's EIN ▶				
May th	e IRS	Firm's address ▶ discuss this return with the preparer	shown above? See in	nstructions		Phone no	▶ □ Yes	N		