

## Forms 990 / 990-EZ Return Summary

For calendar year 2011, or tax year beginning

, and ending

U.S.A. NATIONAL KARATE-DO  
FEDERATION, INC.

91-1646543

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>-52,356</u>
<b>Revenue</b>		
Contributions	<u>140,893</u>	
Program service revenue	<u>647,908</u>	
Investment income	<u>          </u>	
Capital gain / loss	<u>          </u>	
Special events:		
Gross revenue	<u>          </u>	
Direct expenses	<u>          </u>	
Net income	<u>          </u>	
Other income	<u>          0</u>	
<b>Total revenue</b>		<u>788,801</u>
<b>Expenses</b>		
Program services	<u>649,346</u>	
Management and general	<u>58,405</u>	
Fundraising	<u>          </u>	
<b>Total expenses</b>		<u>707,751</u>
<b>Excess / (deficit)</b>		<u>81,050</u>
Other changes		<u>          </u>
<b>Net Asset / Fund Balance at End of Year</b>		<u><u>28,694</u></u>

**Reconciliation of Revenue**

Total revenue per financial statements	<u>788,801</u>
Less:	
Unrealized gains	<u>          </u>
Donated services	<u>          </u>
Recoveries	<u>          </u>
Other	<u>          </u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
<b>Total revenue per return</b>	<u><u>788,801</u></u>

**Reconciliation of Expenses**

Total expenses per financial statements	<u>707,751</u>
Less:	
Donated services	<u>          </u>
Prior year adjustments	<u>          </u>
Losses	<u>          </u>
Other	<u>          </u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
<b>Total expenses per return</b>	<u><u>707,751</u></u>

**Balance Sheet**

	Beginning	Ending	Differences
Assets	<u>33,604</u>	<u>75,682</u>	
Liabilities	<u>85,960</u>	<u>46,988</u>	
Net assets	<u><u>-52,356</u></u>	<u><u>28,694</u></u>	<u>81,050</u>

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 05/15/12  
 Failure to file penalty \_\_\_\_\_

Form **8453-EO****Exempt Organization Declaration and Signature for  
Electronic Filing**

OMB No. 1545-1879

For calendar year 2011, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**2011**Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

Name of exempt organization

U.S.A. NATIONAL KARATE-DO  
FEDERATION, INC.

Employer identification number

91-1646543

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	788,801
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

**Part II Declaration of Officer**

- 6  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) 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.
- If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2011 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.

<b>Sign Here</b>	▶	05/05/12	▶	PRESIDENT
		Signature of officer		Date

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature ▶	MARK W. ROHN, CPA	Date	05/03/12	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN	P01212805
	Firm's name (or yours if self-employed), address, and ZIP code	HALL, ROHN AND ASSOCIATES 2143 N ACADEMY COLORADO SP CO 80909			EIN	45-3016534		
					Phone no.	719-574-7930		

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARK W. ROHN, CPA				
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-EO** (2011)

**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.

**A For the 2011 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization U.S.A. NATIONAL KARATE-DO FEDERATION, INC.  
 Doing Business As \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) 1631 MESA AVENUE Room/suite A-1  
 City or town, state or country, and ZIP + 4 COLORADO SPRINGS CO 80906

**D** Employer identification number 91-1646543  
**E** Telephone number 719-477-6925  
**G** Gross receipts \$ 788,801

**F** Name and address of principal officer: \_\_\_\_\_

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.USANKF.ORG **H(c)** Group exemption number ▶ \_\_\_\_\_

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: 1994 **M** State of legal domicile: CO

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>SPONSORS NATIONAL KARATE COMPETITIONS AND PARTICIPATES IN INTERNATIONAL COMPETITION.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	9
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	2
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	2
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	149,678	140,893
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	673,141	647,908
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	822,819	788,801
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	129,147	137,611
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	720,404	570,140
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	849,551	707,751	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-26,732	81,050	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	33,604	75,682
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	85,960	46,988
		-52,356	28,694

**Part II Signature Block**

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) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer: LUKE ST. ONGE Date: \_\_\_\_\_  
 Type or print name and title: PRESIDENT

**Paid Preparer Use Only** Print/Type preparer's name: MARK W. ROHN, CPA Preparer's signature: MARK W. ROHN, CPA Date: 05/03/12 Check  if self-employed PTIN: P01212805  
 Firm's name: HALL, ROHN AND ASSOCIATES Firm's EIN: 45-3016534  
 Firm's address: 2143 N ACADEMY BLVD  
COLORADO SPRINGS, CO 80909-1507 Phone no.: 719-574-7930

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

SPONSORS NATIONAL KARATE COMPETITIONS AND PARTICIPATES IN INTERNATIONAL COMPETITION.

**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 4947(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.

**4a** (Code: ) (Expenses \$ 649,346 including grants of \$ ) (Revenue \$ )  
SPONSORS NATIONAL COMPETITIONS AND PARTICIPATES IN INTERNATIONAL COMPETITION.

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

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

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

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

**4e** Total program service expenses ▶ 649,346

**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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		X
4	<b>Section 501(c)(3) organizations.</b> 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		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 III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		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		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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 VII		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 VIII		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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		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 II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**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		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, 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?		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	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		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		X

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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
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	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
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?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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]

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, 1a, 1b, Yes, No. Rows include questions 1a through 9 regarding governing body members, relationships, and documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include questions 10a through 16b regarding local chapters, policies, conflict of interest, whistleblower, document retention, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
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) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE ORGANIZATION 1631 MESA AVENUE

COLORADO SPRINGS CO 80906 719-477-6925

**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 nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) JOHN DIPASQUALE PRESIDENT	5.00	X					0	0	0	
(2) PHIL HAMPEL DIRECTOR	5.00	X					0	0	0	
(3) TOKEY HILL COACH DIRECTOR	5.00	X					0	0	0	
(4) TIMOTHY HOWELL DIRECTOR	5.00	X					0	0	0	
(5) ROGER JARRETT DIRECTOR	5.00	X					0	0	0	
(6) ALEX MILADI REFEREE DIRECTOR	5.00	X					0	0	0	
(7) CLAY MORTON ATHLETE DIRECTOR	5.00	X					0	0	0	
(8) CHERYL MURPHY ATHLETE DIRECTOR	5.00	X					0	0	0	
(9) LUKE ST.ONGE CEO	40.00			X			67,333	0	0	
(10) JAKE LEASE SECRETARY	40.00			X			60,497	0	0	
(11) DOUG STEIN DIRECTOR	5.00			X			0	0	0	
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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)										
<b>1b Sub-total</b>							127,830			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							127,830			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	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 of compensation from the organization **0**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a				
	b Membership dues	1b	92,258			
	c Fundraising events	1c	630			
	d Related organizations	1d	29,026			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	18,979			
	g Noncash contributions included in lines 1a-1f:	\$	13,288			
	<b>h Total. Add lines 1a-1f</b>		<b>140,893</b>			
	<b>Program Service Revenue</b>	2a TOURNAMENT FEES	Busn. Code	608,492	608,492	
b COMMISSION INCOME ON PROMOTIO			39,416	39,416		
c						
d						
e						
f All other program service revenue						
<b>g Total. Add lines 2a-2f</b>			<b>647,908</b>			
<b>Other Revenue</b>		3 Investment income (including dividends, interest, and other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis & sales exps.					
	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	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
<b>12 Total revenue. See instructions.</b>			<b>788,801</b>	<b>647,908</b>	<b>0</b>	<b>0</b>

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	127,831	95,873	31,958	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	9,780	7,335	2,445	
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	9,897	4,948	4,949	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	1,501	1,501		
12	Advertising and promotion	4,000	2,000	2,000	
13	Office expenses	1,274	637	637	
14	Information technology	4,820	2,410	2,410	
15	Royalties				
16	Occupancy	14,749	7,374	7,375	
17	Travel	298	149	149	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,089	6,089		
23	Insurance	59,767	58,572	1,195	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	TOURNAMENT EXPENSES	432,919	432,919		
b	BANK & CREDIT CARD FEES	23,879	23,879		
c	SUPPLIES	5,554	2,777	2,777	
d	MISC OPERATING EXPENSES	4,643	2,321	2,322	
e	All other expenses	750	562	188	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	707,751	649,346	58,405	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	6,297	1	53,556
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	4,000	7	620
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 171,085		
	b Less: accumulated depreciation	10b 149,579	23,307	10c 21,506
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		33,604	16	75,682
Liabilities	17 Accounts payable and accrued expenses	24,466	17	2,998
	18 Grants payable		18	
	19 Deferred revenue	19,000	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	42,494	25	43,990
	26 <b>Total liabilities.</b> Add lines 17 through 25	85,960	26	46,988
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	-52,356	27	28,694
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 <b>Total net assets or fund balances</b>	-52,356	33	28,694	
34 <b>Total liabilities and net assets/fund balances</b>	33,604	34	75,682	

**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)	1	788,801
2	Total expenses (must equal Part IX, column (A), line 25)	2	707,751
3	Revenue less expenses. Subtract line 2 from line 1	3	81,050
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-52,356
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	28,694

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  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? \_\_\_\_\_
- 2b Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_
- 2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 3a 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? \_\_\_\_\_
- 3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
2a		X
2b	X	
2c	X	
3a		
3b		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization **U.S.A. NATIONAL KARATE-DO  
FEDERATION, INC.**

Employer identification number  
**91-1646543**

**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)(iv)**. (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 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.)
- 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 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.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
- 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
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

**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 col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2011

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 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 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>33 1/3% support test—2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**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 year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,000	150,638	165,004	149,678	140,893	611,213
<b>2</b> 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	675,007	482,938	551,786	673,141	647,908	3,030,780
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	680,007	633,576	716,790	822,819	788,801	3,641,993
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						3,641,993

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6	680,007	633,576	716,790	822,819	788,801	3,641,993
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	680,007	633,576	716,790	822,819	788,801	3,641,993

**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 C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	100.00 %
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	99.68 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2010.** 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).

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**  
 Department of the Treasury  
 Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2011**

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

<b>Name of the organization</b> U.S.A. NATIONAL KARATE-DO FEDERATION, INC.	<b>Employer identification number</b> 91-1646543
--	---

**Organization type (check one):**

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-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 your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (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 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 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).

<b>Name of organization</b> U.S.A. NATIONAL KARATE-DO	<b>Employer identification number</b> 91-1646543
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EL POMAR FOUNDATION 10 LAKE CIRCLE COLORADO SPRINGS CO 80906	\$ 6,575	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	UNITED STATES STEEL CORP 600 GRANT STREET PITTSBURG PA 15219	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization U.S.A. NATIONAL KARATE-DO	Employer identification number 91-1646543
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**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	OFFICE SPACE	\$ 6,575	12/31/11
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

SCHEDULE D (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

2011

Open to Public Inspection

Name of the organization

U.S.A. NATIONAL KARATE-DO FEDERATION, INC.

Employer identification number

91-1646543

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 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? (Yes/No), 6 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/No)

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure; 2 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; 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register; 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year; 4 Number of states where property subject to conservation easement is located; 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No); 6 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; 8 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)? (Yes/No); 9 In Part XIV, 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 conservation easements.

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.

Table with 2 columns: \$, \$. Rows include: 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 XIV, the text of the footnote to its financial statements that describes these items; 1b 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; 2 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: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Temporarily restricted endowment  %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations  Yes  No
- (ii) related organizations  Yes  No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

4 Describe in Part XIV 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 basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		171,085	149,579	21,506
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				21,506

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) CREDIT CARDS PAYABLE	39,848	
(3) PAYROLL TAXES PAYABLE	4,142	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	43,990	

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).





**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.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

U.S.A. NATIONAL KARATE-DO  
FEDERATION, INC.

Employer identification number

91-1646543

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
THE ORGANIZATIONS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE  
AVAILABLE TO THE PUBLIC BY BEING PUBLISH ON IT'S WEB SITE. THE GOVERNING  
DOCUMENTS ARE AVAILABLE TO PUBLIC INSPECTION AT IT'S ADMINISTRATIVE OFFICE  
DURING NORMAL BUSINESS HOURS.

Form **4562**

# Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

**2011**

Attachment Sequence No. **179**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **U.S.A. NATIONAL KARATE-DO  
FEDERATION, INC.**

Identifying number  
**91-1646543**

Business or activity to which this form relates  
**INDIRECT DEPRECIATION**

### Part I Election To Expense Certain Property Under Section 179

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	▶ 13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

### Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

### Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

#### Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	5,982
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶	<input type="checkbox"/>	

#### Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property	4,290	5.0	MQ	S/L	107
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

#### Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

### Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	6,089
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2011)

Forms <b>990 / 990-PF</b>	<b>Other Notes and Loans Receivable</b>	<b>2011</b>
For calendar year 2011, or tax year beginning _____, and ending _____		

Name U.S.A. NATIONAL KARATE-DO FEDERATION, INC.	Employer Identification Number  91-1646543
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FORM 990, PART X, LINE 7 - ADDITIONAL INFORMATION

Name of borrower	Relationship to disqualified person
(1) MISCELLANEOUS RECEIVABLES	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value <small>(990-PF only)</small>
(1)	4,000	620	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
<b>Totals</b>	4,000	620	

Year Ended: December 31, 2011

91-1646543

U.S.A. NATIONAL KARATE-DO  
FEDERATION, INC.  
1631 MESA AVENUE A-1  
COLORADO SPRINGS, CO 80906

**Electing out of Bonus Depreciation Allowance  
for 5-Year Property**

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for 5-year depreciable property acquired after December 31, 2007. This election applies to all such qualified bonus depreciation property placed in service during the tax year.

91-1646543

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>5-year GDS Property:</b>											
60	COMPUTERS	10/01/11	4,290				4,290	5	MQ S/L	0	107
			<u>4,290</u>				<u>4,290</u>			<u>0</u>	<u>107</u>
<b>Prior MACRS:</b>											
1	LAPTOP COMPUTER	2/26/07	1,500				1,500	5	HY 200DB	1,241	173
2	FAX/SCANNER/COPIER	6/13/07	445				445	5	HY 200DB	369	51
3	SCOREBOARD FOR NATIONALS	7/03/07	5,880				5,880	5	HY 200DB	4,864	677
4	LAMINATORS	7/12/07	508				508	5	HY 200DB	420	59
5	COMPETITION MATS	9/10/98	23,274				23,274	7	HY S/L	23,274	0
6	TOURNAMENT SCOREBOARDS	11/01/98	2,068				2,068	5	HY S/L	2,068	0
7	COMPETITION MATS	1/05/99	10,621				10,621	7	HY S/L	10,621	0
8	COMPETITION MATS	3/20/00	13,610				13,610	7	HY S/L	13,610	0
9	SCORE CARDS	5/31/01	1,345				1,345	7	HY S/L	1,345	0
10	CAMERA	11/12/02	441			X	309	7	HY S/L	441	0
11	HEADSETS	1/03/02	1,509			X	1,056	10	HY S/L	1,509	0
12	MAT BAGS	12/19/03	10,008			X	5,004	7	HY S/L	9,327	0
13	MATS	8/21/03	10,325			X	5,162	7	HY S/L	9,764	0
14	SCORE BOARDS	9/12/06	2,234				2,234	7	HY S/L	1,436	319
15	(2) PHONES & CD ROM	5/15/01	1,489				1,489	5	HY S/L	1,489	0
16	AIR CLEANERS	8/06/01	514				514	7	HY S/L	514	0
17	VCR	10/24/01	280			X	196	5	HY S/L	280	0
18	HEADSETS	10/26/01	654			X	458	7	HY S/L	610	0
19	DISPLAY CASE	11/26/01	1,518			X	1,063	7	HY S/L	1,415	0
20	COMPUTER	11/26/01	1,781			X	1,247	5	HY S/L	1,781	0
21	REFRIGERATOR	11/27/01	800			X	560	7	HY S/L	746	0
22	MONITOR	11/27/01	929			X	650	5	HY S/L	929	0
23	(3) CHAIRS & MATS	11/28/01	705			X	493	7	HY S/L	657	0
24	(2) COMPUTERS, FAX, (2) PRINTERS	12/09/01	4,898			X	3,429	5	HY S/L	4,898	0
25	(2) MONITORS	12/09/01	1,284			X	899	5	HY S/L	1,284	0
26	MONITOR	12/11/01	870			X	609	5	HY S/L	870	0
27	FILE CABINET	12/13/01	353			X	247	7	HY S/L	329	0
28	TEAM VIDEO	7/14/02	5,936			X	4,155	10	HY S/L	4,613	415
29	GSM CELLPHONE	8/03/02	457			X	320	7	HY S/L	457	0
30	PORTABLE COMPUTER	8/05/02	3,955			X	2,768	7	HY S/L	3,955	0
31	INTERNET HUB	8/06/02	438			X	307	7	HY S/L	438	0
32	PRINTERS	10/18/02	326			X	228	7	HY S/L	326	0
33	TELEPHONE	12/03/02	261			X	183	7	HY S/L	261	0
34	TELEPHONE	12/04/02	435			X	304	7	HY S/L	435	0
35	ID SYSTEM	5/01/02	7,282			X	5,097	10	HY S/L	5,746	509
36	WINDOWS XP PRO	8/26/02	218			X	153	3	HY S/L	218	0
37	TRAVEL SUITCASE	11/19/02	392			X	274	7	HY S/L	392	0
38	COMPUTER	12/15/03	1,632			X	816	5	HY S/L	1,333	0
39	RADIOS (5)	11/21/03	1,983			X	991	5	HY S/L	1,620	0
40	COMPUTER	5/06/03	3,412			X	1,706	5	HY S/L	3,184	0
41	DIGITAL CAMERA	12/30/03	6,781			X	3,390	5	HY S/L	5,425	0
42	PROJECTOR	5/12/04	1,706			X	853	5	HY S/L	1,706	0
43	LAPTOP	11/05/04	1,163			X	581	5	HY S/L	1,163	0
44	LAPTOP	5/12/05	2,118				2,118	5	HY S/L	2,118	0
45	MOVIE CAMERA	6/04/05	721				721	5	HY S/L	721	0
46	OFFICE DECOR	10/30/98	1,847				1,847	7	HY S/L	1,847	0
47	OFFICE FURNITURE	11/05/98	4,210				4,210	7	HY S/L	4,210	0
48	FILE CABINET & PHONE	9/14/00	1,196				1,196	5	HY S/L	1,196	0
49	FILE CABINET	1/23/02	468			X	328	10	HY S/L	378	33
50	ID CARD PRINTER	4/23/07	2,767				2,767	5	HY S/L	2,134	554
51	PRINTER	6/08/08	300			X	150	5	HY S/L	237	30
52	COMPUTER	10/23/09	999			X	779	5	MQ S/L	220	156
53	COMPUTER	11/09/09	623			X	486	5	MQ S/L	137	98
54	COMPUTER	11/09/09	344			X	268	5	MQ S/L	76	54
55	MATS	2/04/10	2,500				2,500	7	HY S/L	357	357
56	COMPUTERS	4/01/10	5,000				5,000	5	HY S/L	1,000	1,000
57	MONITORS	6/23/10	3,960				3,960	5	HY S/L	792	792
58	COMPUTER	7/14/10	322				322	5	HY S/L	64	65
59	TV MONITORS	6/01/10	3,200				3,200	5	HY S/L	640	640

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
			166,795			136,848		143,490	5,982
	<b>Grand Totals</b>		171,085			141,138		143,490	6,089
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	<b>Net Grand Totals</b>		171,085			141,138		143,490	6,089

91-1646543

# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>5-year GDS Property:</b>											
60	COMPUTERS	10/01/11	4,290				4,290	5	MQ S/L	0	107
			<u>4,290</u>				<u>4,290</u>			<u>0</u>	<u>107</u>
<b>Prior MACRS:</b>											
1	LAPTOP COMPUTER	2/26/07	1,500				1,500	5	HY 200DB	1,241	173
2	FAX/SCANNER/COPIER	6/13/07	445				445	5	HY 200DB	369	51
3	SCOREBOARD FOR NATIONALS	7/03/07	5,880				5,880	5	HY 200DB	4,864	677
4	LAMINATORS	7/12/07	508				508	5	HY 200DB	420	59
5	COMPETITION MATS	9/10/98	23,274				23,274	7	HY S/L	23,274	0
6	TOURNAMENT SCOREBOARDS	11/01/98	2,068				2,068	5	HY S/L	2,068	0
7	COMPETITION MATS	1/05/99	10,621				10,621	7	HY S/L	10,621	0
8	COMPETITION MATS	3/20/00	13,610				13,610	7	HY S/L	13,610	0
9	SCORE CARDS	5/31/01	1,345				1,345	7	HY S/L	1,345	0
10	CAMERA	11/12/02	441								
11	HEADSETS	1/03/02	1,509			X	309	7	HY S/L	441	0
12	MAT BAGS	12/19/03	10,008			X	1,056	10	HY S/L	1,509	0
13	MATS	8/21/03	10,325			X	5,004	7	HY S/L	9,327	0
14	SCORE BOARDS	9/12/06	2,234				5,162	7	HY S/L	9,764	0
15	(2) PHONES & CD ROM	5/15/01	1,489				2,234	7	HY S/L	1,436	319
16	AIR CLEANERS	8/06/01	514				1,489	5	HY S/L	1,489	0
17	VCR	10/24/01	280			X	514	7	HY S/L	514	0
18	HEADSETS	10/26/01	654			X	196	5	HY S/L	280	0
19	DISPLAY CASE	11/26/01	1,518			X	458	7	HY S/L	610	0
20	COMPUTER	11/26/01	1,781			X	1,063	7	HY S/L	1,415	0
21	REFRIGERATOR	11/27/01	800			X	1,247	5	HY S/L	1,781	0
22	MONITOR	11/27/01	929			X	560	7	HY S/L	746	0
23	(3) CHAIRS & MATS	11/28/01	705			X	650	5	HY S/L	929	0
24	(2) COMPUTERS, FAX, (2) PRINTERS	12/09/01	4,898			X	493	7	HY S/L	657	0
25	(2) MONITORS	12/09/01	1,284			X	3,429	5	HY S/L	4,898	0
26	MONITOR	12/11/01	870			X	899	5	HY S/L	1,284	0
27	FILE CABINET	12/13/01	353			X	609	5	HY S/L	870	0
28	TEAM VIDEO	7/14/02	5,936			X	247	7	HY S/L	329	0
29	GSM CELLPHONE	8/03/02	457			X	4,155	10	HY S/L	4,613	415
30	PORTABLE COMPUTER	8/05/02	3,955			X	320	7	HY S/L	457	0
31	INTERNET HUB	8/06/02	438			X	2,768	7	HY S/L	3,955	0
32	PRINTERS	10/18/02	326			X	307	7	HY S/L	438	0
33	TELEPHONE	12/03/02	261			X	228	7	HY S/L	326	0
34	TELEPHONE	12/04/02	435			X	183	7	HY S/L	261	0
35	ID SYSTEM	5/01/02	7,282			X	304	7	HY S/L	435	0
36	WINDOWS XP PRO	8/26/02	218			X	5,097	10	HY S/L	5,746	509
37	TRAVEL SUITCASE	11/19/02	392			X	153	3	HY S/L	218	0
38	COMPUTER	12/15/03	1,632			X	274	7	HY S/L	392	0
39	RADIOS (5)	11/21/03	1,983			X	816	5	HY S/L	1,333	0
40	COMPUTER	5/06/03	3,412			X	991	5	HY S/L	1,620	0
41	DIGITAL CAMERA	12/30/03	6,781			X	1,706	5	HY S/L	3,184	0
42	PROJECTOR	5/12/04	1,706			X	3,390	5	HY S/L	5,425	0
43	LAPTOP	11/05/04	1,163			X	853	5	HY S/L	1,706	0
44	LAPTOP	5/12/05	2,118				581	5	HY S/L	1,163	0
45	MOVIE CAMERA	6/04/05	721				2,118	5	HY S/L	2,118	0
46	OFFICE DECOR	10/30/98	1,847				721	5	HY S/L	721	0
47	OFFICE FURNITURE	11/05/98	4,210				1,847	7	HY S/L	1,847	0
48	FILE CABINET & PHONE	9/14/00	1,196				4,210	7	HY S/L	4,210	0
49	FILE CABINET	1/23/02	468			X	1,196	5	HY S/L	1,196	0
50	ID CARD PRINTER	4/23/07	2,767				328	10	HY S/L	378	33
51	PRINTER	6/08/08	300			X	2,767	5	HY S/L	2,134	554
52	COMPUTER	10/23/09	999			X	150	5	HY S/L	237	30
53	COMPUTER	11/09/09	623			X	779	5	MQ S/L	220	156
54	COMPUTER	11/09/09	344			X	486	5	MQ S/L	137	98
55	MATS	2/04/10	2,500				268	5	MQ S/L	76	54
56	COMPUTERS	4/01/10	5,000				2,500	7	HY S/L	357	357
57	MONITORS	6/23/10	3,960				5,000	5	HY S/L	1,000	1,000
58	COMPUTER	7/14/10	322				3,960	5	HY S/L	792	792
59	TV MONITORS	6/01/10	3,200				322	5	HY S/L	64	65
							3,200	5	HY S/L	640	640

# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
			<u>166,795</u>				<u>136,848</u>		<u>143,490</u>	<u>5,982</u>
	<b>Grand Totals</b>		171,085				141,138		143,490	6,089
	<b>Less: Dispositions and Transfers</b>		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>171,085</u>				<u>141,138</u>		<u>143,490</u>	<u>6,089</u>

# Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1</b>								
10	CAMERA	11/12/02	441		0	0	132	309
11	HEADSETS	1/03/02	1,509		0	0	453	1,056
12	MAT BAGS	12/19/03	10,008		0	0	5,004	5,004
13	MATS	8/21/03	10,325		0	0	5,163	5,162
17	VCR	10/24/01	280		0	0	84	196
18	HEADSETS	10/26/01	654		0	0	196	458
19	DISPLAY CASE	11/26/01	1,518		0	0	455	1,063
20	COMPUTER	11/26/01	1,781		0	0	534	1,247
21	REFRIGERATOR	11/27/01	800		0	0	240	560
22	MONITOR	11/27/01	929		0	0	279	650
23	(3) CHAIRS & MATS	11/28/01	705		0	0	212	493
24	(2) COMPUTERS, FAX, (2) PRINTERS	12/09/01	4,898		0	0	1,469	3,429
25	(2) MONITORS	12/09/01	1,284		0	0	385	899
26	MONITOR	12/11/01	870		0	0	261	609
27	FILE CABINET	12/13/01	353		0	0	106	247
28	TEAM VIDEO	7/14/02	5,936		0	0	1,781	4,155
29	GSM CELLPHONE	8/03/02	457		0	0	137	320
30	PORTABLE COMPUTER	8/05/02	3,955		0	0	1,187	2,768
31	INTERNET HUB	8/06/02	438		0	0	131	307
32	PRINTERS	10/18/02	326		0	0	98	228
33	TELEPHONE	12/03/02	261		0	0	78	183
34	TELEPHONE	12/04/02	435		0	0	131	304
35	ID SYSTEM	5/01/02	7,282		0	0	2,185	5,097
36	WINDOWS XP PRO	8/26/02	218		0	0	65	153
37	TRAVEL SUITCASE	11/19/02	392		0	0	118	274
38	COMPUTER	12/15/03	1,632		0	0	816	816
39	RADIOS (5)	11/21/03	1,983		0	0	992	991
40	COMPUTER	5/06/03	3,412		0	0	1,706	1,706
41	DIGITAL CAMERA	12/30/03	6,781		0	0	3,391	3,390
42	PROJECTOR	5/12/04	1,706		0	0	853	853
43	LAPTOP	11/05/04	1,163		0	0	582	581
49	FILE CABINET	1/23/02	468		0	0	140	328
51	PRINTER	6/08/08	300		0	0	150	150
52	COMPUTER	10/23/09	999		0	0	220	779
53	COMPUTER	11/09/09	623		0	0	137	486
54	COMPUTER	11/09/09	344		0	0	76	268
<b>Form 990, Page 1</b>			<u>75,466</u>		<u>0</u>	<u>0</u>	<u>29,947</u>	<u>45,519</u>
<b>Grand Total</b>			<u>75,466</u>		<u>0</u>	<u>0</u>	<u>29,947</u>	<u>45,519</u>

# Depreciation Adjustment Report

## All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<b>MACRS Adjustments:</b>						
Page 1	1	1	LAPTOP COMPUTER	173	173	0
Page 1	1	2	FAX/SCANNER/COPIER	51	51	0
Page 1	1	3	SCOREBOARD FOR NATIONALS	677	677	0
Page 1	1	4	LAMINATORS	59	59	0
Page 1	1	5	COMPETITION MATS	0	0	0
Page 1	1	6	TOURNAMENT SCOREBOARDS	0	0	0
Page 1	1	7	COMPETITION MATS	0	0	0
Page 1	1	8	COMPETITION MATS	0	0	0
Page 1	1	9	SCORE CARDS	0	0	0
Page 1	1	10	CAMERA	0	0	0
Page 1	1	11	HEADSETS	0	0	0
Page 1	1	12	MAT BAGS	0	0	0
Page 1	1	13	MATS	0	0	0
Page 1	1	14	SCORE BOARDS	319	319	0
Page 1	1	15	(2) PHONES & CD ROM	0	0	0
Page 1	1	16	AIR CLEANERS	0	0	0
Page 1	1	17	VCR	0	0	0
Page 1	1	18	HEADSETS	0	0	0
Page 1	1	19	DISPLAY CASE	0	0	0
Page 1	1	20	COMPUTER	0	0	0
Page 1	1	21	REFRIGERATOR	0	0	0
Page 1	1	22	MONITOR	0	0	0
Page 1	1	23	(3) CHAIRS & MATS	0	0	0
Page 1	1	24	(2) COMPUTERS, FAX, (2) PRINTERS	0	0	0
Page 1	1	25	(2) MONITORS	0	0	0
Page 1	1	26	MONITOR	0	0	0
Page 1	1	27	FILE CABINET	0	0	0
Page 1	1	28	TEAM VIDEO	415	415	0
Page 1	1	29	GSM CELLPHONE	0	0	0
Page 1	1	30	PORTABLE COMPUTER	0	0	0
Page 1	1	31	INTERNET HUB	0	0	0
Page 1	1	32	PRINTERS	0	0	0
Page 1	1	33	TELEPHONE	0	0	0
Page 1	1	34	TELEPHONE	0	0	0
Page 1	1	35	ID SYSTEM	509	509	0
Page 1	1	36	WINDOWS XP PRO	0	0	0
Page 1	1	37	TRAVEL SUITCASE	0	0	0
Page 1	1	38	COMPUTER	0	0	0
Page 1	1	39	RADIOS (5)	0	0	0
Page 1	1	40	COMPUTER	0	0	0
Page 1	1	41	DIGITAL CAMERA	0	0	0
Page 1	1	42	PROJECTOR	0	0	0
Page 1	1	43	LAPTOP	0	0	0
Page 1	1	44	LAPTOP	0	0	0
Page 1	1	45	MOVIE CAMERA	0	0	0
Page 1	1	46	OFFICE DECOR	0	0	0
Page 1	1	47	OFFICE FURNITURE	0	0	0
Page 1	1	48	FILE CABINET & PHONE	0	0	0
Page 1	1	49	FILE CABINET	33	33	0
Page 1	1	50	ID CARD PRINTER	554	554	0
Page 1	1	51	PRINTER	30	30	0
Page 1	1	52	COMPUTER	156	156	0
Page 1	1	53	COMPUTER	98	98	0
Page 1	1	54	COMPUTER	54	54	0
Page 1	1	55	MATS	357	357	0
Page 1	1	56	COMPUTERS	1,000	1,000	0
Page 1	1	57	MONITORS	792	792	0
Page 1	1	58	COMPUTER	65	65	0
Page 1	1	59	TV MONITORS	640	640	0
Page 1	1	60	COMPUTERS	107	107	0
				<b>6,089</b>	<b>6,089</b>	<b>0</b>

91-1646543

# Future Depreciation Report    FYE: 12/31/12

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
1	LAPTOP COMPUTER	2/26/07	1,500	86	86
2	FAX/SCANNER/COPIER	6/13/07	445	25	25
3	SCOREBOARD FOR NATIONALS	7/03/07	5,880	339	339
4	LAMINATORS	7/12/07	508	29	29
5	COMPETITION MATS	9/10/98	23,274	0	0
6	TOURNAMENT SCOREBOARDS	11/01/98	2,068	0	0
7	COMPETITION MATS	1/05/99	10,621	0	0
8	COMPETITION MATS	3/20/00	13,610	0	0
9	SCORE CARDS	5/31/01	1,345	0	0
10	CAMERA	11/12/02	441	0	0
11	HEADSETS	1/03/02	1,509	0	0
12	MAT BAGS	12/19/03	10,008	0	0
13	MATS	8/21/03	10,325	0	0
14	SCORE BOARDS	9/12/06	2,234	319	319
15	(2) PHONES & CD ROM	5/15/01	1,489	0	0
16	AIR CLEANERS	8/06/01	514	0	0
17	VCR	10/24/01	280	0	0
18	HEADSETS	10/26/01	654	0	0
19	DISPLAY CASE	11/26/01	1,518	0	0
20	COMPUTER	11/26/01	1,781	0	0
21	REFRIGERATOR	11/27/01	800	0	0
22	MONITOR	11/27/01	929	0	0
23	(3) CHAIRS & MATS	11/28/01	705	0	0
24	(2) COMPUTERS, FAX, (2) PRINTERS	12/09/01	4,898	0	0
25	(2) MONITORS	12/09/01	1,284	0	0
26	MONITOR	12/11/01	870	0	0
27	FILE CABINET	12/13/01	353	0	0
28	TEAM VIDEO	7/14/02	5,936	416	416
29	GSM CELLPHONE	8/03/02	457	0	0
30	PORTABLE COMPUTER	8/05/02	3,955	0	0
31	INTERNET HUB	8/06/02	438	0	0
32	PRINTERS	10/18/02	326	0	0
33	TELEPHONE	12/03/02	261	0	0
34	TELEPHONE	12/04/02	435	0	0
35	ID SYSTEM	5/01/02	7,282	510	510
36	WINDOWS XP PRO	8/26/02	218	0	0
37	TRAVEL SUITCASE	11/19/02	392	0	0
38	COMPUTER	12/15/03	1,632	0	0
39	RADIOS (5)	11/21/03	1,983	0	0
40	COMPUTER	5/06/03	3,412	0	0
41	DIGITAL CAMERA	12/30/03	6,781	0	0
42	PROJECTOR	5/12/04	1,706	0	0
43	LAPTOP	11/05/04	1,163	0	0
44	LAPTOP	5/12/05	2,118	0	0
45	MOVIE CAMERA	6/04/05	721	0	0
46	OFFICE DECOR	10/30/98	1,847	0	0
47	OFFICE FURNITURE	11/05/98	4,210	0	0
48	FILE CABINET & PHONE	9/14/00	1,196	0	0
49	FILE CABINET	1/23/02	468	32	32
50	ID CARD PRINTER	4/23/07	2,767	79	79
51	PRINTER	6/08/08	300	30	30
52	COMPUTER	10/23/09	999	124	124
53	COMPUTER	11/09/09	623	77	77
54	COMPUTER	11/09/09	344	42	42
55	MATS	2/04/10	2,500	357	357
56	COMPUTERS	4/01/10	5,000	1,000	1,000
57	MONITORS	6/23/10	3,960	792	792
58	COMPUTER	7/14/10	322	64	64
59	TV MONITORS	6/01/10	3,200	640	640
60	COMPUTERS	10/01/11	4,290	858	858
			<u>171,085</u>	<u>5,819</u>	<u>5,819</u>
			<u>171,085</u>	<u>5,819</u>	<u>5,819</u>
	<b>Grand Totals</b>		<u>171,085</u>	<u>5,819</u>	<u>5,819</u>

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONTRACT SERVICES	\$ 1,501	1,501	\$	\$
TOTAL	\$ 1,501	1,501	\$ 0	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
DUES & MEMBERSHIPS	\$ 750	562	\$ 188	\$
TOTAL	\$ 750	562	\$ 188	\$ 0

Schedule A, Part III, Line 1(e)

Description	Amount
MEMBERSHIP DUES AND ASSESSMENTS	\$ 92,258
FUNDRAISING EVENTS	630
RELATED ORGANIZATIONS	29,026
OTHER	7,404
EL POMAR FOUNDATION	
OFFICE SPACE	6,575
UNITED STATES STEEL CORP	
CASH CONTRIBUTION	5,000
TOTAL	<u>\$ 140,893</u>

Schedule A, Part III, Line 2(e)

Description	Amount
TOURNAMENT FEES	\$ 608,492
COMMISSION INCOME ON PROMOTIO	39,416
TOTAL	<u>\$ 647,908</u>