Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Open to Public Inspection

Α	For the	2011 calendar year, or tax year beginning $OCT~1$, 2011 and ending	SEP 30, 2012	•
	Check if	C Name of organization	D Employer identific	
	applicable	: · · · · · · · · · · · · · · · · · ·		
Г	Addres	STEEP ROCK ASSOCIATION INC.		
F	Name		**_*	****
F	lchange □lnitial	Doing Business As Number and street (or P.0. box if mail is not delivered to street address) Room/s	uito E Talanda ana anno an	
H	return Termin-			
F	ated Amende	P.O. BOX 279		868-9131
F	return Applica	City or town, state or country, and ZIP + 4	G Gross receipts \$	937,878.
	tion pending	WASHINGTON DEPOT, CT 00794	H(a) Is this a group re	eturn
	,	F Name and address of principal officer: STEVEN H LAW	for affiliates?	Yes X No
		P.O. BOX 279, WASHINGTON DEPOT, CT 06794	H(b) Are all affiliates inc	luded? Yes No
			527 If "No," attach a	list. (see instructions)
		E: ► WWW.STEEPROCKASSOC.ORG	H(c) Group exemptio	n number 🕨
ĸ	Form of o	organization: X Corporation Trust Association Other ► L Y	ear of formation: 1961 N	State of legal domicile: CT
P	art I	Summary		
_	1 E	Briefly describe the organization's mission or most significant activities:		
Activities & Governance		TO ACCEPT AND ACQUIRE LAND IN FEE AND TO HOL	D CONSERVATIO	N EASEMENTS
na.	-	Check this box if the organization discontinued its operations or disposed of n		
Š			1 1	30
යි	1	Number of independent voting members of the governing body (Part VI, line 1b)		30
ళ				3
ţį		otal number of individuals employed in calendar year 2011 (Part V, line 2a)		100
Ξ		otal number of volunteers (estimate if necessary)		0.
Ac		otal unrelated business revenue from Part VIII, column (C), line 12		0.
	l d	Net unrelated business taxable income from Form 990-T, line 34		
			Prior Year	Current Year
ē	8 (Contributions and grants (Part VIII, line 1h)	1,858,265.	336,838.
eu	9 F	Program service revenue (Part VIII, line 2g)	0.	0.
Revenue	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	20,629.	101,296.
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 7	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,878,894.	438,134.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ý		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	159,861.	192,221.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ber	h 7	Total fundraising expenses (Part IX, column (D), line 25)		_
Щ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	286,071.	181,105.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	445,932.	373,326.
		Revenue less expenses. Subtract line 18 from line 12	1,432,962.	64,808.
<u>_ 2</u>		Nevertue less expenses. Subtract line 16 from line 12	Beginning of Current Year	
Net Assets or Fund Balances	200 -	"atal acceta (Part V. line 16)	12,212,994.	End of Year 12,462,026.
SSE	20]	otal assets (Part X, line 16)	6,597.	
et/	21 7	otal liabilities (Part X, line 26)		6,834.
		Net assets or fund balances. Subtract line 21 from line 20	12,206,397.	12,455,192.
_	art II			1 11 11 11 11 11 11 11
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is
true	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
		Signature of officer	Doto	
Sig	jn		Date	
He	re	STEVEN H LAW, EXECUTIVE DIRECTOR		
		Type or print name and title	15.	- II STIN
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d þ	FIORITA, KORNHAAS & COMPA	self-employe	* * * * * * * * * * * * * * * * * * *
Pre	parer	Firm's name FIORITA, KORNHAAS & COMPANY, PC	Firm's EIN	**-*****
Use	Only	Firm's address 146 DEER HILL AVENUE		
		DANBURY, CT 06810	Phone no. 2	03-790-1040
— Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)	1	X Yes No

Form 990 (2011) STEEP ROCK A Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			7.7
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7	Х	
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		22	
0	Schedule D, Part III	8		Х
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	_		v
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		Х
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	Х	
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	11b	X	
С	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	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			v
16	or entity located outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		X
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2011) STEEP ROCK ASSOCIA Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			l
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	23		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	04-		Х
	Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
a	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24u		
ZJa	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
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	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Х
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		Α.
32	Cabadula N. Davidii	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?	- 55		
٠.	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
_	Note. All Form 990 filers are required to complete Schedule O	38	X	L

Form **990** (2011)

Form 990 (2011) STEEP ROCK ASSOCIATION INC. 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	1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and it				
	(gambling) winnings to prize winners?		1c		i
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	2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b	Х	i
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to				
	any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				37
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	_		х
اہ	to file Form 8282?	7d	7c		$\overline{}$
d	, , , , , , , , , , , , , , , , , , , ,		7e		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit obid the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7 6	Х	
g	If the organization, during the year, pay premiums, directly of indirectly, on a personal period contribution of qualified intellectual property, did the organization file F		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	الما			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	44-		X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	la O	14a		
D	in res, mas it liled a rotti rzo to report these payments? It ivo, provide an explanation in schedu	E U	14b		

STEEP ROCK ASSOCIATION INC.

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

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

X

Sec	tion A. Governing Body and Management			
			Ye	s No
1a		30		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	ا		
b		30		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		۱.,	
	officer, director, trustee, or key employee?	2	<u> </u>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		_	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		_	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		_	X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			37
	more members of the governing body?	7	1	X
b				77
	persons other than the governing body?	7t	<u> </u>	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		7.7	
а	The governing body?		+	
b	Each committee with authority to act on behalf of the governing body?	8t	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			₩.
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	-	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
100	Did the exceptation have lead shorters broughed as offiliated?	10	Ye	S No X
	Did the organization have local chapters, branches, or affiliates?	10	a	- 1
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10	.	
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?		77	+
i ia b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form'd Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<u> </u>	a 23	
	Didd of the state	12	a X	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		- 	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	·· '-		+
С	to Oakard In Oakar Although days	12	c X	
13	Did the organization have a written whistleblower policy?		*	
14	Did the organization have a written document retention and destruction policy?			
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15	a	Х
b	Other officers or key employees of the organization	15	\neg	Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16	а	Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16	b	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CT			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s on	y) avail	able	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,	and fir	ancial	
	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 organistre ${\tt STEVEN~H~LAW~-~860-868-9131}$	ization	-	
	2 GREEN HILL ROAD, WASHINGTON DEPOT, CT 06794			

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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.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	l		(C	<u></u>			(D)	(E)	(F)
Name and Title	Average hours per	box.	not cl	Posi heck i ss per id a di	ition more rson i	than is bot	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for related organizations in Schedule O)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JOHN HERRMANN								_	_	_
CHAIRMAN	4.00	Х						0.	0.	0.
(2) MARY ANNE GREENE										
SECRETARY	4.00	Х						0.	0.	0.
(3) WILLIAM BARDEL										
TREASURER	4.00	Х						0.	0.	0.
(4) RANDY BERNARD										
TRUSTEE	2.00	Х						0.	0.	0.
(5) MERRELL CLARK										
HONORARY TRUSTEE	1.00	X						0.	0.	0.
(6) WILLIAM R COLEMAN										
TRUSTEE	2.00	Х						0.	0.	0.
(7) ROBERT DECOURCY										
HONORARY TRUSTEE	1.00	Х						0.	0.	0.
(8) SHEILA ANSON										
TRUSTEE	2.00	Х						0.	0.	0.
(9) KIRSTEN J FELDMAN										
TRUSTEE	2.00	Х						0.	0.	0.
(10) EDMUND J WHITE										
PRESIDENT	4.00	X						0.	0.	0.
(11) TODD B CATLIN										
TRUSTEE	2.00	Х						0.	0.	0.
(12) ERIC MADOFF										
TRUSTEE	2.00	Х						0.	0.	0.
(13) JOSEPH GITTERMAN										
TRUSTEE	2.00	Х						0.	0.	0.
(14) WILLIAM A DAVIDSON										
TRUSTEE	2.00	Х						0.	0.	0.
(15) KIRSTEN PECKERMAN										
TRUSTEE	2.00	Х						0.	0.	0.
(16) LINDA ALLARD										
TRUSTEE	2.00	Х						0.	0.	0.
(17) PEGGY ANDERSON										
TRUSTEE	2.00	Х						0.	0.	0.

Form 990 (2011) STEEP RO									**-**			Pa	age 8
Part VII Section A. Officers, Directors, Tr		mple	oyee			High	est			—			
(A)	(B)			Pos	C) ition	,		(D)	(E)		_	(F)	
Name and title	Average hours per		not c	heck	more	than		Reportable compensation	Reportable compensation	,		timate ount o	
	week		cer ar					from	from related			other	וכ
	(describe	ctor						the	organizations			oensa	tion
	hours for	or director	يو			ated		organization	(W-2/1099-MIS	C)		om the	
	related organizations	量	truste		g;	suadı		(W-2/1099-MISC)			_	anizati I relate	
	in Schedule		Institutional trustee	١.	ploye	st con						nizatio	
	O)	Individual	Institu	Officer	Key employee	Highest compensated employee	Forme				5. gu		
(18) EDWIN MATTHEWS													
TRUSTEE	2.00	X						0.		0.			0.
(19) RAY REICH													
TRUSTEE	2.00	X						0.		0.			0.
(20) WILLIAM FAIRBAIRN								_					_
TRUSTEE	2.00	X						0.		0.			0.
(21) AUDREY HEFFERNAN MEYER		l											_
TRUSTEE	2.00	Х						0.		0.			0.
(22) MARK AVERILL	2 00	\ \ \								ا ۸			^
TRUSTEE	2.00	Х						0.		0.			0.
(23) NATALIE DYER TRUSTEE	2.00	x						0.		0.			0.
(24) STEPHEN G SOLLEY	2.00	┢						0.		- 			<u> </u>
TRUSTEE	2.00	X						0.		0.			0.
(25) ELIOT JOHNSON	1 2000	 								- 			<u>.</u>
TRUSTEE	2.00	x						0.		0.			0.
(26) PEARY D STAFFORD JR										\neg			
TRUSTEE	2.00	x						0.		0.			0.
1b Sub-total	•					▶		0.		0.			0.
c Total from continuation sheets to Part \	/II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)						>		0.		0.			0.
2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bove	e) wl	ho re	eceived more than \$100	0,000 of reportable	е			_
compensation from the organization													0
										п	\rightarrow	Yes	No
3 Did the organization list any former officer			e, ke	ey er	nplc	yee	, or l	highest compensated e	mployee on				37
line 1a? If "Yes," complete Schedule J for											3		Х
4 For any individual listed on line 1a, is the s													Х
and related organizations greater than \$15Did any person listed on line 1a receive or											4		
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor					•			•			5		Х
Section B. Independent Contractors	ripiete deriedar	C 0 1	01 31	ucn	pers	3011				····			
Complete this table for your five highest c	ompensated in	dep	ende	ent c	onti	racto	ors t	hat received more than	\$100.000 of com	pensa	ation f	rom	
the organization. Report compensation for										₁₋ 5. 150			
(A)				<u> </u>			Ĩ	(B)			(C	;)	
Name and busines	s address	N	INC	E_				Description of s	services	Co	omper		n
							П						

(A) Name and business addres	ss NONE	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Tru						liah		Compensated Employ	rees (continued)	
(A) Name and title	(B) Average hours			(C Posi	C) ition			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) MICHAEL LLOYD TRUSTEE	2.00	x						0.	0.	0
(28) EUGENE PINOVER TRUSTEE		х						0.	0.	0
(29) JOHN H QUIST TRUSTEE		х						0.	0.	0
(30) THOMAS M RICKART TRUSTEE		х						0.	0.	0
(31) ANDREW SHAPIRO TRUSTEE		x						0.	0.	0
(32) MARK LYON TRUSTEE - EX OFFICIO		х						0.	0.	0
(33) JOHN A MILLINGTON HONORARY TRUSTEE	2.00	х						0.	0.	0
(34) ALLISON RUBLER TRUSTEE	2.00	Х						0.	0.	0

·_***	***	Page 9
(C) related siness venue	tax	venue ded from under ons 512, or 514

					(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
ğΠο	b	Membership dues	1b					
Α, A	c	Fundraising events						
#¥	d							
S, Eigh	е		·····	15,271.				
Sign	f	A.II	, 					
널	•	similar amounts not included above		321,567.				
ğξ	_			321/30/1				
Contributions, Gifts, Grants and Other Similar Amounts	9				336,838.			
<u> </u>	n	Total. Add lines 1a-1f			330,030.			
_	_			Business Code				
ဒ္ဌ	2 a							
le e	b							
Program Service Revenue	C	·						
Ra	d							
roc	е							
- ∣	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)			28,819.	28,819.		
	4	Income from investment of tax	x-exempt bond p	roceeds >				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)	·					
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	572,221.					
	b	Less: cost or other basis						
		and sales expenses	499,744.					
	c	Gain or (loss)	72,477.					
	d	Net gain or (loss)			72,477.	72,477.		
ø	8 a	Gross income from fundraising	g events (not					
enne		including \$	of					
		contributions reported on line	1c). See					
Ϋ́		Part IV, line 18	а					
Other Rev	b	Less: direct expenses						
۱	c	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses						
	c	Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
1		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	c							
	d	All other revenue						
	е							
	12	Total revenue. See instructions.		<u></u> ►	438,134.	101,296.	0.	0.
13200	19							- 000 (000)

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).

	olete columns (B), (C), and (D). Check if Schedule O contains a response	se to any question in thi	s Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		·	<u> </u>	
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	177,778.	150,305.	7,966.	19,507
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	14,443.	12,212.	652.	1,579
11	Fees for services (non-employees):				
а	Management				
b	Legal	4,430.	3,907.	523.	
С	Accounting	7,625.		7,625.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	14,816.		14,816.	
g	Other	20,564.	18,100.	2,464.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	20,822.	3,613.	17,209.	
17	Travel	225.	225.		
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	14,497.	14,079.	418.	
 23	Insurance	17,771.	5,331.	12,440.	
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 0.)				
а	HIDDEN VALLEY BRIDGE PR	33,343.	33,343.		
b	PRINTING POSTAGE & OFFI	23,265.	16,677.	4,535.	2,053
c	STEWARDSHIP - WHIP GRAN	5,920.	5,920.		· · ·
d	FEES DUES AND PERMITS	5,065.	374.	4,691.	
	All other expenses	12,762.	11,252.	344.	1,166
25	Total functional expenses. Add lines 1 through 24e	373,326.	275,338.	73,683.	24,305
<u>26</u> 26	Joint costs. Complete this line only if the organization	- ,	-,	.,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0.01-22-12				Form 990 (201

Pa	rt X	Balance Sheet			<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	205,924.	1	217,155.
	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			
(0		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,928.	9	2,796.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10, 734, 897.	10 (10 500		10 605 005
	b	Less: accumulated depreciation 10b 129,802.	10,619,592.	10c	10,605,095.
	11	Investments - publicly traded securities	1 221 252	11	4 605 000
	12	Investments - other securities. See Part IV, line 11	1,384,050.	12	1,635,980.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	1 500	14	1 000
	15	Other assets. See Part IV, line 11	1,500.	15	1,000.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	12,212,994.	16	12,462,026.
	17	Accounts payable and accrued expenses	6,597.	17	6,834.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Þili	22	Payables to current and former officers, directors, trustees, key employees,			
Lia		highest compensated employees, and disqualified persons. Complete Part II		-00	
		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 Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Och edula D		25	
	26	Total liabilities. Add lines 17 through 25	6,597.	26	6,834.
	20	Organizations that follow SFAS 117, check here X and complete	073371	20	0,031.
v		lines 27 through 29, and lines 33 and 34.			
၁င	27	Unrestricted net assets	12,161,593.	27	12,414,126.
alaı	28	Temporarily restricted net assets	44,804.	28	41,066.
Ä	29	Permanently restricted net assets		29	
ڃ		Organizations that do not follow SFAS 117, check here and			
F		complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	12,206,397.	33	12,455,192.
	34	Total liabilities and net assets/fund balances	12,212,994.	34	12,462,026.
			· · · · ·		Form 990 (2011)

orm	990 (2011) STEEP ROCK ASSOCIATION INC.	**-***	***	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
		1	4.0	_ 1	2.4
1	Total revenue (must equal Part VIII, column (A), line 12)	1			34.
2	Total expenses (must equal Part IX, column (A), line 25)	2			26.
3	Revenue less expenses. Subtract line 2 from line 1	3			08.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 1	2,20		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			87.
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 1	2,4 5	5,1	92.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	 Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher				
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			

Form **990** (2011)

За

Х

separate basis, consolidated basis, or both:

X Separate basis Consolidated basis Both consolidated and separate basis

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

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

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

STEEP ROCK ASSOCIATION INC.

Employer identification number ** - * * * * * *

Par	t I	Reason	tor Public Char	ity Status (All organiz	zations mu	st complet	te this par	t.) See ins	tructions.				
The o	rgani	zation is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1		A church, cor	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2		A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з [tal service organization		in section	170(b)(1)	(A)(iii).					
4		•	•	operated in conjunction					(b)(1)(A)(ii	i). Enter th	ne hospital	's nam	ie.
•		city, and stat	-	,						•	•		,
5		•		benefit of a college or ur	niversity ov	wned or or	perated by	, a governi	mental uni	t describe	ed in		
.		-	(b)(1)(A)(iv). (Comple		involuty of		ocialoa by	a govern	mornar arm		, G		
e [•	t dagariba	d in acati a	- 470/b\/-	4\/ A\/\					
6 L	=			ent or governmental uni					6 41				
/ L				eives a substantial part	or its supp	ort from a	governme	entai unit c	or trotti trie	generai p	oublic desc	ribea i	n
_ [_		b)(1)(A)(vi). (Comple		<i>'</i> 0								
8 L	X			section 170(b)(1)(A)(vi).									
9 L	Δ	•	•	eives: (1) more than 33				•		•	•	•	
				nctions - subject to certa									
				axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization a	ifter June 3	60, 197	' 5.
г	_		509(a)(2). (Complete										
10 L	_			perated exclusively to te									
11 L		•		perated exclusively for the						•			or
				ations described in secti				2). See se o	ction 509(a)(3). Che	ck the box	that	
				organization and compl									
г	_	a ☐☐ Type I		,,		e III - Fund	•	•			Type III - C		
e L		, ,	•	at the organization is not		•	•	•		•			n
			-	han one or more publicly		-				9(a)(1) or s	section 509	ı(a)(2).	
f		If the organiz	ation received a writ	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting or	rganization, check th	nis box									. Ш
g		-		organization accepted ar			•						
		(i) A person	n who directly or ind	lirectly controls, either al								Yes	No
		-		upported organization?									
				n described in (i) above?									
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	e?					11g(iii)		
h		Provide the fo	ollowing information	about the supported or	ganization	(s).							
			-	1 (III) T (
(i) N	lame	of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) Is organization		(vii) Am	nount o	f
	orga	nization		(described on lines 1-9		sted in your document?		ion in col. r support?	(i) organiz U.S	ed in the	sup	port	
				above or IRC section									
				(see instructions))	Yes	No	Yes	No	Yes	No			
										 			
Fotal													

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and	1					
	membership fees received. (Do not	İ					
	include any "unusual grants.")	<u> </u>					
2	Tax revenues levied for the organ-	ı					
	ization's benefit and either paid to	ı					
	or expended on its behalf						
3	The value of services or facilities	ı					
	furnished by a governmental unit to	ı					
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar 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,	ı					
	dividends, payments received on	ı					
	securities loans, rents, royalties	ı					
	and income from similar sources	L					
9	Net income from unrelated business						
	activities, whether or not the	ı					
	business is regularly carried on	L					
10	Other income. Do not include gain						
	or loss from the sale of capital	ı					
	assets (Explain in Part IV.)	L					
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop						>
	ction C. Computation of Publ						
	Public support percentage for 2011 (I					14	%
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2011. If the o	•		•		•	
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies						
b	33 1/3% support test - 2010. If the o	-					
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac				· ·	_	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets the		•		• •		
	organization meets the "facts-and-circ		· ·				
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s ▶Ш

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

Sec	ction A. Public Support	elow, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and	(a) 2001	(b) 2008	(6) 2009	(u) 2010	(e) 2011	(I) Total
•	membership fees received. (Do not						
	include any "unusual grants.")	249.017.	223,703.	818,858.	1850684.	332,999.	3475261.
2	Gross receipts from admissions,			020,000		002,000	
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	9,527.	8,324.	4,165.			22,016.
3	Gross receipts from activities that	.,	7,5221				
Ū	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	258,544.	232,027.	823,023.	1850684.	332,999.	3497277.
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
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						0.
	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						3497277.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2007 258, 544.	(b) 2008 232, 027.	(c) 2009 823, 023.	(d) 2010 1850684.	(e) 2011 332, 999.	(f) Total 3497277 •
	Amounts from line 6 Gross income from interest,	250,544.	434,041.	043,043.	1030004.	334,333.	3431411.
106	dividends, payments received on						
	securities loans, rents, royalties	35,682.	26,350.	27,242.	33,020.	28,819.	151,113.
L	and income from similar sources Unrelated business taxable income	33,002.	20,330.	27,242.	33,020.	20,013.	131,113.
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b	35,682.	26,350.	27,242.	33,020.	28,819.	151,113.
	Net income from unrelated business				30,020		
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)		4,865.	12,571.	7,581.	3,839.	28,856.
13	Total support (Add lines 9, 10c, 11, and 12.)	294,226.	263,242.	862,836.	1891285.	365,657.	3677246.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organiz	ation,
	check this box and stop here						<u></u>
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
15	Public support percentage for 2011 (I	ine 8, column (f) d	ivided by line 13, c	olumn (f))		15	95.11 %
	Public support percentage from 2010					16	95.36 %
	ction D. Computation of Inves						4 11
	Investment income percentage for 20					17	4.11 %
	Investment income percentage from 2					18	4.00 %
19a	33 1/3% support tests - 2011. If the						
	more than 33 1/3%, check this box at						
	33 1/3% support tests - 2010. If the line 18 is not more than 33 1/3%, che						
				a. or 19b. check th			T H

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.

2011
Open to Public Inspection

Name of the organization

STEEP ROCK ASSOCIATION INC.

Employer identification number ** - * * * * * *

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
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 v	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	• •		
Pa	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizati		<u> </u>
	X Preservation of land for public use (e.g., recreation or e		orically important land area
	X Protection of natural habitat	Preservation of a certific	
	X Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a 107
b			1 - 1 2 604 00
C	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		
-	listed in the National Register		
3	Number of conservation easements modified, transferred, rel		
_	year ▶ 0	,g,	
4	Number of states where property subject to conservation eas	sement is located ▶ 1	
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements if		X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		250
8	Does each conservation easement reported on line 2(d) above		, , ,
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservati		
•	include, if applicable, the text of the footnote to the organization	•	
	conservation easements.	tion o interioral otationionio that goodings th	o organization o decodining for
Pa	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" to Form		
	If the organization elected, as permitted under SFAS 116 (AS		ent and balance sheet works of art.
	historical treasures, or other similar assets held for public exh	•	·
	the text of the footnote to its financial statements that descri		,
b	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		e connect, promac and remember and annearing
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical treations		
_	the following amounts required to be reported under SFAS 1		,, p. 01100
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		
~			F = -

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 10,450,649. 10,450,649. 1a Land 202,326. 71,322. 131,004. **b** Buildings c Leasehold improvements d Equipment 81,922. 58,480. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 10,605,095

Schedule D (Form 990) 2011

(8) (9)(10)

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

FIN 48 (ASC 740).

	edule D (Form 990) 2011 STEEP ROCK ASSOCIATION I		. F: '- Ol-		***** Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990			tements	120 121
1	Total revenue (Form 990, Part VIII, column (A), line 12)				438,134.
2	Total expenses (Form 990, Part IX, column (A), line 25)				373,326.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				64,808. 183,987.
4	Net unrealized gains (losses) on investments				103,907.
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments		1 - 1		
8	Other (Describe in Part XIV.)				183,987.
	Total adjustments (net). Add lines 4 through 8				
	Excess or (deficit) for the year per audited financial statements. Combine lines to XII Reconciliation of Revenue per Audited Financial State			Return	248,795.
1	Total revenue, gains, and other support per audited financial statements				622,121.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				022,121
		2a	183,987	,	
b	Donated services and use of facilities		200,507	_	
C	Recoveries of prior year grants				
				2e	183,987.
3	•				438,134
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			. 3	130/131
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
		·		4c	0.
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)				438,134.
Par	rt XIII Reconciliation of Expenses per Audited Financial Stat	ements Wit	h Expenses p	er Return	
1	Total expenses and losses per audited financial statements				373,326.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а		2a			
b					
С		1 - 1			
d					
	Add lines 2a through 2d	·		2e	0.
3	Subtract line 2e from line 1				373,326.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV.)				
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				373,326.
	rt XIV Supplemental Information				
-	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; P. e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also c				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

STEEP ROCK ASSOCIATION INC.

Employer identification number

_*

Pai	Types of Property								
		(a)	(b)	(c)			d)		
		Check if	Number of contributions or	Noncash contri amounts repor		Method of noncash contri			_
		applicable		Form 990, Part VI		noncash contr	ibution a	mount	S
1	Art - Works of art			-					
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other	Х	2		0.	SEE PART I	ī.		
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other	X	2		0.	SEE PART I	I.		
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other • ()								
26	Other • ()								
27	Other • ()								
28	Other ()								
29	Number of Forms 8283 received by the organia	zation durin	g the tax year for o	ontributions					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement	29				
								Yes	No
30a	During the year, did the organization receive by								
	at least three years from the date of the initial								
	the entire holding period?						. 30a		_X_
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance						. 31	Х	
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sel	l noncash				
	contributions?						. 32a		X
	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) 1	for a type of prope	rty for which colum	nn (a) is ch	ecked,			
	describe in Part II.								

Schedule M (Form 990) (2011) STEEP ROCK ASSOCIATION INC.	**-***** Page 2
Part II Supplemental Information. Complete this part to provide the information required the organization is reporting in Part I, column (b), the number of contributions, the number Also complete this part for any additional information.	by Part I, lines 30b, 32b, and 33, and whether
SCHEDULE M, LINE 33: THE ASSOCIATION HAS A POLICY TH	HAT DOES NOT VALUE
AND RECORD REVENUE FOR CONSERVATION EASEMENTS. THE A	ASSOCIATION DOES
RECORD REVENUE FOR CONSERVATION LAND CONTRIBUTIONS V	WHEN THE VALUE OF
SUCH LAND IS REASONABLY DETERMINED AND ESTIMATABLE.	

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.

2011
Open to Public Inspection

Name of the organization

RECREATIONAL EXPERIENCES.

STEEP ROCK ASSOCIATION INC.

FOR CONSERVATION, EDUCATIONAL AND RECREATIONAL PURPOSES.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

Employer identification number ** - * * * * * *

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE STEEP ROCK ASSOCIATION IS ONE OF THE OLDEST LAND TRUSTS IN THE

STATE OF CONNECTICUT. ITS PRIMARY MISSION IS TO PROTECT THE REGION'S

BIODIVERSITY AND NATURAL HERITAGE FOR ITS INTRINSIC VALUE AND TO

ENHANCE THE RURAL LANDSCAPE OF THE TOWN OF WASHINGTON AND ADJACENT

TOWNS BY ACQUIRING, PRESERVING AND MANAGING OPEN SPACE, SCENIC VISTAS,

NATURAL COMMUNITIES, A DIVERSITY OF WILDLIFE HABITATS, FARMLANDS THAT

CONSERVE THE REGION'S AGRICULTURAL LEGACY AND, WHERE APPROPRIATE, OTHER

LANDS THAT SUPPORT THE PUBLIC'S PURSUIT OF EDUCATIONAL AND PASSIVE

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

PUBLIC ENVIRONMENTAL PROGRAMS WERE OFFERED AS A NEW EDUCATIONAL

OUTREACH INITIATIVE. THESE PROGRAMS WERE FREE OF CHARGE AND DESIGNED

TO ENGAGE THE GENERAL PUBLIC IN NATURAL RESOURCE LEARNING OPPORTUNITIES

WITHIN THE NATURE PRESERVES.

IMPLEMENTED THE FIRST YEAR OF A NEW PUBLIC SAFETY PROGRAM OF CONDUCTING
ENGINEERING INSPECTIONS OF BRIDGES, TUNNELS AND OTHER SIGNIFICANT
FEATURES.

ADOPTED SIX POLICIES WHICH STRENGTHEN ORGANIZATIONAL GOVERNANCE AND

ADOPTED FOUR POLICIES WHICH STRENGTHEN THE ADMINISTRATION AND

STEWARDSHIP OF CONSERVATION EASEMENTS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: VARIETY OF FOREST, WETLAND AND EARLY SUCCESSIONAL HABITATS TO ENHANCE WILDLIFE DIVERSITY AND TO ELIMINATE OR CONTROL THE SPREAD OF INVASIVE PLANT SPECIES, AND MANAGING FARM FIELDS FOR AGRICULTURAL PRODUCTION. COMPREHENSIVE NATURAL RESOURCES MANAGEMENT PLAN, ADOPTED IN 2011, PROVIDES THE VISION AND GUIDANCE FOR MANAGING APPROXIMATELY 2,500 ACRES OF NATURE PRESERVES OWNED IN FEE. THE PLAN IS AN INTERACTIVE DATABASE WHICH WILL EVENTUALLY INCLUDE LINKS TO ASSOCIATED DOCUMENTS SUCH AS LAND OR TITLE RECORDS, LEASES, FARMING AGREEMENTS, AND GRANT AGREEMENTS. THE PLAN FOCUSES ON MANAGING FOR BIODIVERSITY BY ESTABLISHING MANAGEMENT UNITS BASED ON HABITAT CHARACTERISTICS, IDENTIFYING SPECIES OF CONSERVATION CONCERN, ADDRESSING THREATS TO THESE SPECIES AND THEIR NATURAL COMMUNITIES, RECOMMENDING CONSERVATION ACTIONS AND MONITORING ONGOING MAINTENANCE/MANAGEMENT INITIATIVES. FROM THIS FRAMEWORK, ANNUAL WORK PLANS ARE ESTABLISHED TO ORGANIZE PROJECTS AND GUIDE MANAGEMENT ACTIONS. STEWARDSHIP SERVICES ALSO INCLUDE THE ANNUAL MONITORING OF APPROXIMATELY 2,600 ACRES HELD IN CONSERVATION EASEMENTS. ENVIRONMENTAL EDUCATION PROGRAMMING, A COMMUNITY OUTREACH INITIATIVE ESTABLISHED IN 2012, IS DESIGNED TO ENHANCE PUBLIC AWARENESS, UNDERSTANDING AND APPRECIATION OF THE NATURE PRESERVE ENVIRONMENT THROUGH EXPERIENTIAL LEARNING. PROGRAMS ARE OFFERED ON A VARIETY OF WILDLIFE AND NATURAL RESOURCE TOPICS THROUGHOUT THE YEAR.

FORM 990, PART VI, SECTION A, LINE 2: THE BOARD OF TRUSTEES REQUIRES ALL
BOARD MEMBERS TO SUBMIT A CONFLICT OF INTEREST FORM EACH YEAR WHICH IS

REVIEWED BY THE EXECUTIVE COMMITTEE. A NUMBER OF TRUSTEES ARE ENGAGED IN
PROFESSIONAL RELATIONSHIPS AS ATTORNEYS, REAL ESTATE AND INSURANCE BROKERS
AND CONTRACTORS WITH CLIENTS WHO INCLUDE OTHER TRUSTEES AT NORMAL
COMMERCIAL RATES AND TERMS. NO TRUSTEES OR RELATED PARTIES THERETO
PERFORMED PAID PROFESSIONAL SERVICES FOR THE ASSOCIATION IN FISCAL YEAR
2011, OR SUCH WORK WAS PROVIDED WITH FULL DISCLOSURE TO THE BOARD AND AT
NORMAL COMMERCIAL RATES AND TERMS.

FORM 990, PART VI, SECTION B, LINE 11: THE ASSOCIATION'S PROCESS FOR

FILING FORM 990 IS TO HAVE THE EXECUTIVE DIRECTOR AND MEMBERS OF THE AUDIT

COMMITTEE REVIEW A DRAFT COPY FOR FINANCIAL INFORMATION REPORTED AND

INFORMATION ON THE ASSOCIATION'S PROGRAMS AND SERVICES, AND OVERALL MISSION

STATEMENT. THE FINAL FORM 990 IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD

PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: STEEP ROCK ASSOCIATION REQUIRES AN

ANNUAL REVIEW AND DISCLOSURE OF CONFLICTS OF INTEREST BY AND BETWEEN

MEMBERS OF THE BOARD OF TRUSTEES AND EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 18: STEEP ROCK'S FORM 990 IS AVAILABLE AT GUIDESTAR.ORG, AT THE STEEP ROCK OFFICE AND UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: STEEP ROCK ASSOCIATION MAKES ITS

GOVERNING DOCUMENTS AVAILABLE BY PROVIDING COPIES ON REQUEST AND INSPECTION

AT ITS PRIMARY OFFICE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:

183,987.

Name of the organization STEEP ROCK ASSOCIATION INC.	Employer identification number ** - * * * * * *
THE ASSOCIATION HAS CREATED AN AUDIT COMMITTEE TO OVERSEE	THE
PREPARATION OF THE ANNUAL AUDIT OF THE FINANCIAL STATEMEN	TS AND THE
FORM 990. THE COMMITTEE IS ALSO RESPONSIBLE FOR PERIODICA	LLY REVIEWING
INTERNAL CONTROL POLICIES, INSURANCE POLICIES, AND OTHER	FINANCIAL
POLICIES AND PROCEDURES FOR THE ASSOCIATION.	

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND (PRIOR TO)	01/01/90	L			7,974,759.				7,974,759.			0.	
2	LAND IMPROVEMENTS	01/01/92	SL	30.00	10	64,326.				64,326.	41,578.		2,144.	43,722.
3	EQUIPMENT	01/01/95	SL	7.00	1 (5,976.				5,976.	5,976.		0.	5,976.
4	TRUCK	11/23/05	SL	10.00	10	24,764.				24,764.	14,858.		2,476.	17,334.
5	BUSH HOG ROTARY CUTTER	08/31/04	SL	10.00	1.6	2,650.				2,650.	2,120.		265.	2,385.
6	COMPUTER	03/04/05	SL	10.00	16	2,983.				2,983.	2,086.		298.	2,384.
7	BRUSH MOWER	11/26/04	SL	10.00	1 (668.				668.	469.		67.	536.
8	TRACTOR	01/27/06	SL	10.00	10	24,882.				24,882.	14,928.		2,488.	17,416.
9	TRAILER	02/24/06	SL	10.00	10	4,495.				4,495.	2,699.		450.	3,149.
10	васкное	03/26/07	SL	10.00	16	8,600.				8,600.	4,300.		860.	5,160.
11	COPIER	04/25/07	SL	10.00	1.6	2,000.				2,000.	1,000.		200.	1,200.
12	TRACTOR SICKLE BAR	04/30/07	SL	10.00	10	3,312.				3,312.	1,655.		331.	1,986.
13	REICH BRIDGE	03/27/07	SL	30.00	1 (138,000.				138,000.	23,000.		4,600.	27,600.
14	COMPUTER	09/17/09	SL	5.00	10	1,592.				1,592.	636.		318.	954.
15	LAND	01/01/08	L			537,119.				537,119.			0.	
16	LAND	07/29/10	L			610,000.				610,000.			0.	
17	LAND	01/09/11	L			1,328,771.				1,328,771.			0.	
	* TOTAL 990 PAGE 10 DEPR					10734897.				10734897.	115,305.		14,497.	129,802.

Egg. 8879-EQ

Department of the Treasury

Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2011, or fiscal year beginning $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	20 12

▶ Do not send to the IRS. Keep for your records.

► See instructions.

2011

OMB No. 1545-1878

Name of exempt organization Employer identification number **_*** STEEP ROCK ASSOCIATION INC. Name and title of officer STEVEN H LAW EXECUTIVE DIRECTOR Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-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 for 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-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _______1b b Total revenue, if any (Form 990-EZ, line 9) ______ 2b ____ 2a Form 990-EZ check here **b Total tax** (Form 1120-POL, line 22) _______ **3b** _____ 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b 5a Form 8868 check here Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 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. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X | authorize FIORITA, KORNHAAS & COMPANY, ERO firm name do not enter all zeros as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 06116493747 number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature **ERO Must Retain This Form - See Instructions**

Do Not Submit This Form To the IRS Unless Requested To Do So