${\color{blue} COMMITTEE\ ON\ NATURAL\ RESOURCES} \\ {\color{blue} 113^{th}\ Congress\ Disclosure\ Form} \\ As\ required\ by\ and\ provided\ for\ in\ House\ Rule\ XI,\ clause\ 2(g)\ and}$ the Rules of the Committee on Natural Resources

Oversight hearing on "American Energy Jobs: Opportunities for Skilled Trades Workers." April 29, 2014

For Individuals:	
1. Name:	
2. Address:	
3. Email Address:	
4. Phone Number:	
* * * * *	
For Witnesses Representing Organizations:	
1. Name: Mike Rowe	
2. Name of Organization(s) You are Representing at the Hearing:	mikeroweWORKS Foundation
3. Business Address: [Information redacted for privacy]	
4. Business Email Address: [Information redacted for privacy]	
5. Business Phone Number: [Information redacted for privacy]	

For all Witnesses

Name/Organization: Mike Rowe, CEO, mikeroweWORKS

Title/Date of Hearing: Oversight hearing on "American Energy Jobs: Opportunities for Skilled Trades Workers." April 29, 2014

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

n/a

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

n/2

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Creator, Executive Producer and Host of Discovery Channel's TV series "Dirty Jobs with Mike Rowe"

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

n/a

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

n/a

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

n/a

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

mikeroweWORKS was launched in 2008 as a Trade Resource Center for people seeking employment opportunities in the skilled trades. The initiative grew from the hit TV show, Dirty Jobs with Mike Rowe, and quickly turned into a grassroots PR Campaign for hard work and skilled labor.

As mikeroweWORKS began to challenge the stigmas and stereotypes that surround "alternative education," Mike has become one of the most visible and vocal advocate for millions of available jobs that require a "hands-on" skill. He's testified before both houses of Congress on the countries widening skills gap, the emerging student loan crisis, and the ever-changing perceptions of a "good job."

The mikeroweWORKS Foundation is a public non-profit that promotes alternative education, skilled trades, entrepreneurship, innovation and US manufacturing in a variety of ways. It awards tool scholarships, travel stipends, educational scholarships and other financial assistance to those pursuing a skilled trade. mikeroweWORKS Foundation scholarships are now synonymous with "Work Ethic Scholarships," and Mike has partnered with numerous companies

and like-minded organizations to reinvigorate the skilled trades and issue a direct challenge to the marketing campaigns that currently promote four-year degrees at the expense of more affordable and more practical trade schools.

Witnesses Representing Organizations

Name/Organization: Mike Rowe, CEO, mikeroweWORKS

Title/Date of Hearing: Oversight hearing on "American Energy Jobs: Opportunities for Skilled Trades

Workers." April 29, 2014

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

I am the CEO of the mikeroweWORKS Foundation

i. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

n/a

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

n/a

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

n/a

l. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

The Foundation's 990's can be found on Guidestar at http://www.guidestar.org/organizations/26-4324338/mikeroweworks-foundation.aspx

DLN: 93493094001151

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2010

Open to Public Inspection

A Fo	r the 2	2010 са	alendar year, or tax year beginning 01-01-2010 and ending 12-31-2010				
3 Che	eck ıf a _l	pplicable	C Name of organization MIKEROWEWORKS FOUNDATION		D Employ	/er i	dentification number
- Add	iress ch	nange			26-43	243	338
— Nar	ne chai	nge	Doing Business As		E Telepho	ne	number
– _{Init}	ıal retui	rn	Number and street (or P O box if mail is not delivered to street address)	Room/suite	(310)	277	-4657
– Ter	mınated	d	10960 WILSHIRE BLVD 5TH FLOOR		(310)		
– Am	ended i	return	City or town, state or country, and ZIP + 4		G Gross re	ceip	ts \$ 170
— Apr	olication	n pending	LOS ANGELES, CA 90024				
			F Name and address of principal officer	U/->	_		
			MICHAEL G ROWE	H(a) Isthisag	roup return for	affili	ates? Yes No
			10960 WILSHIRE BLVD 5TH FLOOR LOS ANGELES, CA 90024	H(b) Are all a	ffılıates ınclu	ided i	Yes No
			LOS ANGELES, CA 90024	If"No,	" attach a	lıst	(see instructions)
r Ta:	x-exem	npt status	▼ 501(c)(3)	H(c) Group	exemptio	n nı	ımber 🟲
		·					
			KERO WEWO RKS COM				
	_	ganızatıon	✓ Corporation Trust Association Other ►	L Year of form	nation 2008	· r	M State of legal domicile CA
Pa	rt I	Sum	mary				
			escribe the organization's mission or most significant activities UNDATION IS A PUBLIC FOUNDATION WHICH MAKES CONTRIBUTIO	ONS TO OT	HER 501(C)(3	B)ORGANIZATIONS
œ.	I .		IVE TO THE TRADES			- / (-	
Ē	-						
Ĕ	-						
Governance	2 (Check th	nis box 🛏 if the organization discontinued its operations or disposed of n	nore than 25	% of its n	eta	ssets
	3 1	Number	of voting members of the governing body (Part VI, line 1a)		1	3	3
ν V			of independent voting members of the governing body (Part VI, line 1b)			4	3
ACUMUes &	5	Total nu	mber of individuals employed in calendar year 2010 (Part V, line 2a)			5	0
ទ្ធ	6	Total nu	mber of volunteers (estimate if necessary)			6	0
•	7a 1	Total un	related business revenue from Part VIII, column (C), line 12			7a	0
	ы	Net unre	lated business taxable income from Form 990-T, line 34			7b	0
				Prior	Year		Current Year
_	8	Contri	butions and grants (Part VIII, line 1h)		16,20	0	160
Revenue	9	Progra	nm service revenue (Part VIII, line 2g)			0	0
946	10	Invest	tment income (Part VIII, column (A), lines 3, 4, and 7d)			0	0
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	10
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		16,20		170
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)			0	12,000
	14		ts paid to or for members (Part IX, column (A), line 4)			0	0
	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-			Ť	
\$		10)	, , , , , , , , , , , , , , , , , , , ,			0	0
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)			0	0
ਡੋ	ь	Total fu	ındraısıng expenses (Part IX, column (D), line 25) ▶ <u>0</u>				
	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		3	30	20
	18	Total	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		3	30	12,020
	19	Reven	ue less expenses Subtract line 18 from line 12		16,17	'0	-11,850
Net Assets of Fund Balances				Beginning Ye			End of Year
900 900 900 900 900 900 900 900 900 900	20	Total	assets (Part X, line 16)	16	16,17	,,	4,320
(A)	21		liabilities (Part X, line 26)		10,17	0	0
3 £	22		ssets or fund balances Subtract line 21 from line 20		16,17	-	4,320
	t III		nature Block		10,17	<u> </u>	4,320
Jndei cnow	r penal	ties of p	erjury, I declare that I have examined this return, including accompanying sche if, it is true, correct, and complete. Declaration of preparer (other than officer) i				
		****	**	201	1-04-04		
Sign	1	I Bb	ature of officer	Date			
Here		LAUR	A DIMAGGIO SECRETARY				
			or print name and title				
		Print/Type	Laure Print Core		heck if self-		PTIN
Paid		preparer's Firm's nar	s name LAURA DIMAGGIO LAURA DIMAGGIO me NIGRO KARLIN SEGAL & FELDSTEIN LLP	eı	mployed 🕨		
Prepa	arer				Firm's EIN		
Jse (rırm's add	dress ▶ 10960 WILSHIRE BL 5TH FL				Phone no (310) 277-4657
	- 1		LOS ANGELES, CA 90024				1001

May the IRS discuss this return with the preparer shown above? (see instructions)

orm	1990 (2010)					Page 2
Par	t IIII Statement of P Check if Schedule			ishments estion in this Part III		
1	Briefly describe the organ	nization's mission				
			WHICH MAK	ES CONTRIBUTIONS	TO OTHER 501(C)(3) ORG	GANIZATIONS THAT
2	Did the organization unde the prior Form 990 or 990)-EZ?				┌─Yes ┌─ No
3	If "Yes," describe these n Did the organization ceas services?	e conducting, or ma	ike significan		nducts, any program	「Yes ▼ No
	If "Yes," describe these c	hanges on Schedule	e O			
4	Describe the exempt purp	ose achievements 1(c)(4) organizatio	for each of th ns and sectio	n 4947(a)(1) trusts a	largest program services by re required to report the amo service reported	
4a	(Code) (Expenses \$	12,000	ıncludıng grants of \$	12,000) (Revenue \$)
	SCHOLARSHIP GRANT TO THE	AED FOUNDATION FOR	STUDENTS TO F	PURSUE AN EDUCATION IN	THE TRADES	
4b	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program services	(Describe in Scher	dule O)			
	(Expenses \$	•	ding grants of	\$) (Revenue \$)
4e	Total program service ex	rpenses ► \$	12,000	כ		

Part IV	Checklist	of Red	uired	Schedule	S

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		Νo
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		Νο
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? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	6		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If</i> "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a		Νο
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		Νο
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.	11c		Νο
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		N o
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Νο
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		Νο
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		N o
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		N o
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 U S ? If "Yes," complete Schedule F, Parts II and IV	15		Νο
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 U S ? If "Yes," complete Schedule F, Parts III and IV.	16		N o
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)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
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-24d and complete Schedule K. If "No," go to line 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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	25b		Νo
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Νο
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
				Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		
		32		Νο
32 33 34	Schedule N, Part II			N o
33 34	Schedule N, Part II	33		
33 34 35	Schedule N, Part II	33		No
33 34 35 a	Schedule N, Part II	33		No
33 34 35	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	33 34 35		N o

Part V	Statements	Regarding	Other I	RS Filings	and Tax	Compliance

	990 (2010) rt V Statements Regarding Other IRS Filings and Tax Compliance			Page !
	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 .			1
	1a 0	<u> </u>		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
٠_	gaming (gambling) winnings to prize winners?	1c		
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	I		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	Ī		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
la	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
1 a	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		Νo
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			
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	- 55		
		5c		
5a	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?	6a		No
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
_	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		No
g	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
5	Form 1098-C?	7h		
8	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	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			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	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)........	_		
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?			
u	Note. See the instructions for additional information the organization must report on Schedule O	13a		
Ь	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 13c			
L4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		l No

b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*.

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)		W	N-
10-	Does the organization have local chapters, branches, or offiliates?	10a	Yes	No No
	Does the organization have local chapters, branches, or affiliates?	IUa		NO
D	affiliates, and branches to ensure their operations are consistent with those of the organization?	10ь		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νο
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		No
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	15a		Νo
b	Other officers or key employees of the organization	15b		No
	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?	16a		No
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶CA			

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

Own website Another's website Vpon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization NKSF LLP
 10960 WILSHIRE BLVD 5TH FLOOR

LOS ANGELES, CA 90024

(310) 277-4657

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

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, and **current** key employees 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 organiz	•	elated or	ganı	zatio	on co	mpen	sate	d any current office	r, dırector, or trust	ee
(A) Name and Title	(B) A verage hours	(c)			Position (check all				(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) MICHAEL G ROWE PRESIDENT	1 00	Х		х				0	0	0
(2) MARY SULLIVAN VICE PRESIDENT	1 00	х		х				0	0	0
(3) LAURA DIMAGGIO TREASURER AND SECRETARY	1 00	х		х				0	0	0
_										
										_
					<u> </u>					

\$100,000 in compensation from the organization **F**0

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

week (describe hours for related organizations in Misc) A		(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensatior from related		(F) Estimated amount of oth	
Total from continuation sheets to Part VII, Section A			(describe hours for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated	Former	,	organizations (W- 2/1099-	;	from t organizat relat	the ion and ed
c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
d Total (add lines 1b and 1c)									-					
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 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			-						>	0		0		0
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		Total number of individuals (inc	luding but not lin	nıted to	thos	e lıs) who	I o received more tha	n			
on line 1a? If "Yes," complete Schedule J for such individual													Yes	No
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	;						ey e •	mploy	ee, o	r highest compens	ated employee	3		N o
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	4	organization and related organiz												
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C)	5	Did any person listed on line 1a								-	r individual for			
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C)	_													
\$100,000 of compensation from the organization (A) (B) (C)				nsated	ındep	ende	ent c	ontrac	tors	that received more	e than			
Name and business address Description of services Compensation			n the organizatio											`
		Na		dress						Descr	iption of services			
										ı				

Part \	итт	Statement of	Revenue						r age 3
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514	
≇≇	1a	Federated campai	gns 1a						
亞黃	Ь	Membership dues	1b						
% €	c	Fundraising event	s 1c						
ž i	d	Related organizati	ions 1d						
% E	e	Government grants (c	contributions) 1e						
ੂੰ ਲੋ	f	All other contributions,	, gıfts, grants, and 1f	160				! 	
至	-	sımılar amounts not ın	ncluded above Included in lines 1a-1f \$,
<u>=</u> =	g	Noncasii contributions	included in lines 1a-11 \$						
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1	a-1f	. •	160				<u> </u>
e E				Business Code					
Кеп	2a								-
22	Ь								
956	C								
桑	d								1
Program Service Revenue	e								
× 23	f	All other program	service revenue						
ž	g	Total. Add lines 2	a-2f						1
	3		ne (including dividends, inte						1
			amounts)						1
	4	Income from investme	ent of tax-exempt bond proceeds	s , , >					1
	5	Royalties		▶					
			(ı) Real	(II) Personal					
	6a	Gross Rents							
	Ь	Less rental expenses							
	c	Rental income							
	d	or (loss) Net rental income	or (loss)	<u> </u>					
			(ı) Securities	(II) O ther					1
	7a	Gross amount		. ,					
		from sales of assets other							
	b	than inventory Less cost or							
		other basis and sales expenses							
	c	Gain or (loss)							
	d	Net gain or (loss)		▶					
<u> </u>	8a	(not including	n fundraising events						
Other Revenue			_ eported on line 1c)						
쮼		See Part IV, line 1	a						
Ψ	Ь	Less direct exper	nses b						
Ę	1		ss) from fundraising events	•					
-	—	Gross income from	n gaming activities See						1
		Part IV , line 19							
	B	Less direct expenses							
	С	Net income or (los	ss) from gaming activities						
	10a	Gross sales of inv							
		returns and allowa	ances . a						
	_b	Less cost of good							
			ss) from sales of inventory	►					
	۲	Miscellaneous I		Business Code					1
	11a	STATE TAX REFU		900099	10	10			
	Ь		· · · · ·						1
	, c								1
		All other revenue							1
			1a-11d						1
		T		•	10				
	12	Total revenue. Se	e Instructions	>					1

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all co
--

	t include amounts reported on lines 6b, o, 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	40.00	·	general expenses	скрепаса
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	12,000	12,000		
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				
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 contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
LO	Payroll taxes				
а	Fees for services (non-employees) Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
2	Advertising and promotion				
3	Office expenses				
4	Information technology				
5	Royalties				
6	Occupancy				
7	Travel				
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule (A)				
а	line 25, column (A) amount, list line 24f expenses on Schedule O) STATE FILING FEE	20		20	
b	511112 112111	20		20	
c					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	12,020	12,000	20	
26	Joint costs. Check here ▶ ☐ If following]	
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				

Pe	ITT X	Balance Sneet		(A)		(B)
	1	Coch non interest hearing		Beginning of year 16,170		End of year 4,320
		Cash—non-interest-bearing		16,170		4,320
	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, ke highest compensated employees Complete Part II of				
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section persons described in section 4958(c)(3)(B), and contributing employees organizations (see instructions)				
Assets		Schedule L			6	
8	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part</i> VI of Schedule D	10a			
	ь	Less accumulated depreciation	10b		10c	
	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	Total assets. Add lines 1 through 15 (must equal line 34)		16,170	16	4,320
	17	Accounts payable and accrued expenses .			17	
	18	Grants payable			18	_
	19	Deferred revenue			19	_
	20	Tax-exempt bond liabilities			20	
ŝ	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
abilities	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 Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0	26	0
s ė		Organizations that follow SFAS 117, check here ▶ ☐ and complete through 29, and lines 33 and 34.	lines 27			
Ĕ	27	Unrestricted net assets			27	
<u>~</u>	28	Temporarily restricted net assets		28		
Fund Balance	29	Permanently restricted net assets		29		
Ξ		Organizations that do not follow SFAS 117, check here ▶ ✓ and co	mplete			
<u>.</u>		lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		0	30	0
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	0
AS	32	Retained earnings, endowment, accumulated income, or other funds		16,170	32	4,320
Ŋĕţ	33	Total net assets or fund balances		16,170	33	4,320
Z	34	Total liabilities and net assets/fund balances		16,170	34	4,320

Par	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			170
2	Total expenses (must equal Part IX, column (A), line 25)	2			12,020
3	Revenue less expenses Subtract line 2 from line 1	3			-11,850
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			16,170
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			4,320
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b		Νo
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 its content of the c				
	Schedule O	•	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	Separate basis Consolidated basis Both consolidated and separated 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?	ie	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	required	3b		

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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. **Employer identification number**

MIKEROWEWORKS FOUNDATION 26-4324338

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The	rganı	zation is	not a privat	e foundation becaus	eıtıs (Forl	ines 1 throu	gh 11, check	only one bo	x)	•	•	
1	Γ	A churc	ch, conventi	on of churches, or as	ssociation of	churches de	scribed in se	ction 170(b)(1)(A)(i).			
2	\sqcap	A scho	ol described	in section 170(b)(1)(A)(ii). (At	tach Schedu	le E)					
3	\vdash	A hosp	ıtal or a coo	perative hospital sei	vice organiz	atıon descrıl	bed in sectio i	n 170(b)(1)	(A)(iii).			
4	Γ			n organization operat ty, and state	ed in conjun	ction with a l	hospital desc	rıbed ın sec	tion 170(b)(:	L)(A)(iii).	Enter the	
5	Γ			erated for the benefit		or universit	y owned or op	perated by a	government	al unit des	cribed in	
	_			A)(iv). (Complete P								
6	<u> </u>			local government or	-							
7	 ~	describ	ed in		ormally receives a substantial part of its support from a governmental unit or from the general publi vi) (Complete Part II)					С		
8	Γ	A comr	nunity trust	described in section	170(b)(1)(A	A)(vi) (Com	plete Part II)				
9	Γ	Anorga	anızatıon tha	at normally receives	(1) more tha	an 331/3% o	f its support	from contrib	outions, mem	bership fee	es, and gro)SS
		receipt	s from activ	ities related to its ex	empt functio	ns—subject	to certain ex	ceptions, a	nd (2) no moi	e than 33	1/3% of	
		ıts sup _l	port from gro	oss investment incoi	me and unrel	ated busines	ss taxable ind	ome (less s	section 511 t	ax) from b	usinesses	,
		acquire	d by the org	janızatıon after June	30,1975 S	ee section 5	09(a)(2). (Co	mplete Par	t III)			
10	Γ	Anorga	anızatıon org	janized and operated	lexclusively	to test for p	ublic safety	See section	509(a)(4).			
11	Γ	Anorga	anızatıon org	janized and operated	lexclusively	for the bene	fit of, to perfo	orm the func	tions of, or to	carry out	the purpo	ses of
one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(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 II												
e By checking this box, I certify that the organization is not controlled directly or indirect					or indirectly	y by one or m	ore disqua	lified pers	ons			
other than foundation managers and other than one or mo				or more publ	lıcly supporte	ed organizat	ions describe	d in sectio	on 509(a)((1) or		
_			509(a)(2)			f	-	.				
f			rganization :his box	received a written de	etermination	from the IRS	that it is a i	ype I, I ype	ellorlypel	II support	ing organi	zation,
g				2006, has the organi	zation accep	ted any gift	or contributio	n from any	of the			,
			g persons?					•				
				rectly or indirectly c	•		-	ersons des	cribed in (ii)		Yes	No
				governing body of th		_	tion?			_	g(i)	
			•	er of a person describ						119	g(ii)	<u> </u>
				led entity of a persoi						11 g	J(iii)	<u></u>
h 		Provide	the followir	ng information about	the supporte	d organizati	on(s)					
				(iii)	(iv)		(v)		(vi)			
	(i)			Type of organization	Is the		Did you not	ıfv the	Is the	9		
	Name		(ii)	(described on	organızatı col (ı) lıst		organizati	•	organizat			vii)
			EIŃ	lines 1- 9 above	your gove		col (ı) of		col (ı) org			ount of oport
suppo organız		ation		or IRC section	docume		suppor	t?	ın the U	S?	Sul	γροιτ
				(see	Yes	No	Yes	No	Yes	No	_	
				instructions))	163	110	1 63	140	1 63	110		
										 		
										 		
										-		
										1		
Tota	<u> </u>											

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.)

<u> </u>	under Part III. If the ection A. Public Support	organization f	alls to qualify t	inder the tests	iistea below, pie	ase con	ipiete P	rart III.)
	endar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	010	(f) Total
1	(n) ► Gifts, grants, contributions, and membership fees received (Do not include any "unusual				16,200		160	16,360
_	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	Total. Add lines 1 through 3				16,200		160	16,360
	The portion of total contributions by				,			<u> </u>
_	each person (other than a							
	governmental unit or publicly							15 246
	supported organization) included on							15,346
	line 1 that exceeds 2% of the amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5 from							1,014
S	line 4 ection B. Total Support			_1				
	endar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	10	(f) Total
	ın) 🟲	(a) 2000	(b) 2007	(6) 2008		(6) 20		
7	A mounts from line 4				16,200		160	16,360
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties							
	and income from similar sources							
9	Net income from unrelated							
	business activities, whether or							
	not the business is regularly carried on							
10	Other income Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through 10)							16,360
12	Gross receipts from related activities	es, etc (See inst	ructions)	l		12		
13	First Five Years If the Form 990 is f	for the organizati	on's first, second	, third, fourth, or	fifth tax year as a !	501(c)(3)) organız	atıon,
	check this box and stop here							▶ ▼
	ection C. Computation of Pub							
14	Public Support Percentage for 2010) (line 6 column ((f) divided by line	11 column (f))		14		
15	Public Support Percentage for 2009	•	•			15		
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more,	check th	nis box
ь	and stop here. The organization qua 33 1/3% support test—2009. If the				5a. and line 15 is 3	3 3 1/3% o	r more. o	,
_	box and stop here. The organization	_			,	,	,	▶┌
17a	10%-facts-and-circumstances test-	-						
	is 10% or more, and if the organization							a d
	in Part IV how the organization mee organization	is the lacts and	i circumstances"	test The organiz	cation qualifies as	a publicly	support	ea ▶□
Ь	10%-facts-and-circumstances test-	–2009. If the org:	anızatıon dıd not	check a box on lii	ne 13, 16a, 16b, o	r 17a and	lline	- 1
	15 is 10% or more, and if the organ	nization meets the	e "facts and circi	ımstances" test,	check this box and	stop hei	e.	
	Explain in Part IV how the organizat	ion meets the "fa	acts and circums	tances" test The	e organization qual	ıfıes as a	publicly	▶ □
18	supported organization Private Foundation If the organizati	ion did not check	a box on line 13	. 16a. 16b. 17a o	or 17b, check this	box and s	ee	F1
	instructions	a.a not check		, , _ 0 0 , _ 1 , u 0	2. 2, 611668 (1113)	unu 3	- -	▶ ┌

18

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(b)** 2007 (d) 2009 (a) 2006 (c) 2008 (e) 2010 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) 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

S	ection C. Computation of Public Support Percentage						
15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15					
16	Public support percentage from 2009 Schedule A, Part III, line 15	16					
S	Section D. Computation of Investment Income Percentage						
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17					

19a 33 1/3% support tests-2010. 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 ►E organization

33 1/3% support tests-2009. 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

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

Investment income percentage from 2009 Schedule A, Part III, line 17

18

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493094001151

OMB No 1545-0047

Schedule I (Form 990)

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

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

Open to Public

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC Code section if applicable grant (d) Amount of cash or grant (e) Amount of non-cash assistance (b) Method of valuation (book, FMV, appraisal, other) (h) Purpos or assistance	partment of the Treasury emal Revenue Service	Co	omplete ir the organizati	on answered "Yes," to Attach to Form 9	•	e 21 or 22.		Open to Public Inspection
Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	3	O N					Employer identif	ication number
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?							26-4324338	
the selection criteria used to award the grants or assistance?								
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II duplicated if additional space is needed	the selection criteria used	to award the grants	or assistance?					Г Yes 🔽
Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC Code section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (book, FMV, appraisal, other) (1) THE AED FOUNDATION 36-3784945 600 HUNTER DRIVE SUITE 20 SCHOLARS GRANT						c Complete if the or	raanization answere	d "Voc" to
organization or government If applicable grant cash or government (book, FMV, appraisal, other) non-cash assistance or assistance (book, FMV, appraisal, other) SCHOLARS GRANT	Form 990, Part IV	V, line 21 for any	recipient that received	d more than \$5,000	. Check this box if i	no one recipient rece	rived more than \$5,0	
600 HUNTER DRIVE SUITE GRANT 220	organization	(b) EIN	1	` '	cash	valuation (book, FMV, appraisal,	non-cash assistance	(h) Purpose of grant or assistance
	600 HUNTER DRIVE SUITE	36-3784945	501(C)(3)	12,000				SCHOLARSHIP GRANT
2 Enter total number of section 501(c)(3) and government organizations								<u>1</u>

Ident if ier

Return Reference

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistanc

Explanation

Schedule I (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493094001151

OMB No 1545-0047

2010

Inspection

Open to Public

(Form 990 or 990-EZ)

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Name of the organization MIKEROWEWORKS FOUNDATION

Employer identification number

26-4324338

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		MARY SULLIVAN IS ENGAGED BY MR ROWE'S COMPANIES AS HIS PRESIDENT AND IN HOUSE COUNSEL AND IS PAID A CUSTOMARY SALARY BY MR ROWE'S COMPANIES FOR SUCH SERVICES, LAURA DIMAGGIO IS ENGAGED BY MR ROWE AS HIS ACCOUNTANT AND BUSINESS MANAGER AND IS PAID CUSTOMARY FEES BY MR ROWE FOR SUCH SERVICES

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		A COPY OF FORM 990 WAS DISTRIBUTED TO THE GOVERNING BOARD FOR REVIEW PRIOR TO THE FILING OF THE RETURN

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIALS STATEMENTS AVAILABLE TO THE PUBLIC

DLN: 93493098008042

Form 990

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)

2011

OMB No 1545-0047

Open to Public The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 Name of organization MIKEROWEWORKS FOUNDATION D Employer identification number B Check if applicable Address change 26-4324338 Doing Business As E Telephone number Name change (310) 277-4657 Initial return Number and street (or P O box if mail is not delivered to street address) **G** Gross receipts \$ 767,647 10960 WILSHIRE BLVD 5TH FLOOR Terminated Amended return City or town, state or country, and ZIP + 4 LOS ANGELES, CA 90024 . Application pending Name and address of principal officer H(a) Is this a group return for MICHAEL G ROWE affiliates? 10960 WILSHIRE BLVD 5TH FLOOR LOS ANGELES, CA 90024 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status Group exemption number 🕨 H(c) Website: ► MIKEROWEWORKS COM K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation 2008 M State of legal domicile CA Summary Part I Briefly describe the organization's mission or most significant activities THE FOUNDATION IS A PUBLIC FOUNDATION WHICH MAKES CONTRIBUTIONS TO OTHER 501(C)(3) ORGANIZATIONS THAT GIVE TO THE TRADES Activities & Governance 2 Check this box 🚩 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 5 0 6 0 **6** Total number of volunteers (estimate if necessary) 0 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 . b Net unrelated business taxable income from Form 990-T, line 34 **7**b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 160 767,647 8 Program service revenue (Part VIII, line 2g) . 0 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 0 0 10 10 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 170 767,647 12,000 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 72,000 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 0 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 Expenses 0 0 0 Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 16a ь Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 20 0 **17** 72,000 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 12,020 Revenue less expenses Subtract line 18 from line 12 . -11,850 695,647 Assets or d Bafances **Beginning of Current End of Year** Year 699,967 4,320 20 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) 21 0 0 4,320 699,967 22 Net assets or fund balances Subtract line 21 from line 20 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. 2012-04-07 Signature of officer Sign Here

LAURA DIMAGGIO SECRETARY Type or print name and title Date Check if Preparer's taxpayer identification number LAURA DIMAGGIO self-(see instructions) sıgnature Paid employed 🕨 P00995016 Preparer's NIGRO KARLIN SEGAL & FELDSTEIN LLP Firm's name (or yours if self-employed), address, and ZIP + 4 EIN • 95-3632775 **Use Only** 10960 WILSHIRE BL 5TH FL Phone no (310) 277-4657 LOS ANGELES, CA 90024 May the IRS discuss this return with the preparer shown above? (see instructions) ▼Yes 「No

art TV	Check	dist of	Required	Schedules
		11136 01	IXCUUII CU	Scriculics

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		Νο
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? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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	5		
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	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
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, line10? If "Yes," complete Schedule D, Part VI.	11a		No
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		No
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.	11c		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
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		No
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		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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, Part I	14b		No
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 U S ? If "Yes," complete Schedule F, Part II and IV	15		No
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 U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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	25b		No
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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 owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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? <i>If</i> "Yes," complete Schedule R, Part I	33		N o
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	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
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	35b		No
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		No
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		No
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	Yes	

Form 990 (2011)

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 reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the			
Ja	year?	3a		Νo
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 or securities	4a		No
L	account)?			No_
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?	5a		No.
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
-	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	. .		
_	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
-	facilities			
11	Section 501(c)(12) organizations. Enter			
а	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	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 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?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
_	the states in which the organization is needed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . .

Se	ction A. Governing Body and Management						
			Yes	No			
_							
1a	Enter the number of voting members of the governing body at the end of the tax year						
b	Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes				
3	Did the organization delegate control over management duties customarily performed by or under the direct	3	163	N.a			
4	supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was			No			
5	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	4 5		No No			
6	Did the organization have members or stockholders?	6		Νo			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9							
Se	ection B. Policies (This Section B requests information about policies not required by the Internal						
Re	venue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes				
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo			
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give						
	rise to conflicts?	12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c					
13	Did the organization have a written whistleblower policy?	13		Νo			
14	Did the organization have a written document retention and destruction policy?	14		Νo			
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	15a		Νo			
b	Other officers or key employees of the organization	15b		Νo			
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	L6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
h	taxable entity during the year?	16a		No			
-	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?	16b					
Se	ection C. Disclosure						
	List the States with which a copy of this Form 990 is required to be filed▶CA						
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)						

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

Own website Another's website V Upon request

- 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 See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20

10960 WILSHIRE BLVD 5TH FLOOR LOS ANGELES, CA 90024

(310) 277-4657

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

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, and current key employees 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, or 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 organiz	•	lated o	rganı	zatio	ons (compe	nsat	ed any current or fo	ormer officer, direct	or, or trustee
(A) Name and Title	(B) A verage hours per week (describe	(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-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustie or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) MICHAEL G ROWE CEO	1 00	х		Х				0	0	0
(2) MARY SULLIVAN PRESIDENT	1 00	х		х				0	0	0
(3) LAURA DIMAGGIO TREASURER AND SECRETARY	1 00	х		Х				0	0	0
(4) THERESE M OSWALD VICE PRESIDENT	1 00	х		х				0	0	0

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

	(A) Name and Title	(B) A verage hours per week (describe	Average hours more than one box, compensation per unless person is both week an officer and a director/trustee) Position (do not check compensation compensation from the organization (Wordscribe director/trustee) 2/1099-MISC)								(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estimated amount of othe compensation from the organization an	
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiza	
1b	Sub-Total				•			•						
c d	Total from continuation sheets to Total (add lines 1b and 1c).			• •	•	•		>		0		0		0
2	Total number of individuals (inclusion) \$100,000 of reportable compens	udıng but not lın	nited to	thos	e lıs		<u>a</u> bove) who	receive	d more tha	an .	<u> </u>		
													Yes	No No
3	Did the organization list any form on line 1a? <i>If</i> "Yes," complete Sch								r highes	t compens	ated employee	3		No
4	For any individual listed on line 1 organization and related organization and related organization.											4		No
5	Did any person listed on line 1a services rendered to the organiza										or individual for •	5		No
Se	ection B. Independent Cont	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax years.	highest comper the organizatio												
	-	(A) ne and business add	dress							Desc	(B) ription of services		(C) Compen	
												\perp		
												+		
	Total number of independent conti \$100,000 of compensation from t			ot lır	nited	to t	those	liste	d above)	who recei	ved more than			

Part V	4999	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
芸芸	1a	Federated campaigns 1a					
亞美	ь	Membership dues 1b					
ರ್ಹ	l c	Fundraising events 1c					
£°.							
ಕ್ಷಕ	d	Related organizations 1d					
æ̂.E	е	Government grants (contributions) 1e					
호조	f	All other contributions, gifts, grants, and 1f	767,647	İ			
돌포		similar amounts not included above					
置せ	g	Noncash contributions included in					
Contributions, gifts, grants and other similar amounts	h	Innes 1a-1f \$ Total. Add lines 1a-1f	▶	767,647			
			Business Code				
E	3-	•	Dusiliess Code				
ye.	2a						
28	b						
Q G	С						
Ē	d						
B	e						
E S							
Program Serwce Revenue	f	All other program service revenue					
<u></u>	g	Total. Add lines 2a-2f	▶				
	3	Investment income (including dividend	ds, interest				
		and other similar amounts)	🕨				
	4	Income from investment of tax-exempt bond p	oroceeds 🕨				
	5	Royalties	• [
		(ı) Real	(II) Personal				
	6a	Gross rents (1) Near	(II) I CISOIIII				
		Less rental					
	b	expenses					
	С	Rental income					
	d	or (loss) Net rental income or (loss)	.				
	"	(i) Securities	(II) O ther				
	7a	Gross amount	(II) O tilel				
	′	from sales of					
		assets other than inventory					
	ь	Less cost or					
		other basis and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising					
Other Revenue		events (not including					
듄		\$ of contributions reported on line 1c)					
ě		See Part IV, line 18					
CC .		a					
<u>⊕</u>	ь	Less direct expenses b					
5	c	Net income or (loss) from fundraising e	events ►				
	9a	Gross income from gaming activities	ŀ				
		See Part IV, line 19					
		a					
	ь	Less direct expenses b					
	c	Net income or (loss) from gaming activ	/ities ▶				
	10a	Gross sales of inventory, less	· · ·				
	100	returns and allowances .					
	b	Less cost of goods sold b	entory				
	С	Net income or (loss) from sales of inve					
		Miscellaneous Revenue	Business Code				
	11a					<u></u> _	
	ь						
	С						
	d	All other revenue					
		-					
	e	Total. Add lines 11a-11d					
	4.	T-4-1	L				
	12	Total revenue. See Instructions	►				l _

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 (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 72,000 72,000 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees . . . Compensation not included above, to disqualified persons 6 (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Fees for services (non-employees) 11 Management Accounting Professional fundraising See Part IV, line 17 . . Investment management fees Advertising and promotion 12 Office expenses 13 Information technology 14 15 Royalties . . 16 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Other expenses Itemize expenses not covered above (List 24 miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) b d е **f** All other expenses 25 Total functional expenses. Add lines 1 through 24f 72,000 72,000 0 Joint costs. Check here ► 🗆 If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		4,320	1	699,967
	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, ke highest compensated employees Complete Part II of	y employees, and			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section persons described in section $4958(c)(3)(B)$ Complete Part II of	on 4958(f)(1)) and			
w		Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
88	8	Inventories for sale or use			8	
4	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a			
	ь	Less accumulated depreciation	10b		10c	
	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	Total assets. Add lines 1 through 15 (must equal line 34)		4,320	16	699,967
	17	Accounts payable and accrued expenses .			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
ر. م	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
æ		persons Complete Part II of Schedule L			22	
Ξ	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 th and other liabilities not included on lines 17-24) Complete Part X o D			25	
	26	Total liabilities. Add lines 17 through 25		0	26	0
<u></u>		Organizations that follow SFAS 117, check here F and complete	lines 27			
Ф		through 29, and lines 33 and 34.				
<u>a</u>	27	Unrestricted net assets			27	
8	28	Temporarily restricted net assets			28	
Ξ	29	Permanently restricted net assets			29	
or Fund Balance		Organizations that do not follow SFAS 117, check here \blacktriangleright $\overline{\checkmark}$ and co lines 30 through 34.	mplete			
	30	Capital stock or trust principal, or current funds		0	30	0
sets	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	0
Ą	32	Retained earnings, endowment, accumulated income, or other funds		4,320	32	699,967
Net	33	Total net assets or fund balances		4,320	33	699,967
2	34	Total liabilities and net assets/fund balances		4 320	34	699 967

Par	Check if Schedule O contains a response to any question in this Part XI			. [
1	Total revenue (must equal Part VIII, column (A), line 12)			-	
2	Total expenses (must equal Part IX, column (A), line 25)	2			72,000
3	Revenue less expenses Subtract line 2 from line 1	3			95,647
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			4,320
5	Other changes in net assets or fund balances (explain in Schedule O)	5			C
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		6	99,967
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			.୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	[2b		No
c	If "Yes," to 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		2c		
4	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is		20		
u	on a separate basis, consolidated basis, or both	sueu			
	Separate basis Consolidated basis Both consolidated and separated basis				
За	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?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

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As Filed Data -

DLN: 93493098008042

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization MIKEROWEWORKS FOUNDATION

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

D	4 7	Door	for D.	blic Charity Cta	•••• / A II . o wa		must some	alata this n	126-43243		
Par				blic Charity Starte foundation because						Structions	
1				on of churches, or as			-		^)		
2	<u>'</u>			in section 170(b)(1				<u>// - // - // // // // // // // // // // </u>			
3	<u>'</u>			perative hospital se				n 170(b)(1)(Δ)(iii)		
4	,	A medi	cal research	n organization operat ty, and state						1)(A)(iii). Er	nter the
5	Γ	An orga	anızatıon op	erated for the benefi	t of a college	or universit	y owned or o	perated by a	government	al unıt descr	ıbed ın
		sect ion	170(b)(1)(A)(iv). (Complete P	art II)						
6		A feder	al, state, or	local government or	government	al unit desc	rıbed ın secti	on 170(b)(1))(A)(v).		
7	<u>~</u>	describ	ed in	at normally receives A)(vi) (Complete P		l part of its	support from	a governmer	ntal unit or fr	om the gene	ral public
8	Γ			described in section		A)(vi) (Com	nplete Part II)			
9	Γ	An orga	anization tha	at normally receives	(1) more th	an 331/3% (of its support	from contrib	utions, mem	bership fees	, and gross
		receipt	s from activ	ities related to its ex	kempt function	ons—subject	t to certain ex	xceptions, ai	nd (2) no moi	re than 331/	3% of
		ıts sup	port from gr	oss investment inco	me and unrel	ated busine	ss taxable in	come (less s	ection 511 t	ax) from bus	sinesses
		acquire	d by the org	janization after June	30,1975 S	ee section 5	609(a)(2).(C	omplete Part	:III)		
10	Γ			ganized and operated							
11	Γ	one or the box	more publici	ganized and operated by supported organiz bes the type of supp b Type I	ations descri orting organi	ibed in secti i <u>za</u> tion and c	on 509(a)(1)	or section 5 s 11e throug	509(a)(2) Se h 11h	ee section 5 0	
e	Γ	other th		ox, I certify that the on managers and otl							
f		If the o		received a written de	etermination	from the IRS	S that it is a ⁻	Гуре I, Туре	II or Type I	II supportin	g organization,
g			ougust 17, 2 ng persons?	2006, has the organi	zation accep	oted any gift	or contribution	on from any o	of the		
				rectly or indirectly c				persons desc	cribed in (ii)		Yes No
				governing body of th		_	ition?			11g(
				er of a person descri						11g(
		(iii) a 3	5% control	led entity of a perso	n described i	ın (ı) or (ıı) a	bove?			11 g(i	ii)
h		Provide	the following	ng information about	the supporte	ed organızatı	ion(s)				
S	(i) Name uppor ganıza	of ted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support?
				macructions))	103	140		140	103	140	

Total

instructions

Support Schedule for Organizations Described in IRC 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 1 Gifts, grants, contributions, and membership fees received (Do not 16,200 160 767,647 784,007 include any "unusual grants ") 7 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 16,200 160 767,647 784,007 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 672,960 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public Support. Subtract line 5 from 111,047 line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 16,200 160 767,647 784,007 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets 11 Total support (Add lines 7 784,007 through 10) Gross receipts from related activities, etc. (See instructions.) 12 12 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, 13 check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) 14 14 Public Support Percentage for 2010 Schedule A, Part II, line 14 15 15 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2011. 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 stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV Supplemental Information. Supplemental Information. Complete this p required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Als additional information. (See instructions).	
Facts And Circumstances Test	
Explanation	
Facts And Circumstances Test	

Schedule A (Form 990 or 990-EZ) 2011

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Schedule I (Form 990)

Department of the Treasury

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990 OMB No 1545-0047

2011

DLN: 93493098008042

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization MIKEROWEWORKS FOUNDATION 26-4324338 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of (e) A mount of non-(b) EIN (c) IRC Code section (d) A mount of cash (f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable arant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal, other) (1) THE AED FOUNDATION 36-3784945 501(C)(3) 52,000 SCHOLARSHIP 600 HUNTER DRIVE SUITE GRANT 220 OAK BROOK, IL 60523 (2) SKILLSUSA 14001 23-7296966 501(C)(3) 20,000 SCHOLARSHIP SKILLSUSA WAY GRANT LEESBURG, VA 20176

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier Return Reference

Explanation

Schedule I (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493098008042

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization MIKEROWEWORKS FOUNDATION	Employer identifi	cation number
	26-4324338	

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	MARY SULLIVAN IS ENGAGED BY MR ROWES COMPANIES AS HIS PRESIDENT AND IN HOUSE COUNSEL AND IS PAID A CUSTOMARY SALARY BY MR ROWES COMPANIES FOR SUCH SERVICES, THERESE OSWALD IS ENGAGED BY MR ROWES COMPANIES AS VICE PRESIDENT AND IS PAID A CUSTOMARY SALARY BY MR ROWES COMPANIES FOR SUCH SERVICES, LAURA DIMAGGIO IS ENGAGED BY MR ROWE AS HIS ACCOUNTANT AND BUSINESS MANAGER AND IS PAID CUSTOMARY FEES BY MR ROWE FOR SUCH SERVICES
	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF FORM 990 WAS DISTRIBUTED TO THE GOVERNING BOARD FOR REVIEW PRIOR TO THE FILING OF THE RETURN
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIALS STATEMENTS AVAILABLE TO THE PUBLIC

Additional Data

Software ID:

Software Version:

EIN: 26-4324338

Name: MIKEROWEWORKS FOUNDATION

Form 990, Special Condition Description:

Special Condition Description

DLN: 93493318092043

Department of the Treasury

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)

OMB No 1545-0047

Open to Public

Internal	Revenue	e Service	► The organization may have t	to use a copy of this return to	satisfy	state repo	rting requiren	nents	Inspection
A Fo	r the	2012 cal	lendar year, or tax year beginning	01-01-2012 , 2012, and end	ding 12-	31-2012			
B Ch	eck ıf a	pplicable	C Name of organization MIKEROWEWORKS FOUNDATION				D Emplo	yer iden	tification number
☐ Add	dress ch	nange	Doing Business As				26-4	324338	
∏ Na	me cha	inge	Doing Business As						
┌ Init	ial retu	ım	Number and street (or P O box if m	ail is not delivered to street address)) Room/s	suite	F Teleph	one numb	ner
Г Теі	mınate	ed .	10960 WILSHIRE BLVD 5TH FLOOR						
┌ Am	ended	return	City or town, state or country, and Z	TIP + 4	<u> </u>		(310	277-4	657
Г Арі	olication	n pending	LOS ANGELES, CA 90024				G Gross	receipts \$	225 704
			F Name and address of prin	cipal officer		H(a) T		•	<u> </u>
			MICHAEL G ROWE				s this a group affiliates?	return	ΓYes Γ No
			10960 WILSHIRE BLVD 5TH LOS ANGELES, CA 90024	H FLOOR					
			LOS ANGLES, CA 30024						led?
—— I Та	x-exem	npt status	5	nsert no)	527	-	f "No," attach	nalist ((see instructions)
	abaita	- - MT	KEROWEWORKS COM			H(c)	Group exemp	tıon num	nber 🟲
						1,			
			Corporation Trust Association	n		L Year	of formation 20	008 M :	State of legal domicile CA
Pa	rt I	Sum	nmary						
			lescribe the organization's missio						TD4.DE6
		I HE FO	UNDATION WHICH MAKES CO	NIRIBUTIONS TO CHARITA	ABLE OF	RGANIZA	ITONS FOR S	KILLED	TRADES
<u>ခို</u>									
<u> </u>	:								
Activities & Governance	2	Check t	his box দ if the organization dis	scontinued its operations or d	ısposed	of more th	nan 25% of its	net ass	sets
ទី									
න් රේ			of voting members of the governi					3	4
ĕ			of independent voting members of		-	•		4	4
\$	I		ımber of ındıvıduals employed ın o					5	0
ã			ımber of volunteers (estimate if no	.,				6	0
	1		nrelated business revenue from Pa					7a	0
	Ь	Net unre	elated business taxable income fr	om Form 990-1, line 34 .	• •			7b	0
							Prior Year	- I	Current Year
a)	8		ibutions and grants (Part VIII, lir			•	767,		225,704
eu	9		am service revenue (Part VIII, lii					0	0
Ravenue	10		tment income (Part VIII, column			•		0	0
	11		revenue (Part VIII, column (A), revenue—add lines 8 through 11					0	0
	12		· · · · · · · · · · · · · · · ·			iie	767,	647	225,704
	13		s and similar amounts paid (Part				72,	000	354,000
	14	Benef	its paid to or for members (Part I	X, column (A), line 4)				0	0
	15	Saları	ies, other compensation, employe	e benefits (Part IX, column (A	A), lines			_	
Expenses		5-10						0	63,239
র্	16a	Profes	ssional fundraising fees (Part IX,	column (A), line 11e)		•		0	0
五	b		undraising expenses (Part IX, column (D)						
	17		expenses (Part IX, column (A), l					0	96,389
	18		expenses Add lines 13-17 (mus					000	513,628
	19	Rever	nue less expenses Subtract line :	18 from line 12			695,		-287,924
Net Assets or Fund Balances						Begi	nning of Curre Year	ent	End of Year
Set afait	20	Total	assets (Part X, line 16)		_		699,	967	549,789
d B	21		liabilities (Part X, line 26)					0	137,746
2 2 2 2 3	22		ssets or fund balances Subtract			·	699,	<u> </u>	412,043
	1111	_	nature Block				,		,
my k prepa	nowled arer ha	dge and as any k	perjury, I declare that I have exa belief, it is true, correct, and com nowledge *** ature of officer						
Sigr Her		'					Parc		
пег	C		RA DIMAGGIO SECRETARY e or print name and title						
		17	Print/Type preparer's name	Preparer's signature	T	Date	Check I If	PTIN	
Paid	4	<u> </u>	LAURA DIMAGGIO				self-employed	P00995	
	a pare		Firm's name Firm's name NIGRO KARLIN SEGAL 8	& FELDSTEIN LLP			Firm's EIN 🕨 9	5-363277	'5
	pare On		Firm's address 🕨 10960 WILSHIRE BL 5Th	1 FL			Phone no (310	0) 277-46	 57

LOS ANGELES, CA 90024 May the IRS discuss this return with the preparer shown above? (see instructions)

Use Only

√ Yes

√ No

(Code

(Expenses \$

4d

Part					_	Service		-						
		Check	ıf Sched	dule O	contains	a respons	e to a	ny ques	tion in t	his Pai	rt III	•	•	•
1	Briefly	/ descri	be the o	rganıza	atıon's m	ission								
HEM	IKER	O WE WO	RKS F	DUNDA	TION, A	CALIFO	RNIA	NONPR	OFIT P	UBLIC	BEN	EFIT	CC	R
OHM	DEDE	Y MIKE	ROWE	TO PR	OMOTE	FOSTER	Δ N D	SHPPC	RT CH	ΔΡΙΤΔ	BIF.	ΔИО	ΕD	17

) (Expenses \$

55,430

Other program services (Describe in Schedule O)

INFORMATION TECHNOLOGY SERVICE FOR STUDENTS TO PURSUE AN EDUCATION IN THE TREADES

THE MIKERO WEWORKS FOUNDATION, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION (THE "FOUNDATION"), WAS FOUNDED BY MIKE ROWE TO PROMOTE, FOSTER, AND SUPPORT CHARITABLE AND EDUCATIONAL ACTIVITIES AND ORGANIZATIONS FOR SKILLED TRADES THE SPECIFIC PURPOSE OF THE FOUNDATION IS PROVIDE FINANCIAL SUPPORT TO TRADE SCHOOLS AND TECHNICAL COLLEGES AND BOLSTER ENROLLMENT IN SUCH INSTITUTIONS THE FOUNDATION MAY ALSO CONDUCT SPECIAL EVENTS OR DEVELOP EDUCATIONAL MATERIALS IN WHICH SKILLED LABOR AND HARD WORK ARE CELEBRATED IN ORDER TO CALL ATTENTION TO THE HIGH DEMAND FOR SKILLED TRADESMEN AND BOLSTER ENROLLMENT IN TRADE SCHOOLS AND TECHNICAL COLLEGES

2		on undertake any significa) or 990-EZ?				┌ Yes ┌ No
	If "Yes," describe	these new services on Sc	hedule O			
3	services?	on cease conducting, or m · · · · · · · · · these changes on Schedu		_	ducts, any program · · · · · · · · · ·	┌ Yes ┌ No
4	expenses Section		organizations	s are required to report t	e largest program services, as the amount of grants and alloca	•
4a	(Code) (Expenses \$	54,000	ıncludıng grants of \$	54,000) (Revenue \$)
	SCHOLARSHIP GRAN	T TO THE AED FOUNDATION FO	R STUDENTS TO	PURSUE AN EDUCATION IN T	HE TRADES	
4b	(Code) (Expenses \$	50,000	ıncludıng grants of \$	50,000) (Revenue \$	
70	•	, , , ,	,	,	AREERS IN TRADE, TECHNICAL, AND	SKILLED SERVICE
4c	(Code) (Expenses \$	250,000	ıncludıng grants of \$	250,000) (Revenue \$)
					, , ,	•

55,430

including grants of \$

including grants of \$

) (Revenue \$

) (Revenue \$

)

art IV	Check	list of	Required	Schedules
4 11 7 7 7	CHECK	IISL UI	reuun eu	Scriedules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
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		No
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? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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	5		No
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 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
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, Part VI	11a		No
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		No
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	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X^{\bullet}	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
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		No
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	15		No
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	16		No
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)	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
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		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
		28a		N o
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Раг	Check of School of Contains a response to any question in this Bart V			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		No
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?	5a		Νo
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
-	2	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
_	zi res, maleate the names of other med daring the year.			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		Νo
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
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			
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h		

Form 990 (2012) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
_				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ue Cod	e.)
		evenu	ue Cod Yes	e.) No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 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 in Schedule O how this was done	10a 10b 11a 12a 12b 12c	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes	No No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 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 in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13	Yes	No No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 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 in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 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 in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No No

- 17 List the States with which a copy of this Form 990 is required to be filed ►CA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►NKSF LLP 10960 WILSHIRE BLVD 5TH FLOOR LOS ANGELES, CA (310) 277-4657

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h ar or/tr	checker Highest compensated	ess er	(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
(1) MICHAEL G ROWE	1 00	Х		х				0	0	0
CEO (2) MARY SULLIVAN PRESIDENT	1 00	х		х				0	0	0
(3) LAURA DIMAGGIO TREASURER AND SECRETARY	1 00	х		х				0	0	0
(4) THERESE M OSWALD VICE PRESIDENT	1 00	х		х				0	60,000	0
										Form 990 (2012)

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

	(A) Name and Title	(B) A verage		tion (heck		(D) Reportable		(E) Reportable	T	(F) Estima	
		hours per week (list any hours for related	and	n is	both ctor	an c	officer stee)		compensati from the organization 2/1099-MIS	(W-	compensation from related organizations (W- 2/1099-MISC)		mount of compens from t ganizati	atıon he
		organizations below dotted line)	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-M13		2/1099-M13C)		relate organiza	ed l
1b	Sub-Total			<u> </u>		<u> </u>		<u></u>						
c	Total from continuation sheet	s to Part VII, S	ection A	١.				Þ						
d	Total (add lines 1b and 1c) .							•		0	60,00	0		0
2	Total number of individuals (in \$100,000 of reportable compe	-					d abov	e) w	ho received mo	ore tha	n			
3	Did the organization list any fc	ormer officer du	ector o	r trus	tee	kev	emplo	vee	or highest cor	nnens	ated employee		Yes	No
	on line 1a? If "Yes," complete S	Schedule J for suc	ch indivi	dual	•	•		•		•		3		No
4	For any individual listed on line organization and related organ individual											4		No
5	Did any person listed on line 1 services rendered to the organ									ation o	r individual for	<u>.</u> 5		
			,					-/- /-				5		No_
1	ection B. Independent Co Complete this table for your five compensation from the organize	ve highest comp											ax vear	
		(A) lame and business	-					,,,			(B) ription of services		(C) Compen	
												+		

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 $\blacktriangleright 0$

Part V	****	Statement of Revenue Check if Schedule O contains a response to any question	ın thıs Part VIII .			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
क क	1a	Federated campaigns 1a				
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership dues 1b				
ا آياً. ا	С	Fundraising events 1c				
iiffs ar/	d	Related organizations 1d				
s, G mil	e	Government grants (contributions) 1e				
io Si	f	All other contributions, gifts, grants, and 1f 225,704				
but		similar amounts not included above Noncash contributions included in lines				
n tri	g	1a-1f \$				
G a a	h	Total. Add lines 1a-1f	225,704			
<u>e</u>		Business Code				
æп.	2a					
듄	ь					
МСе	C .					
Ş.	d					
Program Service Revenue	e f	All other program service revenue				
<u>~</u>	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	_	(I) Real (II) Personal				
	6a b	Gross rents Less rental				
	-	expenses Rental income				
	С	or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount				
		from sales of assets other				
	ь	than inventory Less cost or				
		other basis and sales expenses				
	С	Gain or (loss)				
	d o-	Net gain or (loss)				
æne æ	8a	Gross income from fundraising events (not including \$				
Other Revenue		of contributions reported on line 1c) See Part IV, line 18 a				
the	ь	Less direct expenses b				
0	c	Net income or (loss) from fundraising events 🛌				
	9a	Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses b				
	С	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances .				
	b	Less cost of goods sold b				
		Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a					
	b					
	c d	All other revenue				
	e e	Total. Add lines 11a-11d				
	12	Tatal manager Car Instructions				
	**	iotal revenue. See Instructions	225,704	0	0	0

	990 (2012) LIX Statement of Functional Expenses				Page 1
	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All	other organizat	ıons must com	olete column (A)	
	Check if Schedule O contains a response to any question in this Pa				
Do no	ot include amounts reported on lines 6b,	(A)	(B)	(c)	(D)
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21		Схрепзез	general expenses	СХРСПЭСЗ
2	Grants and other assistance to individuals in the	354,000	354,000		
	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	60,000		60,000	
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	3,239		3,239	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
L1	Fees for services (non-employees)				
а	Management				
b	Legal	11,522		11,522	
c	Accounting	3,708		3,708	
d	Lobbying	3,,00		3,700	
e	Professional fundraising services See Part IV, line 17				
_					
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,760		2,760	
L2	Advertising and promotion				
L3	Office expenses	9,225		9,225	
L4	Information technology	55,430	55,430		
L 5	Royalties				
L 6	Occupancy	7,597		7,597	
L7	Travel	2,257		2,257	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2,237		2,257	
19	Conferences, conventions, and meetings				
20	Interest				
20	Payments to affiliates				
22					
	Depreciation, depletion, and amortization	2.000		2.000	
23	Insurance	2,000		2,000	
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)				
а	TELEPHONE	1,890		1,890	
ь					
c					
d					
	All other expenses	<u> </u>	1		
25	Total functional expenses. Add lines 1 through 24e	513,628	409,430	104,198	
26 26	Joint costs. Complete this line only if the organization	313,028	409,430	104,198	
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	699.967	1	442,444
	2	Savings and temporary cash investments	333,531	2	,
	3	Pledges and grants receivable, net		3	107,345
				4	107,343
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
its	6	Loans and other 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) Complete Part II of Schedule L		6	
Assets	7	Notes and leans reservable not		7	
₹	8	Notes and loans receivable, net		8	
		Inventories for sale or use			
	9 10a	Prepaid expenses and deferred charges		9	
	ь	VI of Schedule D Less accumulated depreciation		10c	
	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	200 007	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	699,967	16	549,789
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
8	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
gej		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	0	25	137,746
	26	Total liabilities. Add lines 17 through 25	0	26	137,746
y.		Organizations that follow SFAS 117 (ASC 958), check here ▶ ┌ and complete			
ည		lines 27 through 29, and lines 33 and 34.			
<u> </u>	27	Unrestricted net assets		27	
æ	28	Temporarily restricted net assets		28	
Ξ	29	Permanently restricted net assets		29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	0	30	0
Assets	31	Paid-in or capital surplus, or land, building or equipment fund	0	31	0
Ą	32	Retained earnings, endowment, accumulated income, or other funds	699,967	32	412,043
Met	33	Total net assets or fund balances	699,967	33	412,043
Z	34	Total liabilities and net assets/fund balances	699,967	34	549,789

	330 (2012)				aye 12
Par	Reconcilliation of Net Assets Check If Schedule O contains a response to any question in this Part XI				<u> . </u>
1	Total revenue (must equal Part VIII, column (A), line 12)			_	25.704
2	Total expenses (must equal Part IX, column (A), line 25)	1			225,704
3	Revenue less expenses Subtract line 2 from line 1	2		5	313,628
		3		- 2	287,924
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		ϵ	99,967
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			112,043
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ┌
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

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As Filed Data -

DLN: 93493318092043

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Total

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.

Inspection

				instructions))	Yes	No	Yes	No	Yes	No			
SL	ıppoı	ne of rted ation	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see	(iv) Is to organizati col (i) listo your gove docume	on in ted in rning	(v) Did you the organi in col (i) o suppor	zation f your	(vi) Is to organizate col (i) organizate col (i) organizate un the U	on in anized		mone	nount of etary port
h		Provide	e the followin	ng information about	the supporte	ed organizat	tion(s)						
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?				11g(iii)	
		(ii) A f	amıly memb	er of a person descri	bed in (i) abo	ove?					11g(ii)	_	
				governing body of th	•		=	-	. ,		11g(i)		
				rectly or indirectly o	ontrols, eith	er alone or	together with	persons de	escribed in (ii)			Yes	No
g			August 17, 2 ng persons?	2006, has the organi	zation accep	ted any gif	or contributi	on from an	y of the				
		check	this box								. 3		Ľ
f			n 509(a)(2) rganization	received a written de	etermination	from the IF	S that it is a	Type I, Tv	pe II, or Type	III sur	portina	organi	zatıon.
е	Γ	other t	han foundatı	ox, I certify that the on managers and otl									
		the box	that descri	ly supported organiz bes the type of supp b Type II c	orting organ Type II	ızatıon and I - Functıor	complete line nally integrate	s 11e thro	ugh 11h Type III - No	n-func	tionally	ıntegra	ated
11	<u></u>	An orga	anızatıon orç	ganızed and operated	d exclusively	for the ben	efit of, to perf	orm the fur	nctions of, or t				
10	Г			ganized and operated									
		•	_	ganization after June				•		cax) IIO	ıllı buslı	162262	
				ities related to its ex oss investment inco	•	-		• •	• •				
9	ı	=		at normally receives			* *		•	-		_	SS
8 9	_		-	described in section			-	-	hutions ma	horob	foos -	nd a== =	
	,· 	describ	ed in sectio	n 170(b)(1)(A)(vi).	(Complete P	art II)		_	ionical allic of H	JIII CITE	. genera	. public	•
6 7	 -		•	local government or at normally receives	_					om the	nenera	Lnublic	
_	_			A)(iv). (Complete P	•	al unit doc	eribadin sasat i	an 170(h)((1)(4)()				
5	I	_	•	erated for the benefi	_	or universi	ty owned or o	perated by	a government	ai unit	aescrib	ea in	
_	_			ty, and state	+ -6II						d l-		_
4	\sqcap	A medi	cal research	n organization operat	ted ın conjun	ction with a	hospital des	cribed in s e	ection 170(b)(1)(A)(iii). Ent	er the	
3	\Box	A hosp	ıtal or a coo	perative hospital se	rvice organiz	ation desci	ıbed ın sectio	n 170(b)(1	.)(A)(iii).				
2	\Box	A scho	ol described	in section 170(b)(1	.)(A)(ii). (At	tach Sched	ule E)						
1	$\overline{\Box}$	A chur	ch, conventi	on of churches, or as	ssociation of	churches o	lescribed in s e	ection 170	(b)(1)(A)(i).				
				e foundation becaus						10 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1			
Par	ŧΤ	Reas	on for Pu	blic Charity Sta	tus (All ord	anization	s must comi	olete this			ions.		
41KERC)WEW	ORKS FOL	INDALION						26-43243	138			

instructions

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 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 16,200 160 767,647 118,359 902,366 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 16,200 160 767,647 118,359 902,366 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 747,812 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from 154,554 line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 16,200 160 767,647 118,359 902,366 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 902,366 through 10) Gross receipts from related activities, etc (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage for 2011 Schedule A, Part II, line 14 15 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. 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 stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test – 2012. 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 **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

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DLN: 93493318092043

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

► 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

Supplemental Financial Statements

Open to Public

terna	Revenue Service	m 990. ► See separate instructions.		Inspection
	me of the organization KEROWEWORKS FOUNDATION		Emp	loyer identification number
			_	4324338
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990		unds	or Accounts. Complete if the
		(a) Donor advised funds		(b) Funds and other accounts
L	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
ŀ	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		ıor advı	sed Yes No
5	Did the organization inform all grantees, donors, and doused only for charitable purposes and not for the benef			
_	conferring impermissible private benefit?	Alexander and the second live all the		<u> </u>
	rt II Conservation Easements. Complete if	•	o Forn	n 990, Part IV, line 7.
•	Purpose(s) of conservation easements held by the org		hiotor	cally important land area
	Preservation of land for public use (e g , recreation Protection of natural habitat			d historic structure
	Preservation of open space	i reservation or a	ccitiiic	a matoric structure
	·			
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in t	he forn	n of a conservation
	casement on the last day of the tax year			Held at the End of the Year
а	Total number of conservation easements		2a	Hola at the Elia of the Fall
 b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c	
d	Number of conservation easements included in (c) acq historic structure listed in the National Register	` '	2d	
}	Number of conservation easements modified, transferr	red released extinguished or terminate	d by th	ne organization during
	the tax year -	ea, released, extinguished, or terminate	. a b , c	ac organization during
ļ	Number of states where property subject to conservati	on easement is located ►		
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	dlıng of	violations, and Yes No
•	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	ments o	luring the year
	A mount of expenses incurred in monitoring, inspecting	and enforcing conservation easement	e durin	the year
•	►\$, and emoreing conservation easement	s during	g the year
3	Does each conservation easement reported on line 2(of and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 17	70(h)(4)(B)(ı)
•	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the			nse statement, and
	the organization's accounting for conservation easeme		, state,	ments that describes
aı	t IIII Organizations Maintaining Collection Complete if the organization answered "Y		or Otl	her Similar Assets.
.a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or rese	arch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	ts held for public exhibition, education,		
	(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, histor following amounts required to be reported under SFAS			
а	Revenues included in Form 990, Part VIII, line 1	. , , -		▶ \$
	Revenues included in Form 550, Fall VIII, lille I			F 4

b Assets included in Form 990, Part X

Part	111 Organizations Maintaining Co	<u>llections of Art</u>	<u>:, His</u>	stori	<u>cal Tı</u>	<u>easur</u>	<u>es, or O</u>	<u>ther</u>	Similar As	ssets (c	ontinued)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other recor	ds, cl	heck	any of	the follo	wing that a	ire a s	significant us	e of its	
а	Public exhibition		d	Γ	Loan	or excha	ange progr	ams			
b	Scholarly research		e	Г	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ıın hov	w the	y furthe	er the or	ganızatıon	's exe	empt purpose	ın	
5	During the year, did the organization solicit o	or receive donations	s of ar	rt, his	torical	treasure	es or othei	rsımı	lar		
	assets to be sold to raise funds rather than t		•							│ Yes	┌ No
Par	Part IV, line 9, or reported an an						answere	d "Ye	es" to Form	990, 	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					itions or	other ass	ets n	ot	┌ Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XII	I and complete the	follo	wing	table		_				
								_	Aı	mount	
с	Beginning balance							1c			
d	Additions during the year						<u> </u>	1d			
е	Distributions during the year						F	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?	•						☐ Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has	been pro	vided in P	art X	III		Γ
Pa	tt V Endowment Funds. Complete										
1_	Degraping of week belongs	(a)Current year	(Ь)Prior	year	b (c) Two	o years back	(d)T	hree years back	(e) Four y	ears back
1a 	Beginning of year balance							<u> </u>			
b	Contributions							 		 	
С	Net investment earnings, gains, and losses							<u> </u>			
d	Grants or scholarships										
е	Other expenditures for facilities										
f	and programs										
g g	End of year balance							 			
_	Provide the estimated percentage of the curr	cont year and halan	co (lur	20.10	colum	n (a)) ho	old ac	<u> </u>			
2	Board designated or guasi-endowment	ent year end baran	ce (iii	ic ry	, coluii	iii (a)) iie	iu as				
a	•										
b	Permanent endowment ►										
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	atıon	that	are hel	d and ad	ministered	l for t	he	Yes	No
	(i) unrelated organizations								3a	(i) res	140
	(ii) related organizations									(ii)	
b	If "Yes" to 3a(II), are the related organization								3	ВЬ	
4	Describe in Part XIII the intended uses of th	ie organization's en	dowm	nent f	unds						
Par	t VI Land, Buildings, and Equipme	nt. See Form 99	0, Pa				14-26	1	(-) A		Dan Incombra
	Description of property				a) Cost (asis (inve	estment)	(b) Cost or basis (oth		(c) Accumula depreciatioi		Book value
1a	Land										
b	Buildings		•								
С	Leasehold improvements										
d	Equipment										
	Other										
Tota	l. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part .	X, colι	ımn (B), line	10(c).)					0

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value	(c) Method of valu	
(including name of security)		Cost or end-of-year m	arket value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		12	
Part VIII Investments—Program Related. Sec (a) Description of investment type	(b) Book value	(c) Method of value	lation
(a) Description of investment type	(b) book value	Cost or end-of-year m	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III		(1)	Book value
(a) Descrip	JUIOII	(b)	Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	5.)		
Part X Other Liabilities. See Form 990, Part >			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
NOTES RECEIVABLE	137,746		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	137,746		

	Reconciliation of Revenue per Audited Financial Statements With Revenue p		COLLII	
L	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments 2a			
b	Donated services and use of facilities			
c	Recoveries of prior year grants			
d	Other (Describe in Part XIII)			
e	Add lines 2a through 2d	2e		
	Subtract line 2e from line 1	3		
	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a			
b	Other (Describe in Part XIII)			
С	Add lines 4a and 4b	4c		
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		
art	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return	
			ite carri	
	Total expenses and losses per audited financial statements	1	TO CUITI	
	Total expenses and losses per audited financial statements			
a	Total expenses and losses per audited financial statements			
a 5	Total expenses and losses per audited financial statements			
a o	Total expenses and losses per audited financial statements			
1 2 1	Total expenses and losses per audited financial statements			
a b c d	Total expenses and losses per audited financial statements	1		
a b c d	Total expenses and losses per audited financial statements	2e		
a b c d	Total expenses and losses per audited financial statements	2e		
a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2e		
a c d e a b	Total expenses and losses per audited financial statements	2e		
a b c d e a b	Total expenses and losses per audited financial statements	2e 3		

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier Return Reference Explanation

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Schedule I

(Form 990)

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

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

OMB No 1545-0047

DLN: 93493318092043

Department of the Treasury **Inspection** Internal Revenue Service Name of the organization Employer identification number MIKEROWEWORKS FOUNDATION 26-4324338 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ☐ Yes ✓ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of (b) EIN (c) IRC Code section (d) Amount of cash (e) Amount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance grant cash or government assistance (book, FMV, appraisal, other) (1) THE AED FOUNDATION 36-3784945 501(C)(3) 54,000 SCHOLARSHIP 600 HUNTER DRIVE SUITE GRANT 220 OAK BROOK, IL 60523 (2) SKILLSUSA 23-7296966 501(C)(3) 50,000 SCHOLARSHIP 14001 SKILLSUSA WAY GRANT LEESBURG, VA 20176 SCHOLARSHIP (3) SCHOLARSHIP 04-2296967 501(C)(3) 250,000 AMERICA INC GRANT 1550 AMERICAN BLVD **SUITE 155** MINNEAPOLIS, MN 55425 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
	I	I	I	I	I
t IV Supplemental Inform	 nation.			I	<u> </u>

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier Return Reference Explanation

Schedule I (Form 990) 2012

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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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization	
MIKEROWEWORKS FOUNDATION	

Employer identification number

26-4324338

Identifier	Return Reference	Explanation		
	FORM 990, PART VI, SECTION A, LINE 2	MARY SULLIVAN IS ENGAGED BY MR ROWES COMPANIES AS HIS PRESIDENT AND IN HOUSE COUNSEL AND IS PAID A CUSTOMARY SALARY BY MR ROWES COMPANIES FOR SUCH SERVICES, THERESE OSWALD IS ENGAGED BY MR ROWES COMPANIES AS VICE PRESIDENT AND IS PAID A CUSTOMARY SALARY BY MR ROWES COMPANIES FOR SUCH SERVICES, LAURA DIMAGGIO IS ENGAGED BY MR ROWE AS HIS ACCOUNTANT AND BUSINESS MANAGER AND IS PAID CUSTOMARY FEES BY MR ROWE FOR SUCH SERVICES		
	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF FORM 990 WAS DISTRIBUTED TO THE GOVERNING BOARD FOR REVIEW PRIOR TO THE FILING OF THE RETURN		
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIALS STATEMENTS AVAILABLE TO THE PUBLIC		