

Short Form

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)

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

2011

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury

inter	nai Rev	renue Service Ine organization may have to use a copy of this return to satisfy state reporting requirements.	•
Α	For t	he 2011 calendar year, or tax year beginning Jul 1 , 2011, and ending Jun 30	, 2012
В	Check	Traine of organization	Employer identification number
H			45-2756401
X	Name Initial		Telephone number
	Termin	IPO BOX 282	(207) 745-7380
		City or town, state or country, and ZIP + 4	Group Exemption
П	Applica	ation pending CARMEL ME 04419	Number
			X if the organization is not
I	Webs	27,72	attach Schedule B (Form EZ, or 990-PF).
		xempt status (ck only one) — X 501(c)(3) 501(c) () (insert no.) 494/(a)(1) or 52/	
K	Chec	k X if the organization is not a section 509(a)(3) supporting organization or a section 527 organization	and its gross receipts are
	instru	ally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postouctions). But if the organization chooses to file a return, be sure to file a complete return.	
L	Add I	lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ts (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶\$ 0.
Pa	ırt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc	
		Check if the organization used Schedule O to respond to any question in this Part I	
	1	Contributions, gifts, grants, and similar amounts received	
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	
	4	Investment income	. 4
	5a	Gross amount from sale of assets other than inventory 5a	_
		Less: cost or other basis and sales expenses	
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c
	6	Gaming and fundraising events	
E	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a	_
REVEZU	b	Gross income from fundraising events (not including \$ of contributions	
NUE		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
	С	Less: direct expenses from gaming and fundraising events	_
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	. 6d
	7a	Gross sales of inventory, less returns and allowances	
	b	Less: cost of goods sold	
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7с
	8	Other revenue (describe in Schedule O)	. 8
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 0.
	10	Grants and similar amounts paid (list in Schedule O)	. 10
	11	Benefits paid to or for members	
E	12	Salaries, other compensation, and employee benefits	. 12
P	13	Professional fees and other payments to independent contractors	. 13 465.
N	14	Occupancy, rent, utilities, and maintenance	
EXPENSES	15	Printing, publications, postage, and shipping	. 15
•	16	Other expenses (describe in Schedule O)	
_	17	Total expenses. Add lines 10 through 16	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18 -1,020.
N S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	
N S E E T		figure reported on prior year's return)	19 0.
T S		Other changes in net assets or fund balances (explain in Schedule O)	20
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	
BA	A For	r Paperwork Reduction Act Notice, see the separate instructions.	Form 990-EZ (2011)

Par	t II Balance Sheets. (see the ins Check if the organization used Sche	tructions for Part II.)	ection in this Part II			
-	Check if the organization used Sche	dule O to respond to any que		A) Beginning of year		(B) End of year
22	Cash, savings, and investments				22	120
23	Land and buildings			0.		0
24	Other assets (describe in Schedule O)				. 24	0
25	Total assets			0.	. 25	120
26	Total liabilities (describe in Schedule O)	Se.e. L-26. St	mt	0 .		1,140
	Net assets or fund balances (line 27 of c	column (B) must agree with	line 21)	0	. 27	-1,020
Par					(D	Expenses
What Desc meas bene	Check if the organization used School is the organization's primary exempt purpose? TO ribe the organization's program service accurred by expenses. In a clear and concise fited, and other relevant information for each	PROMOTE MARTIAL AR' complishments for each of it manner, describe the service ach program title.	IS EDUCATION IN Or ts three largest program ses provided, the number	UR COMMUNITY services, as of persons	501(d organ 4947(uired for section)(3) and 501(c)(4) it actions and section (a)(1) trusts; optional hers.)
28	INITIAL STARTUP EXPENSES TO PREPARE THE ORGANIZAT	ION FOR REGULAR O	PERATIONS.			
	(Grants \$ 0.) If the	is amount includes foreign g	rants, check here		28 a	0
29	(Grants \$) If th		rants, check here		29 a	
		is amount includes foreign g	rants, check here		30 a	
•		is amount includes foreign g			31 a	
32	Total program service expenses (add lin				32	0
Par	t IV List of Officers, Directors,	Trustees, and Key Em	ployees. List each one ev	en if not compensated. (see the	instructions for Part IV.)_
	Check if the organization used Sci	hedule O to respond to any o				
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to empl benefit plans, and deferred compensat	oyee	(e) Estimated amount of other compensation
PO CAF	WN HILL BOX 282 MEL ME 04419	CHAIR 5.00	0.		0.	0
119 DEL	IN E HAFFORD MILL ROAD HAM ME 04429	BOARD MEMBER	0.		0.	0
28 HAM		BOARD MEMBER	0.		0.	0
5 A	AN J BEAN	BOARD MEMBER	0.		0.	0
						-

***************************************	TWO DE CENTY INTERIOR TO SELECT THE COLUMN TO SELECT THE COLUMN TH			ago o
Par	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	Yes	No X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
ŀ	of Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a 0. Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a	Х	
t	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved	_		
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
Ŀ	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ►; section 4912 ►; section 4955 ►			
t	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Х
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	100		11 =
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax			
	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed ►	40 e		X
	The organization's books are in care of ► SHAWN HILL Telephone no. ► (207) Located at ► PO BOX 282 CARMEL ME ZIP + 4 ► 04419 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		-738 Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:	42c		Х
44 a	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	44a 44b 44c 44d 45a	Yes	X X X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)			
	Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b	- EZ (X 2011)

									,	Yes	No
46	Did th	e organization	engage, directly or indirec	tly, in political campaig	n activities o	on behalf of	or in opposition to				
		dates for public	office? If 'Yes,' complete	Schedule C, Part I	(a)(1) non	overet e	havitable tweets on		46		X
Part	VI	501(c)(3)	1(c)(3) organizations organizations and sec d 52, and complete th	tion 4947(a)(1) no	nexempt (charitable	trusts must answe	r que	stions	5	
		Check if the o	organization used Schedule	O to respond to any g	uestion in th	nis Part VI					
		0.1001(11.010)	y garnization decar content	, ,						- 1	No
47	Did th	ne organization	engage in lobbying activiti	es or have a section 50	1(h) election	n in effect du	iring the tax year? If 'Ye	es,'	47		Х
			school as described in se						48		X
		_	make any transfers to an						49 a		X
			ted organization a section						49 b		
50	Comp	lete this table t	for the organization's five hereceived more than \$100	nighest compensated er	nplovees (of	ther than offi	cers, directors, trustees	s and k	еу		
	((a) Name and addre paid more th	ss of each employee an \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable (Forms W-2	e compensation 2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		stimated er compe		
NON	<u> </u>										
					-						
					-						

			er employees paid over \$10								
51	Comp	lete this table tensation from t	for the organization's five he the organization. If there is	nighest compensated in none, enter 'None.'	dependent o	contractors w	ho each received more	than \$	100,00	0 of	
			f each independent contractor paid			(b) Type	of service	(c) Comper	sation	
NONI	7										
NOM					-						
											_
	_			The state of the s							
					-						
Α.	Total	number of othe	er independent contractors	each receiving over \$1	00 000		•	0			
			complete Schedule A? No								
	charit	able trusts mus	st attach a completed Sche	edule A					Yes		No
Under p	enalties	s of perjury, I declar nd complete. Declar	re that I have examined this return, ration of preparer (other than office	including accompanying sche r) is based on all information of	dules and stater of which prepare	ments, and to the er has any knowl	e best of my knowledge and be ledge.	elief, it is			
Sign Here		Signature of o	officer				Date				
Here		SHAWN	The state of the s				TREASURER				
		Print/Type prepare	name and title.	Preparer's signature		Date	P	TIN			
Del-I				G. ADAMS CPA M	MRΔ	01/08/1	Check [] II	0144	7362		
Paid Prepa	rer	G. ADAMS Firm's name	MAINE FAMILY BU				.3 self-employed E	0144	7502		
Use 0		Firm's name Firm's address	216 HIGH ST 121	DIMIDO & PARM	SHIVATOR	0 10	Firm's EIN	45-3	2092	99	
	•	, IIII J uuul 633	ELLSWORTH		ME	04605-1			51-9		
May th	ne IRS	3 discuss this r	eturn with the preparer sho	own above? See instruc					Yes		lo
								For	m 990 -	EZ (2	011

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service 4947(a)(1) nonexempt charitable trust.

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

Employer identification number Name of the organization MARTIAL YOU 45-2756401 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 X from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III - Other Type II c | Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 q (iii) Provide the following information about the supported organization(s) h (iv) Is the organization in column (i) listed in (v) Did you notify the organization in column (i) of (iii) Type of organization (vi) Is the organization in (i) Name of supported (ii) EIN (vii) Amount of support organization described on lines 1-9 above or IRC section column (i) your governing document? (see instructions)) your support? organized in the U.S. Yes No Yes No No Yes (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990 or 990-EZ) 2011

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
	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						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activi	ties, etc (see ins	tructions)			12	
	First five years. If the Form 990 i organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶□
	tion C. Computation of Pul						
	Public support percentage for 20 Public support percentage from 2						%
	a 33-1/3% support test — 2011. If the and stop here. The organization of	ne organization d	id not check the b	ox on line 13, and	the line 14 is 33-	1/3% or more, che	ck this box
ŀ	33-1/3% support test — 2010. If the and stop here. The organization of	ne organization d	id not check a box	on line 13 or 16a	, and line 15 is 33	-1/3% or more, ch	eck this box
17 a	a 10%-facts-and-circumstances te or more, and if the organization r the organization meets the 'facts-	st - 2011. If the neets the 'facts-a	organization did nond-circumstances	ot check a box on ' test, check this b	line 13, 16a, or 16 ox and stop here.	5b, and line 14 is 1 Explain in Part IV	0% how
t	o 10%-facts-and-circumstances te or more, and if the organization or organization meets the 'facts-and	neets the 'facts-a	nd-circumstances	test, check this b	ox and stop here.	Explain in Part IV	how the
	Private foundation. If the organiz	ation did not che	ck a box on line 13	3, 16a, 16b, 17a, d			
BAA					Sc	hedule A (Form 99	0 or 990-EZ) 2011

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.)

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	0.	0.	0.	0.	0.	0.
	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,				
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 furnished by a governmental unit to the organization without charge	Ī					
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
С	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line						
Sec	7c from line 6.)tion B. Total Support		A CONTRACTOR OF THE PARTY OF TH	1			0.
	dar year (or fiscal yr beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	0.	0.	0.	0.	0.	0.
10 a	Gross income from interest, 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	0.	0.	0.	0.	0.	0.
С	Add lines 10a and 10b Net income from unrelated 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 Ins 9, 10c, 11, and 12.)	0.	0.	0.	0.	0.	0.
	First five years. If the Form 990 i	s for the organizati	ion's first, second	, third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sect	organization, check this box and a tion C. Computation of Pul						Δ
	Public support percentage for 201			13 column (ft)			9
	Public support percentage for 201						90
	tion D. Computation of Inv						0
	Investment income percentage fo			hy line 13 column	n (fl)	17	96
	Investment income percentage for			-			9
	33-1/3% support tests – 2011. If						
	is not more than 33-1/3%, check 33-1/3% support tests – 2010. If	this box and stop l the organization di	here. The organization in the contract the c	ation qualifies as con line 14 or line	a publicly support e 19a, and line 16	ed organization is more than 33-1	
20	line 18 is not more than 33-1/3%, Private foundation. If the organiz		-	-	_		

Schedule A	(Form 990 or 990-E	Z) 2011 MAR1	TAL YOU			45-275	6401	Page 4
Part IV	Supplemental I Part II, line 17a (See instructior	nformation. Coor 17b; and P	omplete this part III, line 12	part to provide 2. Also comple	e the explanation the thick this part for	ons required by any additional i	Part II, line 10 nformation.);
								·
								- -

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered
 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 45-2756401 MARTIAL YOU Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? (b) Description of transaction 1 (a) Name of disqualified person Yes No (1) (2)(3)(4)(5)(6)Enter the amount of tax imposed on the organization managers or disqualified persons during the year under **▶** \$ section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a. (b) Loan to or from (c) Original (d) Balance due (e) In default? (f) Approved (g) Written (a) Name of interested person and purpose principal amount the organization? by board or committee? agreement? То Yes Yes No X 1,140. 1,140. X X X (1) SHAWN HILL STARTUP LOAN (2)(3)(4)(5)(6)(7)(8) (9)(10)1,140 Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (b) Relationship between interested person and (c) Amount and type of assistance (a) Name of interested person the organization (1) (2) (3)(4)(5)(6)(7)(8) (9) (10)

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

Schedule L (Form 990 or 990-EZ) 2011

Part IV	Business Transactions Invo Complete if the organization answer	olving Interested Person	ons. V line 28a 28h or 28c			
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	zation's
					Yes	No
(1)						
(2)						
(3)						
(4)						
(5) (6)						
(7)						
(8)						
(9)						
(10)						
Part V	Supplemental Information					
	Complete this part to provide addition	al information for responses	to questions on Sched	ule L (see instructions).		
						. – – .
						- - -

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public Inspection

Employer identification number

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

► Attach to Form 990 or 990-EZ.

MARTIAL YOU	45-2756401

Schedule O (Form 990 or 990-EZ),	Supplemental	Information to	Form 990 or 990-EZ
Form 990-F7 Part I Line 16 Other	Expenses		

Other expenses (describe in Schedule O)	
LICENSES & REGISTRATIONS	255.
IRS USER FEE	300.
Total	555

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
DUE TO OFFICER	0.	1,140.
Total	0.	1,140.