Form 990-EZ

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning

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)

(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

, 2011, and ending

at the end of the year may use this form.

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

OMB No. 1545-1150

2011

Open to Public Inspection

, 20

В	Check if a	pplicable: C Name of organization	D Employer identification number			
	Address	change K2BSA AMATEUR RADIO ASSOCIATION		7	5-2182608	
	Name ch	ange Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telep	hone n	umber	
1	Initial retu	2605 Valleywood Drive	46-713-7301			
	Terminate	City or town, state or country, and ZIP + 4	E Grou		mption	
	Amended	d return		nber	•	
_						
		\$75.000 Miles			f the organization is not	
	Websit				ach Schedule B	
					D-EZ, or 990-PF).	
K	Check •					
		re than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may	be req	uired (see instructions). But if	
		anization chooses to file a return, be sure to file a complete return.				
		s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets				
_		column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$		
	Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in				
		Check if the organization used Schedule O to respond to any question in this Part I			🗸	
	1	Contributions, gifts, grants, and similar amounts received		1	789.86	
	2	Program service revenue including government fees and contracts	[2	0	
	3	Membership dues and assessments	1	3	0	
	4	Investment income	1	4	0	
	5a	Gross amount from sale of assets other than inventory 5a	0	18181		
	b	Less: cost or other basis and sales expenses	0			
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0	
	6	Gaming and fundraising events		NA I		
	а	Gross income from gaming (attach Schedule G if greater than				
<u>a</u>		\$15,000)				
Revenue	b	Gross income from fundraising events (not including \$ of contributions				
ě	, D		·			
ď	:	from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b				
	C	Less: direct expenses from gaming and fundraising events 6c				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	ract	2000		
		line 6c)		6d	0	
	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)		7c	0	
	8	Other revenue (describe in Schedule O)		8	0	
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	789.86	
	10	Grants and similar amounts paid (list in Schedule O)		10	0	
	11	Benefits paid to or for members]	11	0	
es	12	Salaries, other compensation, and employee benefits	[12	0	
Š	13	Professional fees and other payments to independent contractors	[13	200.00	
Expenses	14	Occupancy, rent, utilities, and maintenance		14	0	
Ж	15	Printing, publications, postage, and shipping		15	109.86	
	16	Other expenses (describe in Schedule O)		16	400.00	
	17	Total expenses. Add lines 10 through 16		17	709.86	
-	40	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	80.00	
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree		To publi	23.00	
SS		end-of-year figure reported on prior year's return)		19	0	
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	1	20	0	
Ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	80.00	
	-	THUL GOOGLO OF TURBU DOIGHTOGO OF CHILD OF VCOL. CONTIDENCE HINCO TO HINCOLOUT AND A CONTINENCE OF THE		6.1	00.00	

Pa	rt II Balance Sheets. (see the instruc					
	Check if the organization used Sch	edule O to respond to a	any question in this			[
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments				22	80.0
23	Land and buildings				23	
24	Other assets (describe in Schedule O) .				24	_
25	Total assets				25	80.0
26	Total liabilities (describe in Schedule O)			10.17	26	
27	Net assets or fund balances (line 27 of c				27	80.0
Par	t III Statement of Program Service Ac	- '		,		Expenses
	Check if the organization used Sch					quired for section
Wha	t is the organization's primary exempt purpos	e? Advance and Prom	ote Amateur Radio a	nd Scouting		(c)(3) and 501(c)(4) anizations and sectior
as n	cribe the organization's program service acc neasured by expenses. In a clear and cond ons benefited, and other relevant information	ise manner, describe th	of its three largest per services provide	orogram services, d, the number of	494	7(a)(1) trusts; optiona others.)
28	Support to Radio Scouting Events: providing of	call sign use and supporting	ng information on the	e website.		
	Expenses shown here are for operating the we	bsite, plus volunteer time	·			
	(Grants \$ 0) If this an	nount includes foreign gr	ants, check here .	▶ 🗆	28a	101.40
29	Support to Jamboree on the Air: providing cal					
		·YY-				
	(Grants \$ 0) If this an	nount includes foreign gra	ants, check here .	> 🗆	29a	1
30	Station Operation at the National Scout Jambo	0 0				
	operations plans and to staff the operation. Ne					
	operations plans with volunteer time and expe	rtise.				
	(Grants \$ 0) If this an	nount includes foreign gr	ants, check here .	•	30a	1 (
31	Other program services (describe in Schedul					
		nount includes foreign gra			31a	1
32	Total program service expenses (add lines	28a through 31a)		🕨	32	101.40
Par	The state of the s				nstru	ctions for Part IV.
	Check if the organization used Scho					-
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-	(d) Health benefits, contributions to employ benefit plans, and	(Estimated amount o
Jame	es B Wilson Jr	President,				
2605	Valleywood Drive, Grapevine, TX 76051	Treasurer, 6+	1	0	0	
Bob	Wiemers	VP, Secretary, 3+				
3883	Turtle Creek Blvd, 600, Dallas, TX 75219		-3)	0	0	
Eric	Wolf	Director				
407 \	W Apple Tree Lane, Rockwall, TX 75087		-9	0	0	
Gran	t Laughlin	Director				
4137	Greenbriar, Dallas, TX 75225			0	0	
Fran	k Krizan	Immediate Past				
1005	Talley Road, Garland, TX 75044	President	1	D	0	(
					18	
3807,750						
			L	1		

Part				_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	NO ✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		·
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)?	35a		_/
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b		
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		Mari	
b 38a	Did the organization file Form 1120-POL for this year?	37b		1
b 39 a	If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		1
b 40a	Gross receipts, included on line 9, for public use of club facilities	-		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶			
42a		46-713		
	Located at ► 2605 Valleywood Drive, Grapevine, TX ZIP + 4 ►	76051		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	.)	Na.
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No ✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		/
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
45b	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)	45h		

40	Did +	the example tion engage, directly or in	odirootly in political c	ampaign activities or	a babalf of a	r in annasii	tion	Yes	No
46	to c	he organization engage, directly or ir andidates for public office? If "Yes,"	complete Schedule (C, Part I	· · · · ·	· · ·	. 46		1
art	VI	Section 501(c)(3) organizations							•
		501(c)(3) organizations and secti			usts must a	answer qu	estions 4	7–49l)
		and 52, and complete the tables Check if the organization used Sci			thic Dort \/I				
		Check if the organization used Sci	nedule O to respond	to any question in	uns Part VI	3900 3000 V)		Yes	No
47	Did t	the organization engage in lobbying	activities or have a	section 501(h) election	on in effect	during the	tax	103	140
		? If "Yes," complete Schedule C, Par							1
48	Is the	organization a school as described in	n section 170(b)(1)(A)(i	ii)? If "Yes," complete	Schedule E		. 48		√
9a		he organization make any transfers to	•	-					-√
b		es," was the related organization a se							ما اده
0		plete this table for the organization's oyees) who each received more than							a Ke
	Ompi	ayese, who each received mere than	1,000,11,11,100		(d) Health		0, 011101 1		
	(a) N	ame and address of each employee paid more than \$100,000	(b) Title and average hours per week	(c) Reportable compensation	contributions benefit plans.		(e) Estimate other con		
		para more anan proo,eco	devoted to position	(Forms W-2/1099-MISC)	compe	977	Other con	porisat	1011
) Em	ploye	es							
					1				
f	Total	number of other employees paid over	er \$100,000	. ▶0			2		
f 1	Com	plete this table for the organization'	s five highest compe	ensated independent	contractors	s who each	ı received	more	tha
	Com		s five highest compe	ensated independent	contractors	s who each	n received	more	tha
1	Comp \$100	plete this table for the organization'	s five highest compenies of the compenie	ensated independent			received	-	tha
(a)	Comj \$100 Name a	plete this table for the organization',000 of compensation from the organd address of each independent contractor paid	s five highest compenies of the compenie	ensated independent one, enter "None."				-	tha
(a)	Comj \$100 Name a	plete this table for the organization' ,000 of compensation from the orga	s five highest compenies of the compenie	ensated independent one, enter "None."				-	tha
(a)	Comj \$100 Name a	plete this table for the organization',000 of compensation from the organd address of each independent contractor paid	s five highest compenies of the compenie	ensated independent one, enter "None."				-	tha
(a)	Comj \$100 Name a	plete this table for the organization',000 of compensation from the organd address of each independent contractor paid	s five highest compenies of the compenie	ensated independent one, enter "None."				-	tha
(a)	Comj \$100 Name a	plete this table for the organization',000 of compensation from the organd address of each independent contractor paid	s five highest compenies of the compenie	ensated independent one, enter "None."				-	tha
(a)	Comj \$100 Name a	plete this table for the organization',000 of compensation from the organd address of each independent contractor paid	s five highest compenies of the compenie	ensated independent one, enter "None."				-	tha
(a)	Comj \$100 Name a	plete this table for the organization',000 of compensation from the organd address of each independent contractor paid	s five highest compenies of the compenie	ensated independent one, enter "None."				-	tha
(a) l	Comj \$100 Name a	plete this table for the organization',000 of compensation from the organd address of each independent contractor paid	s five highest compenies of the compenie	ensated independent one, enter "None."				-	tha
(a)	Comj \$100 Name a	plete this table for the organization',000 of compensation from the organd address of each independent contractor paid	s five highest compenies of the compenie	ensated independent one, enter "None."				-	tha
(a) Ind	Comp \$100 Name a epend	plete this table for the organization',000 of compensation from the organd address of each independent contractor paid ent Contractors paid over \$100,000	s five highest compenization. If there is not id more than \$100,000	ensated independent one, enter "None." (b) Type of ser		(c)) Compensati	-	tha
(a) Ind	Com \$100 Name a epend	plete this table for the organization',000 of compensation from the organization from th	s five highest compenization. If there is not id more than \$100,000	ensated independent one, enter "None." (b) Type of ser	vice.	(c)		-	the
(a) Ind	Comp \$100 Name a epend Total Did th	plete this table for the organization',000 of compensation from the organization from the organization from the organization from the organization and address of each independent contractor paid over \$100,000 from the contractors paid over \$100,000 from the organization complete Schedule Alberta from the organization	s five highest compenization. If there is not id more than \$100,000 ctors each receiving 1? Note: All section 5	ensated independent one, enter "None." (b) Type of ser over \$100,000	vice.	(c)	O Compensati	on	the
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d d 2 der pere	Total Did the none: eect, and	number of other independent contractor particle. In organization from the organ and address of each independent contractor particle. In organization paid over \$100,000 In organization complete Schedule Ascempt charitable trusts must attach as of perjury, I declare that I have examined this red complete. Declaration of preparer (other than a signature of officer James B Wilson Jr, President and Type or print name and title Print/Type preparer's name	s five highest compenization. If there is not in the state of the stat	over \$100,000	s and 4947(a	a)(1) best of my kridge. Check self-emplo	O Compensation O Yes nowledge and ### C ##	on	No it is
d d 2 der pere	Total Did the none:	number of other independent contractor paid ent Contractors paid over \$100,000 number of other independent contractor paid ent Contractors paid over \$100,000 number of other independent contractors paid over \$100,000 number of other independen	s five highest compenization. If there is not in the state of the stat	over \$100,000	s and 4947(a	a)(1) best of my kridge.	O Compensation O Yes nowledge and ### C ##	on	lo it is

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

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.

Open to Public Inspection

Employer identification number Name of the organization 75-2182608 **K2BSA Amateur Radio Association** Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (v) Did you notify (ii) EIN (iii) Type of organization (iv) Is the organization (vi) Is the (vii) Amount of in col. (i) listed in your the organization in organization in col. organization (described on lines 1-9 support (i) organized in the col. (i) of your governing document? above or IRC section support? U.S.? (see instructions)) Yes Yes Yes No No No (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2011 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	Part III. If the organization fails to				-		unaer
Sect	ion A. Public Support	J quality unde	i the tests his	ited below, pi	ease comple	te Fait III.)	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	0	789.86	789.86
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	o	0	0
4	Total. Add lines 1 through 3	0	0	0	0	789.86	789.86
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)						789.86
6	Public support. Subtract line 5 from line 4.						0
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	0	0	0	0	789.86	789.86
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10					WALLEY OF SOME	789.86
12	Gross receipts from related activities, etc.	(see instructio	ns)		(8 (80) (80) 87	12	0
13	First five years. If the Form 990 is for the	e organization	's first, second	d, third, fourth,	or fifth tax ye	ar as a section	1 501(c)(3)
	organization, check this box and stop her						🕨 🗸
Secti	on C. Computation of Public Suppor	The state of the s					
14	Public support percentage for 2011 (line 6		-			14	%
15	Public support percentage from 2010 Sch					15	<u>%</u>
16a	33 ¹ / ₃ % support test—2011. If the organization qual box and stop here. The organization qual						
b	331/3% support test—2010. If the organic check this box and stop here. The organic	nization did not	check a box	on line 13 or	16a, and line		or more,
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization meet Part IV how the organization meets the "fa organization)11. If the organets the "facts-aacts-and-circur	nization did no ind-circumstar mstances" test	ot check a box nces" test, che t. The organiza	on line 13, 16a ck this box an tion qualifies a	d stop here. E as a publicly su	ine 14 is xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization management organization	ion meets the eets the	"facts-and-cir -and-circumsta	cumstances" t ances" test. Th	test, check th ne organization	is box and sto n qualifies as a	p here. publicly
18	Private foundation. If the organization did instructions						_

Schedi	ule A (Form 990 or 990-EZ) 2011						Page
Part	Support Schedule for Organization (Complete only if you checked the lf the organization fails to qualify	e box on line	9 of Part I o	r if the organi			der Part II.
Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees					``	
	received. (Do not include any "unusual grants.")						
2	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 furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, 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				4		
8	Public support (Subtract line 7c from						

	line 6.)						
Sect	on B. Total Support						/
Caler	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	7.7					7.60
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	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 lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)

331/3% support tests-2011. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, 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

Section C. Computation of Public Support Percentage

Section D. Computation of Investment Income Percentage

Public support percentage from 2010 Schedule A, Part III, line 15

Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))

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

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

15

16

17

18

%

%

%

%

15

16

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Open to Public Inspection

75-2182608

Department of the Treasury Internal Revenue Service Name of the organization

K2BSA AMATEUR RADIO ASSOCIATION

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.

Employer identification number

Part I, 13, Independent Contractors: engaged Enrolled Agent in completion and filing of IRS 1023 application
Part I, 15, Printing, Publications, postage, and shipping: primary costs were for website hosting and setup
Part I, 16, Other expenses: application fee to IRS for non-profit exempt status with IRS 1023 application

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
	Employer identification number

