Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2011 calendar year, or tax year beginning 10/01, 2011, and ending 09/30, 20 12 D Employer identification number C Name of organization B Check if applicable: PARAQUAD, INC Doing Business As 23-7112449 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Name change 5240 OAKLAND AVENUE (314) 289-4200Initial return City or town, state or country, and ZIP + 4 Amended SAINT LOUIS, MO 63110 G Gross receipts \$ 11.348.775. return Application pending H(a) Is this a group return for F Name and address of principal officer: ROBERT FUNK Yes Χ Nο 5240 OAKLAND AVE ST LOUIS, MO 63110 H(b) Are all affiliates included? Yes No X | 501(c)(3) If "No," attach a list. (see instructions) 501(c) (Website: ▶ WWW.PARAOUAD.ORG H(c) Group exemption number Form of organization: X | Corporation L Year of formation: 1970 M State of legal domicile: MO Summary Part I Briefly describe the organization's mission or most significant activities: EMPOWER PEOPLE WITH DISABILITIES TO LIVE AS FULL AND PRODUCTIVE Activities & Governance MEMBERS OF SOCIETY 2 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) 21 Number of independent voting members of the governing body (Part VI, line 1b) 21. Total number of individuals employed in calendar year 2011 (Part V, line 2a) 262. Total number of volunteers (estimate if necessary) 65. 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 10,105,118. 8,601,475. Program service revenue (Part VIII, line 2g)

PUBLIC INSPECTION **COPY FOR** 9 1,440,155. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 937,722 41,729. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 21,575 27,077. 10,110,436. 11,064,415 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 11,500. 16,200. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 6,069,393. 6,547,858. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ _____436,844. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 2,582,236. 2,861,895. 9,421,253. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 8,667,829. Revenue less expenses. Subtract line 18 from line 12 2,396,586. 689,183. o s **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 9,732,970. 10,844,846. Total liabilities (Part X, line 26) 1,695,256. 1,794,761. 21 9,050,085. 8,037,714. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Type or print name and title Print/Type preparer's name Preparer's signature Date Check if PTIN Paid employed P01291820 Preparer FIN 43-0765316 RUBINBROWN LLP Firm's name Use Only 314-290-3300

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

X Yes

Firm's address

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

ONE NORTH BRENTWOOD SAINT LOUIS, MO 63105

Form 990 (2011) Page 2 Statement of Program Service Accomplishments Part III Briefly describe the organization's mission: EMPOWER PEOPLE WITH DISABILITIES TO LIVE AS FULL AND PRODUCTIVE MEMBERS OF SOCIETY. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 3,047,418. including grants of \$) (Revenue \$ ADULT PROGRAMS HELP ADULTS WITH DISABILITIES REACH THEIR GOALS IN LIFE BY PROVIDING FAMILY CONSULTATION, EMPLOYMENT PROGRAMS AND EDUCATION, ENABLING THE PARTICIPANTS TO TAKE CONTROL OF THEIR LIVING SITUATIONS. THE ORGANIZATION ASSISTED 1,637 ADULTS DURING THE CURRENT FISCAL YEAR. 2,108,932. including grants of \$ **4b** (Code:) (Expenses \$ CONSUMER DIRECTED SERVICES ADMINISTER THE PERSONAL CARE ATTENDANT PROGRAM, PROVIDING ATTENDANTS TO CONSUMERS WITH DISABILITIES TO ENABLE THEM TO PERFORM ROUTINE TASKS. SERVICES WERE PROVIDED TO 1,346 CLIENTS IN THE CURRENT FISCAL YEAR. 11,500.) (Revenue \$ 4c (Code:) (Expenses \$ 1,237,306. including grants of \$ DEAFWAY PROVIDES INTERPRETING SERVICES TO THE DEAF OR HEARING-IMPAIRED BY PROVIDING PROFESSIONAL SIGN LANGUAGE INTERPRETERS WHO ARE AVAILABLE 24 HOURS A DAY. THE ORGANIZATION PROVIDED 24.376 HOURS OF INTERPRETATION IN THE CURRENT FISCAL YEAR. 4d Other program services (Describe in Schedule O.) (Expenses \$ 1,477,924. including grants of \$) (Revenue \$ 4e Total program service expenses ▶ 7,871,580.

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Part IV Checklist of Required Schedules

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	9		Х
10	complete Schedule D, Part IV	9		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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? <i>If</i> "Yes," <i>complete</i>			
u	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		- 21
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>			Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			_

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	240		Х
	through 24d and complete Schedule K. If "No," go to line 25	24a		
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L. Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>			
٠.	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		
34		34	х	
25.0	IV, and V, line 1		X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Λ	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	254	7.7	
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
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	Х	

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Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V.............. 99 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ________1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a Χ 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ **b** If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Χ **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. Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a and services provided to the payor? **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ 7с 7е Χ e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7<u>g</u> g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? **b** Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Χ **14a** Did the organization receive any payments for indoor tanning services during the tax year?

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

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sect	ion 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 <u>1a</u> 21			
	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 1b 21			
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			3.5
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			37
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		X	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	
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		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	,	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	40.	v	
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	400	Х	
40	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?	14		
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?			
•	The organization's CEO, Executive Director, or top management official	15a	Х	
a b	Other officers or key employees of the organization	15b	X	
b	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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_NONE_REQUIRED			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	01(c)(3)s o	nly)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	f inter	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
10.4	organization: ▶ _{JEFFREY} LEE 5240 OAKLAND AVENUE ST. LOUIS, MO 63110 314-289-4200			

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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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
ATTACHMENT 1	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(N 2/1000 MIGG)	organization and related organizations
(1) ROBERT HUSKEY, PH.D.										
DIRECTOR	3.00	X						С	0	(
(2) DAVID GRAY, PH.D.										
DIRECTOR	3.00	X						С	0	(
(3) NANCY KLEPPER										
SECRETARY	3.00	X		Х				С	0	(
(4) JOSEPH DEMKO										
TREASURER	3.00	X		Х				С	0	(
(5) JOHN SONDAG										
BOARD CHAIR	3.00	X		Х				С	0	(
(6) DYANNE P. ANTHONY										
DIRECTOR	2.00	X						С	0	(
(7) ROBERT ARCHIBALD										
DIRECTOR	2.00	X						С	0	(
(8) KATIE BANISTER										
DIRECTOR	2.00	X						С	0	(
(9) SCOTT BATES										
DIRECTOR	2.00	X						С	0	(
(10) REX BERTRAM										
DIRECTOR	2.00	X						C	0	(
(11) KATHY CAPPS										
DIRECTOR	2.00	X						С	0	(
(12) TERRENCE CLARK										
DIRECTOR	2.00	Х						C	0	(
(13) CHARLES EDWARDS										
DIRECTOR	2.00	Х						С	0	(
(14) DANIEL FEINBERG										
DIRECTOR	2.00	X						C	0	(

Form **990** (2011)

JSA.

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and F	ligl	hest Compensat	ed Employees (d	ontinue	•d)	
(A) Name and title	(B) Average			-	C) sition			(D) Reportable	(E) Reportable	Es	(F) stimated	
Name and the	hours per	,		neck	more	e than o		compensation	compensation from	am	nount of	
	week (describe					is both or/truste		from	related		other pensation	on
	hours for							the organization	organizations (W-2/1099-MISC)		om the	
	related	livid	titut	Officer	y em	Highest co employee	Former	(W-2/1099-MISC)		•	anization	
	organizations in Schedule	Individual trustee or director	Institutional trustee		Key employee	t cor	·				d related anization	
	O)	ruste	ı ta		ée	npei				_		
		ď	stee			compensated ee						
15) BOBETTE FIGLER						0						
DIRECTOR	2.00	X						0	0			0
16) JAMES FROST												
DIRECTOR	2.00	X						0	0			0
17) KIMBERLY L. GEE												
DIRECTOR	2.00	X						0	0			0
18) J. GIBSON HENDERSON, PH.D.												
VICE CHAIR	3.00	X		X				0	0			0
19) MICHAEL HOULIHAN												0
DIRECTOR	2.00	X						0	U			0
20) ROBERT R. HUERMANN DIRECTOR	2.00	X						0	0			0
21) KERRI A. MORGAN, MSOT, OTR/LATE		21										
DIRECTOR	2.00	X						0	0			0
22) KATHY A. LOVELL								_				
DIRECTOR	2.00	Х						0	0			0
23) FLORIAN P. THOMAS, MD, MA, PH.I												
DIRECTOR	2.00	X						0	0			0
24) S. ERIC WESTACOTT												
DIRECTOR	2.00	X						0	0			0
25) MEGAN LUCSKO												0
DIRECTOR	2.00	X					_	0	0			0
1b Sub-total								207,779.	0		18,8	
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)			• • •		• •			207,779.	0		18,8	
2 Total number of individuals (including but not			liste	d al	hove	e) who	re				10,0	
reportable compensation from the organization			L	u u.		<i>5)</i> 11 110		oon ou more than	Ψ			
											Yes	No
3 Did the organization list any former office	er, directo	or, or	tru	ıste	e,	key e	mp	loyee, or highes	t compensated			
employee on line 1a? If "Yes," complete Schede										3		X
4 For any individual listed on line 1a, is the												
organization and related organizations gro										_		
individual										4		X
5 Did any person listed on line 1a receive or										5		Y
for services rendered to the organization? If "You Section B. Independent Contractors	zs, comple	ie SCI	ieau	iie J	ııor	Sucri	per	SUII		5		X
Complete this table for your five highest com	pensated i	ndepe	ende	ent (con	tracto	rs t	hat received more	than \$100.000 c	of		
compensation from the organization. Report of												

year.

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

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

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Part VII Section A. Officers, Directors, Tru		y En	plc			and F	ligi		I i		
(A) Name and title	(B) Average hours per week (describe	box,	unles er and	Pos heck ss pe	erson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estima amoun othe	ated at of er sation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from t organiz and rel organiza	ation ated
26) DAVID PRUESSNER											
DIRECTOR	2.00	Х						0	0		(
27) JOHN RABBIT								_			
DIRECTOR	2.00	X						0	0		(
28) THEODORE RUMMEL, DO DIRECTOR	2.00	Х						0	0		(
29) PAUL MINORINI											
DIRECTOR	2.00	X						0	0		(
30) ROBERT FUNK											
EXECUTIVE DIRECTOR	40.00			Х				124,574.	0	8	,614.
31) JEFFREY LEE											
DIRECTOR OF FINANCE	42.00			Х				83,205.	0	10	,192.
	-										
	_										
	_										
1b Sub-total c Total from continuation sheets to Part VII, S							>				
d Total (add lines 1b and 1c)	-										
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose					o re	eceived more than	\$100,000 of		
	•									Ye	s No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	X
4 For any individual listed on line 1a, is the organization and related organizations groups	sum of repeater than	ortab \$15	ole o 50,0	om 00?	per	nsatior "Yes	n aı s,"	nd other compens	sation from the le J for such		
individual										4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5	Х
Section B. Independent Contractors											
 Complete this table for your five highest com- compensation from the organization. Report of year. 											

(A) Name and business address	(B) Description of services	(C) Compensation

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

Form 990 (2011) PARAQUAD, INC. 23-7112449 Page **9**

FOIIII	,		.ivc.			23-1112-	rage 3
Par	t VIII	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e All other contributions, gifts, grants,	209,534. 45,200. 8,178,263.				
	g h	and similar amounts not included above		8,601,475.			
Program Service Revenue	2a b	INDIVIDUAL AND FAMILY SOCIAL ASSISTANCE	Business Code 624100	1,440,155.	1,440,155.		
ogram Servi	c d e f	All other program service revenue					
Pro	g	Total. Add lines 2a-2f	▶	1,440,155.			
	3 4 5	Investment income (including dividends, intereditors similar amounts). Income from investment of tax-exempt bond properties to the similar amounts of tax-exempt bond properties to tax-ex	roceeds	0 0			
	6a b c	Gross rents	(ii) Personal				
	d	Net rental income or (loss) (i) Securities	(ii) Other	0			
	7a b						
Other Revenue	d 8a	Net gain or (loss)		41,729.			41,729.
Oth	С	Less: direct expenses		-39,540.			-39,540.
	l	See Part IV, line 19 a Less: direct expenses b Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances		0			
		Less: cost of goods sold	Business Code	0			
	11a	OTHER INCOME	900099	18,312.			18,312.
	11a b c	MANAGEMENT FEE INCOME FROM PARAQUAD 5240		48,305.			48,305.
	d	All other revenue					
	е	Total. Add lines 11a-11d		66,617.			
	12	Total revenue. See instructions	<u></u>	10,110,436.	1,440,155.		68,806.

Form 990 (2011) PARAQUAD, INC. 23-7112449 Page **10**

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).

req	uired to complete columns (B), (C), and (D). Check if Schedule O contains a resp	onse to any question in	this Part IX		
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundráising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	11,500.	11,500.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	233,641.	200,178.	26,830.	6,633
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	5,217,884.	4,425,158.	581,480.	211,246
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)	172,317.	148,421.	20,763.	3,133
9	Other employee benefits	532,082.	476,954.	39,746.	15,382
10	Payroll taxes	391,934.	335,297.	41,972.	14,665
11	Fees for services (non-employees):				
а	Management	0			
	Legal	4,619.		4,619.	
	Accounting	61,271.		61,271.	
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	9	245 575	120 726	40 500
g	Γ	420,879.	245,575.	132,736.	42,568
12	Advertising and promotion	259,800.	163,945.	51,558.	44,297
13	Office expenses	239,800.	103,943.	31,330.	44,231
14	Information technology	0			
15	Royalties	532,782.	459,882.	50,100.	22,800
16 17	Travel	299,646.	260,923.	8,305.	30,418
18	Payments of travel or entertainment expenses	255 / 0 10 .	20075231	0,303.	30,110
10	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	30,584.	20,090.	5,222.	5,272
20	Interest	0			•
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	147,332.	128,632.	12,900.	5,800
23	Insurance	191,971.	160,311.	20,549.	11,111
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	DEAFWAY_INTERPRETERS	319,129.	319,129.		
	RENTAL ASSISTANCE	114,477.	114,477.		
_	BAD DEBTS	96,810.	96,810.		
d	PARTICIPANT TRANSITION FUND	85,748.	85,748.		
	All other expenses	296,847.	218,550.	54,778.	23,519
	Total functional expenses. Add lines 1 through 24e	9,421,253.	7,871,580.	1,112,829.	436,844
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if				
ICA	following SOP 98-2 (ASC 958-720)	0			

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Part X **Balance Sheet** (A) Beginning of year End of year Cash - non-interest-bearing 744,485. 1,970,754. 1 Savings and temporary cash investments 2 Pledges and grants receivable, net 132,428. 61,446. 3 3 Accounts receivable, net 4,457,884. 3,954,468. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 0 0 5 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 6 0 employees' beneficiary organizations (see instructions) Notes and loans receivable, net 7 0 Inventories for sale or use 8,417. 3,649. 8 110,290. Prepaid expenses and deferred charges 170,655. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,528,176. b Less: accumulated depreciation | 10b | 518,201. 10c 568,972. 979,551. **11** 1,134,433. 11 1,461,550. 1,660,085. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 0 14 Intangible assets _______ Other assets. See Part IV, line 11 1,320,164. 1,320,384. 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 9,732,970. 10,844,846. 16 16 Accounts payable and accrued expenses 1,682,789. 1,786,694. 17 17 18 Grants payable 0 18 0 19 12,467. 19 8,067. Deferred revenue 0 20 0 20 0 0 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 0 22 0 0 23 0 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 0 24 0 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 0 0 25 26 1,695,256. 26 1,794,761. Organizations that follow SFAS 117, check here > X and complete lines 27 through 29, and lines 33 and 34. Balances Unrestricted net assets 27 7,676,491. 27 8,670,773. Temporarily restricted net assets 28 161,223. 179,312. 28 Fund Permanently restricted net assets 29 200,000. 29 200,000. Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. ō Capital stock or trust principal, or current funds Assets 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Set Total net assets or fund balances 33 8,037,714. 9,050,085. 33 34 Total liabilities and net assets/fund balances.......... 10,844,846. 9,732,970.

Form 990 (2011) Page **12 Reconciliation of Net Assets** Part XI Check if Schedule O contains a response to any question in this Part XI.............. 10,110,436. 1 1 9,421,253. 2 2 689,183. 3 3 8,037,714. 4 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 323,188. 5 5 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, 9,050,085. **Financial Statements and Reporting** Part XII No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Χ Were the organization's financial statements audited by an independent accountant? 2b Χ If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: Both consolidated and separate basis X Consolidated basis Separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 3a Х 3b required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 Open to Public

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.

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

Inspection

Name of	the organization							Emplo	yer iden	tification nu	ımber			
PARAQ	UAD, INC.								23	-711244	9			
Part I	Reason for Pub	lic Charity Status	s (All organizations mu	ıst con	nplete	this pa	art.) Se	e instr	uctions					
The org	anization is not a priv	ate foundation bed	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)						
1	A church, convention	on of churches, or	association of churches	describ	ed in s	ection	170(b)(1)(A)(i)						
2	A school described	l in section 170(b)	(1)(A)(ii). (Attach Schedul	e E.)										
3	A hospital or a coo	perative hospital s	ervice organization descr	ibed in	sectio	n 170(k)(1)(A)	(iii).						
4	A medical researd	h organization op	erated in conjunction wi	ith a h	ospita	l descr	ibed in	sectio	n 170(k	o)(1)(A)(iii). Enter	the		
_	hospital's name, cit													
5	An organization op section 170(b)(1)(nefit of a college or univ	ersity	owned	l or ope	erated b	oy a go	vernme	ntal unit	describe	d in		
6	1		or governmental unit des	cribed	in sect	ion 170)(h)(1)(.	Δ)(γ)						
7 X	i	=	es a substantial part of it						it or fro	om the de	neral nu	ıblic		
- 21	described in section		· · · · · · · · · · · · · · · · · · ·	o oupp	,011 110	iii a gc	, , , , , , , , , , , , , , , , , , , ,	Jillai aii	01 110	om mo go	noral po	10110		
8			on 170(b)(1)(A)(vi). (Com	nlete F	Part II \									
9 –			es: (1) more than 331/3%				contrib	outions	memb	ershin fee	s and di	ross		
<u> </u>	-	=	exempt functions - sub							-	_			
	· · · · · · · · · · · · · · · · · · ·		ome and unrelated busi											
			ne 30, 1975. See section						•	tary mom	5 4011100	,000		
10	1 ' '	•	ted exclusively to test for	•		•		,	.).					
11	1	-	rated exclusively for the	-	-					or to ca	arry out	the		
	-	-	ipported organizations de			-					-			
		· · · · · · · · · · · · · · · · · · ·	es the type of supporting											
	a Type I	b Type		_			-		d	¬ -	- Other			
е	By checking this	box, I certify that	the organization is not	contr	olled o	directly	or ind	irectly	by one	or more	disquali	ified		
	persons other than	foundation mana	gers and other than one	or mo	re pub	licly su	pported	d organ	izations	describe	d in sec	tion		
	509(a)(1) or sectio	n 509(a)(2).												
f	If the organization	received a writte	n determination from th	e IRS	that it	is a T	уре І, Т	ype II,	or Typ	e III supp	orting			
	organization, check	this box									[
g	Since August 17, 2	006, has the orga	nization accepted any gift	t or co	ntributi	ion from	n any of	the						
	following persons?													
	(i) A person who	directly or indire	ectly controls, either alor	ne or t	ogethe	er with	person	s desc	ribed in	ı (ii)	Yes	No		
	* *		dy of the supported organ	ization	?					110				
			scribed in (i) above?							110	-			
			on described in (i) or (ii) a							11g	(iii)			
h		, -	ut the supported organiza	ation(s)).					T				
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv)	Is the zation in		ou notify anization		s the zation in		mount of			
	organization		above or IRC section	col. (i)	listed in overning	in co	l. (i) of	col. (i) o	rganized	50	pport			
			(see instructions))	docu	ment?		upport?		U.S.?					
				Yes	No	Yes	No	Yes	No					
(A)														
(D)														
(B)														
(C)														
(D)														
(E)														
Total														

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Page **2**

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 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.")	7,816,831.	8,766,929.	9,042,338.	10,105,118.	8,601,475.	44,332,691.
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	7,816,831.	8,766,929.	9,042,338.	10,105,118.	8,601,475.	44,332,691.
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.						44,332,691.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	7,816,831.	8,766,929.	9,042,338.	10,105,118.	8,601,475.	44,332,691.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	161,319.	127,009.	53,398.	72,706.		414,432.
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.) ATCH 1	29,427.	19,941.	72,313.	64,760.	66,617.	253,058.
11	Total support. Add lines 7 through 10						45,000,181.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	1,440,155.
13	First five years. If the Form 990 is forganization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2011 (lin		-			14	98.52%
15	Public support percentage from 2010					15	98.37%
16a	331/3% support test - 2011. If the o	-					
	this box and stop here . The organization	•		_			
b	331/3% support test - 2010. If the o						
	check this box and stop here. The orga	•					
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					-	-
	Part IV how the organization meets t			_	=		ipported
_	organization						▶ □
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga						•
	Explain in Part IV how the organization				_	-	publicly
18	supported organization Private foundation. If the organization	did not check a	a box on line 13,	16a, 16b, 17a,	or 17b, check	this box and see	
	instructions						▶ ∟
					_		

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 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.)

	<u>'</u>				<u> </u>		
	tion A. Public Support		410000	() 0000	(1) 0040	() 2011	(O.T.)
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						
7 a	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						
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
·	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6			,	. ,	,	()
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
h	Unrelated business taxable income (less						
ь	,						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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	ŭ			•		` ` ` `
	organization, check this box and stop here.						▶ 🔼
	tion C. Computation of Public Sup						
15	Public support percentage for 2011 (line 8,					15	%
16	Public support percentage from 2010 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2011 (lin					17	%
18	Investment income percentage from 2010 S					18	%
19a	331/3% support tests - 2011. If the org	janization did n	ot check the box	on line 14, and	d line 15 is mor	e than 331/3%, a	and line
	17 is not more than 331/3 %, check this	s box and sto r	p here . The org	anization qualifie	s as a publicly	supported organi	zation
b	331/3% support tests - 2010. If the orga	nization did not	check a box on	line 14 or line 19	a, and line 16 is	s more than 331/3	3 %, and
	line 18 is not more than 331/3%, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organi	zation ▶
20	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19b	, check this bo	ox and see instr	uctions >

Schedule A (Form 990 or 990-EZ) 2011

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23-7112449

Page 4

PARAQUAD, INC. Schedule A (Form 990 or 990-EZ) 2011

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

ATTACHMENT 1								
SCHEDULE A, PART II - OTHER INCOME								
DESCRIPTION	2007	2008	2009	2010	2011	TOTAL		
OTHER	29,427.	19,941.	72,313.	64,760.	66,617.	253,058.		
TOTALS	29,427.	19,941.	72,313.	64,760.	66,617.	253,058.		

Schedule B

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

990-PF) ► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Name of the organization		Employer identification number
PARAQUAD, INC.		23-7112449
Organization type (check of	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a priva	te foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private for	oundation
	501(c)(3) taxable private foundation	
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5 ny one contributor. Complete Parts I and II.	,000 or more (in money or
Special Rules		
under sections 50	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % sup 09(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, duri \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) and II.	ing the year, a contribution of
during the year, t	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received otal contributions of more than \$1,000 for use <i>exclusively</i> for religious, charposes, or the prevention of cruelty to children or animals. Complete Part	haritable, scientific, literary,
during the year, on not total to more year for an <i>exclus</i>	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, be than \$1,000. If this box is checked, enter here the total contributions that <i>ively</i> religious, charitable, etc., purpose. Do not complete any of the parts ganization because it received nonexclusively religious, charitable, etc., or year	out these contributions did it were received during the sunless the General Rule contributions of \$5,000 or
990-EZ, or 990-PF), but it n	at is not covered by the General Rule and/or the Special Rules does not nust answer "No" on Part IV, line 2, of its Form 990; or check the box on 00-PF, to certify that it does not meet the filing requirements of Schedule I	line H of its Form 990-EZ or on

Schedule of Contributors

JSA

2636-00

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization PARAQUAD, INC. Employer identi

mpioyer	identification number
	23-7112449

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$209,534.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_		\$252,649.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$592,140.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions \$6,608,872.	(d) Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No 4 (a)	Name, address, and ZIP + 4	\$6,608,872.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No. 4 4 No. (a) No.	Name, address, and ZIP + 4	\$6,608,872.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

Name of organization PARAQUAD , INC .

Employer identification number 23-7112449

Parti	Contributors (see instructions). Ose duplicate copies of Par	t i ii additional space is need	iea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 _		\$434,536.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8 _		\$45,200.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization PARAQUAD, INC.

Employer identification number

23-7112449

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		- - - - - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		- - - - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		- - - - - - - - - -				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		- - - - - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		- - - - \$				

Name of organization PARAQUAD, INC.

Employer identification number

23-71124	1 4 Q

Part III	Exclusively religious, charitable, etc., that total more than \$1,000 for the year.	ear. Complete colur	nns (a) through (e) and the following line entry.		
	For organizations completing Part III, e contributions of \$1,000 or less for the	e year. (Enter this inf	ormation once. Se	charitable, etc., ee instructions.) \$\blue{\sigma}\$		
	Use duplicate copies of Part III if addition	onal space is neede	d	,		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		(e) Transi	er of gift			
	Transferee's name, address, at	nd ZIP + 4	Relatio	nship of transferor to transferee		
(a) No.				I		
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		(e) Transt	er of gift			
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		(e) Transi	er of gift			
	Transferee's name, address, a			nship of transferor to transferee		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of organization

▶ See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4)	(5) or (6	organizations: Complete Part III.
	5ection 50 ((c)(4)	(5). 01 (6)	i ordanizations. Complete Pari

PAR	AQUAD, INC.			23-71	12449
Par	rt I-A Complete if the c	organization is exempt under s	section 501(c) or is	s a section 527 organ	nization.
1 2 3	Political expenditures	e organization's direct and indirect p		> \$	
Par	t I-B Complete if the o	organization is exempt under s	ection 501(c)(3).		
1 2 3 4a b	Enter the amount of any ex If the organization incurred Was a correction made? If "Yes," describe in Part IV.	cise tax incurred by the organizatio cise tax incurred by organization m a section 4955 tax, did it file Form	anagers under section 4720 for this year?	on 4955 ▶ \$	Yes No
	t I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3)).
1 2 3 4 5	activities Enter the amount of the fili 527 exempt function activit Total exempt function exp line 17b Did the filing organization fil Enter the names, addresses organization made paymen the amount of political con as a separate segregated function	expended by the filing organization organization organization's funds contributed ies	to other organization to other and on Formation for the series of the se	ons for section symm 1120-POL, on 527 political organized from the filing organizalivered to a separate pospace is needed, provide	Ations to which the filing zation's funds. Also enter olitical organization, such a information in Part IV.
(1)	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(2)					
(3)					
(4)					
(5)					
(6)		<u> </u>			
For P	Paperwork Reduction Act Notice, se	ee the Instructions for Form 990 or 990-EZ.		Schedul	e C (Form 990 or 990-EZ) 2011

JSA 1E1264 1.000

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

Schedule C (Form 990 or 990-EZ) 2011 PARAQUAD, INC. 23-7112449 Page **2**

Pa	Complete if the organizat section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elect	tion under
A	Check ▶ if the filing organization	belongs to an affiliated group (and list in Pa	art IV each affiliated gro	oup member's
	name, address, EIN, exp	enses, and share of excess lobbying expend	ditures).	
В	Check ▶ if the filing organization	n checked box A and "limited control" provisi	ons apply.	
		bying Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" n	eans amounts paid or incurred.)	organization's totals	group totals
1 a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)	65,428.	
b	Total lobbying expenditures to influence	a legislative body (direct lobbying)	196,285.	
С	Total lobbying expenditures (add lines	a and 1b)	261,713.	
d	Other exempt purpose expenditures .		7,609,867.	
е		d lines 1c and 1d)	7,871,580.	
f	Lobbying nontaxable amount. Enter the	amount from the following table in both		
	columns.		543,579.	
	If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 2	5% of line 1f)	135,895.	
h	Subtract line 1g from line 1a. If zero or	ess, enter -0-	0	0
i	Subtract line 1f from line 1c. If zero or le	ess, enter -0-	0	0
j	If there is an amount other than zero or	either line 1h or line 1i, did the organization file	Form 4720	
	reporting section 4911 tax for this year	·		Yes No
	(Sama arganizations the	4-Year Averaging Period Under Section 501(h)		

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expen	ditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2 a Lobbying nontaxable amount	501,964.	506,064.	519,451.	543,579.	2,071,058.
b Lobbying ceiling amount (150% of line 2a, column (e))					3,106,587.
c Total lobbying expenditures	371,080.	257,376.	232,144.	261,713.	1,122,313.
d Grassroots nontaxable amount	125,491.	126,516.	129,863.	135,895.	517,765.
e Grassroots ceiling amount (150% of line 2d, column (e))					776,648.
f Grassroots lobbying expenditures	92,770.	64,344.	58,036.	65,428.	280,578.

Schedule C (Form 990 or 990-EZ) 2011

Page 3

	(election under section 501(h)).		(a) (I		(b)	
of the lobbyii	s" response to lines 1a through 1i below, provide in Part IV a detailed description ng activity.	Yes	No		Amo		
During	the year, did the filing organization attempt to influence foreign, national, state or local						
_	on, including any attempt to influence public opinion on a legislative matter or						
Ū	dum, through the use of:						
a Volunte	ers?						
	Iff or management (include compensation in expenses reported on lines 1c through 1i)?						
c Media a	dvertisements? s to members, legislators, or the public?						_
d Mailing:	s to members, legislators, or the public?						_
e Publica f Grants t	tions, or published or broadcast statements? o other organizations for lobbying purposes?						-
g Direct o	o other organizations for lobbying purposes? ontact with legislators, their staffs, government officials, or a legislative body?						-
h Rallies,	demonstrations, seminars, conventions, speeches, lectures, or any similar means?						_
	ctivities?						
j Total. A	dd lines 1c through 1i						
a Did the	activities in line 1 cause the organization to be not described in section 501(c)(3)?						
	enter the amount of any tax incurred under section 4912						_
	enter the amount of any tax incurred by organization managers under section 4912						_
	ing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501	(a)/5)	0".0	ootio	<u> </u>		_
		(८)(၁)	, OI S	ecuo	vri		
art III-A	501(c)(6).						
						Yes	Į
Were s	ubstantially all (90% or more) dues received nondeductible by members?				1	Yes	I
Were so	ubstantially all (90% or more) dues received nondeductible by members? organization make only in-house lobbying expenditures of \$2,000 or less?				2	Yes	I
Did the Did the	ubstantially all (90% or more) dues received nondeductible by members? organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political expenditures from the prior year?				3	Yes	
Were so Did the Did the	ubstantially all (90% or more) dues received nondeductible by members? organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ectio	2 3		
Were so Did the Did the	ubstantially all (90% or more) dues received nondeductible by members? organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political expenditures from the prior year?	(c)(5)	, or s	ectio	2 3		
Were so Did the Did the Part III-B	ubstantially all (90% or more) dues received nondeductible by members? organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6)) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (answered "Yes." ssessments and similar amounts from members	(c)(5) OR (b	, or s	ectio	2 3		
Were so Did the Did the Part III-B Dues, as Section	ubstantially all (90% or more) dues received nondeductible by members? organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (answered "Yes." seessments and similar amounts from members 162(e) nondeductible lobbying and political expenditures (do not include amounts)	(c)(5) OR (b	, or s	ectio	2 3		
Were so Did the Did the Part III-B Dues, as Section political	ubstantially all (90% or more) dues received nondeductible by members? organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (answered "Yes." seessments and similar amounts from members 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid).	(c)(5) OR (b	, or s) Pai	ection to the section of the section	2 3		
Were so Did the Did the Part III-B Dues, as Section political Current	ubstantially all (90% or more) dues received nondeductible by members? organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (answered "Yes." seessments and similar amounts from members 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid). year	(c)(5) OR (b ints (, or s) Pai	ection t III-A	2 3		
Were so Did the Did the Part III-B Dues, as Section political Current b Carryov	ubstantially all (90% or more) dues received nondeductible by members? organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6)) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (answered "Yes." seessments and similar amounts from members 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid). year er from last year	(c)(5) OR (b	, or s) Par	t III-A	2 3		
Were so Did the Did the Part III-B Dues, as Section political Current Carryov C Total	ubstantially all (90% or more) dues received nondeductible by members? organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (answered "Yes." seessments and similar amounts from members 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid). year er from last year	(c)(5) OR (b	, or s) Par	t III-A	2 3		
Dues, as Section political Current b Carryov C Total Aggrega	ubstantially all (90% or more) dues received nondeductible by members? organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (answered "Yes." seessments and similar amounts from members 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid). year er from last year ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	(c)(5) OR (b ints (, or s	t III-A	2 3		
Were so Did the Did the Part III-B Dues, as Section political a Current b Carryov C Total Aggregal If notice	ubstantially all (90% or more) dues received nondeductible by members? organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (answered "Yes." seessments and similar amounts from members 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid). year er from last year atte amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due as were sent and the amount on line 2c exceeds the amount on line 3, what portion	(c)(5) OR (b unts o	or solution, or so	t III-A	2 3		
Dues, as Section political a Current b Carryov c Total Aggregalf notice excess	ubstantially all (90% or more) dues received nondeductible by members? organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (answered "Yes." Seessments and similar amounts from members 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid). year er from last year ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due to see were sent and the amount on line 2c exceeds the amount on line 3, what portion does the organization agree to carryover to the reasonable estimate of nondeductible location.	(c)(5) OR (b	of s	t III-A	2 3		
Dues, as Section political Aggregalf notice excess and political and pol	ubstantially all (90% or more) dues received nondeductible by members? organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (answered "Yes." seessments and similar amounts from members 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid). year er from last year ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due as were sent and the amount on line 2c exceeds the amount on line 3, what portion does the organization agree to carryover to the reasonable estimate of nondeductible locations.	(c)(5) OR (b	of s	1 2a 2b 2c 3	2 3		

Schedule C (Form 990 or 990-EZ) 2011 Page **4**

Part IV Supplemental Information (continued)

Schedule C (Form 990 or 990-EZ) 2011

SCHEDULE D (Form 990)

Supplemental Financial Statements

2011

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Nam	e of the organization		<u> </u>	Employer identification number
PAI	RAQUAD, INC.			23-7112449
Pa	Organizations Maintaining Donor Advorganization answered "Yes" to Form 9		Similar Funds	or Accounts. Complete if the
		(a) Donor advi	sed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor	advisors in writing that	the assets held i	n donor advised
6	funds are the organization's property, subject to the Did the organization inform all grantees, donors, as	e organization's exclusi	ve legal control?	Yes 📙 No
U	only for charitable purposes and not for the benefit			
	conferring impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if	the organization ans	swered "Yes" to	Form 990. Part IV. line 7.
1	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (e.g., recr	-		of an historically important land area
	Protection of natural habitat			of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization h	eld a qualified conserva	ation contribution	in the form of a conservation
	easement on the last day of the tax year.	·		
				Held at the End of the Tax Year
а	Total number of conservation easements			_ 2a
b	Total acreage restricted by conservation easements	s		_ 2b
С	Number of conservation easements on a certified	historic structure includ	ed in (a)	_ 2c
d	Number of conservation easements included in (c)) acquired after 8/17/06	6, and not on a	
	historic structure listed in the National Register			
3	Number of conservation easements modified, trantax year ▶	sferred, released, exti	nguished, or term	inated by the organization during the
4	Number of states where property subject to conse	ervation easement is loc	ated ▶	
5	Does the organization have a written policy regard			
	violations, and enforcement of the conservation ea	sements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, in	nspecting, and enforcin	g conservation ea	asements during the year
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing co	nservation easem	ents during the year
	> \$	J, J		3 ,
8	Does each conservation easement reported on lin			
	(i) and section 170(h)(4)(B)(ii)?			Yes 🗀 No
9	In Part XIV, describe how the organization reports			•
	balance sheet, and include, if applicable, the text of		rganization's finar	icial statements that describes the
Da	organization's accounting for conservation easeme			ar Cimilar Assats
Pa	Organizations Maintaining Collections Complete if the organization answered	"Yes" to Form 990, I	Part IV, line 8.	er Similar Assets.
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar public service, provide, in Part XIV, the text of the f	FAS 116 (ASC 958), r ar assets held for pub ootnote to its financial	ot to report in its dic exhibition, ec statements that de	s revenue statement and balance sheet lucation, or research in furtherance of escribes these items.
b	If the organization elected, as permitted under works of art, historical treasures, or other similar public service, provide the following amounts related to the provide the provide the provided the provided to the provided the provided to the pro	ar assets held for pub		
	(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 a			
	following amounts required to be reported under S			
а	Revenues included in Form 990, Part VIII, line 1 .			▶ \$
b	Assets included in Form 990, Part X			· · · · · · · ▶ \$

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 Page **2**

Par	t III Organizations Maintaining Coll	ections of A	Art, Histo	rical Tre	asures,	or Other	Similar Asset	t s (continued)	
3	Using the organization's acquisition, acce	ssion, and o	ther reco	rds, check	any of	the follow	ing that are a	significant use	of its
	collection items (check all that apply):			¬ .					
a	Public exhibition		d	=		hange prog			
b	Scholarly research	_	е	Oth	er 				
C	Preservation for future generation		and aval	oin how t	hav furt				Dort
4	Provide a description of the organization's XIV.	s collections	and expi	aiii iiow i	ney rurt	ner the or	ganization's exe	empt purpose ii	ı Pan
5	During the year, did the organization solicit	or receive d	onations o	of art hiete	orical tra	acurae or	other similar		
J	assets to be sold to raise funds rather than							. Yes	No
Par	t IV Escrow and Custodial Arranger								140
ı aı	line 9, or reported an amount o				iization	answered	103 10 1 0111	1 330, 1 ait iv,	
			,,						
1a	Is the organization an agent, trustee, custoo	dian or other	intermedi	ary for co	ntributio	ns or other	assets not		
	included on Form 990, Part X?			-				. Yes	No
b	If "Yes," explain the arrangement in Part XIV	/ and comple	ete the fol	lowing tab	ole:				_
							Amou	nt	
С	Beginning balance					1 c			
d	Additions during the year					1 d			
е	Distributions during the year					1e			
f	Ending balance				_	1f			
	Did the organization include an amount on		Part X, line	21?				. Yes	No
	If "Yes," explain the arrangement in Part XIV				13.7 11.4 .	F 00	2 D . (N / 1'	40	
Par	•								na haali
1a		urrent year 441,101.	(b) Prid	8,916.		years back 21,224.	(d) Three years back 3,408,61		s back
b	Contributions	141,101.	2,34	0,910.	۷,۷	21,224.	3,400,01		
	Net investment earnings, gains,								
·		364,917.	92	2,060.	1	31,292.	-310,05	3	
d	Grants or scholarships	11,500.		6,200.		3,600.	310,03	,,,,,	
	Other expenditures for facilities	22,3331		0,2001		3,000.			
	and programs		81	3,675.			877,33	85.	
f	Administrative expenses						,		
g	End of year balance 2,	794,518.	2,44	1,101.	2,3	48,916.	2,221,22	24.	
2	Provide the estimated percentage of the cu	rrent year er	nd balance	e (line 1g,	column	(a)) held as		<u>'</u>	
а	Board designated or quasi-endowment ▶	91.0000	%						
b	Permanent endowment ► 7.0000 %	,	_						
С	Temporarily restricted endowment ▶2								
	The percentages in lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the pos	session of th	e organiza	ation that	are held	and admir	nistered for the		
	organization by:							Yes	
	(i) unrelated organizations							3a(i)	X
L	(ii) related organizations							3a(ii)	X
-	If "Yes" to 3a(ii), are the related organization Describe in Part XIV the intended uses of the		-					3b	
4 Par	t VI Land, Buildings, and Equipment								
ı aı	Description of property	(a) Cost or			r other bas	io (a) A a	cumulated	(d) Book value	
	Description of property	(invest			ther)		eciation	(d) Book value	
1a	Land								
b	Buildings								
С	Leasehold improvements				14,24	8.	559.	13,	689.
d	Equipment			3	342,21	_	55,473.		745.
_е	Other			1,1	71,71	0. 8	03,172.	368,	538.
Tota	I. Add lines 1a through 1e. (Column (d) mus	st equal Form	990, Part	X, column	(B), line			568,	972.

Schedule D (Form 990) 2011

23-7112449 PARAQUAD, INC. Schedule D (Form 990) 2011 Page 3 Part VII Investments - Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other FMV (A) VARIABLE ANNUITY LIFE POLICY 1,660,085. (C) (D) (E) (F) (G) (H) (I) 1,660,085. Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment type (b) Book value Cost or end-of-year market value (1)(2)(3)(4)(5)(6)(7)(8)(9)(10)Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INVESTMENT IN AFFILIATE	1,320,131.
(2) DEPOSITS	253
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,320,384.

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

 1.
 (a) Description of liability
 (b) Book value

 (1) Federal income taxes
 (2)

 (3)
 (4)

 (5)
 (6)

 (7)
 (8)

 (9)
 (10)

 (11)
 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

JSA 1E1270 1.000

^{2.} FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

	le D (Form 990) 2011			Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial States	nent	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		10,110,436
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		9,421,253
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		689,183
4	Net unrealized gains (losses) on investments	4		323,188
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		-48,305
9	Total adjustments (net). Add lines 4 through 8	9		274,883
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		964,066
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re			·
1	Total revenue, gains, and other support per audited financial statements		1	10,385,319
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	-	
a	Net unrealized gains on investments 2a 323,18	8.		
b	Donated services and use of facilities 2b			
C	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV.)			
e	Add lines 2a through 2d	_	2e	323,188
3	Subtract line 2e from line 1	• -	3	10,062,131
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	· •	3	10,002,131
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b		5		
	Add Book 45 and 45	_	4.5	48,305
C	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4c	10,110,436
5 Dow'			5	10,110,436
	Reconciliation of Expenses per Audited Financial Statements With Expenses per R Total expenses and losses per audited financial statements			9,421,253
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1	9,421,253
2				
a	Donated services and use of facilities 2a	_		
b	Prior year adjustments 2b	_		
C	Other losses 2c	_		
d	Other (Describe in Part XIV.)	_	_	
e	Add lines 2a through 2d	-	2e	0 401 052
3	Subtract line 2e from line 1	٠ -	3	9,421,253
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	_		
b	Other (Describe in Part XIV.)	_		
	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	9,421,253
Comp Part V	Supplemental Information lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also computational information.			
SEE	PAGE 5			

Schedule D (Form 990) 2011 PARAQUAD, INC. 23-7112449 Page **5**

Part XIV Supplemental Information (continued)

INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE ORGANIZATION'S ENDOWMENT CONSISTS OF A DONOR-RESTRICTED ENDOWMENT ESTABLISHED FOR OPERATIONAL PURPOSES AND A BOARD-DESIGNATED ENDOWMENT. AS REQUIRED BY ACCOUNTING STANDARDS, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

MANAGEMENT FEES

SCHEDULE D, PART XI, LINE 8 AND SCHEDULE D, PART XII, LINE 4B

PARAQUAD, INC RECEIVED \$48,305 IN MANAGEMENT FEES FROM PARAQUAD 5240,

INC, A RELATED 501(C)(3) ORGANIZATION, FOR THE MANAGEMENT ACTIVITIES

PERFORMED FOR PARAQUAD 5240. SUCH AMOUNTS WERE ELIMINATED IN THE

CONSOLIDATED FINANCIAL STATEMENTS.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

lame	of the organization					Employer identification	on number
PARA	AQUAD, INC.					23-7112449)
Dov4	Fundraising Activities. Com	plete if the organ	nization a	nswered	"Yes" to Form 9	90, Part IV, line	17.
Part	Form 990-EZ filers are not	required to compl	lete this p	oart.			
1	Indicate whether the organization rais	sed funds through a	any of the	following	activities. Check a	all that apply.	
а	Mail solicitations	е	Solic	itation of r	non-government g	rants	
b	Internet and email solicitations	f	Solid	itation of	government grant	S	
С	Phone solicitations	g	Spec	cial fundra	ising events		
d	In-person solicitations						
2a	Did the organization have a written or or key employees listed in Form 990.						Yes No
b	If "Yes," list the ten highest paid indicompensated at least \$5,000 by the		(fundraise	rs) pursua	int to agreements	under which the	fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Γotal				•			
3	List all states in which the organizate registration or licensing.				contributions or	has been notified	it is exempt from
. – – –							

Schedule G (Form 990 or 990-EZ) 2011 Page 2

Part II	Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more
	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with
	gross receipts greater than \$5,000.

		gross receipts greater than \$5,00	00.			
			(a) Event #1 GALA	(b) Event #2	(c) Other Events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue		Gross receipts	45,200.			45,200.
œ	2	Less: Charitable contributions	45,200.			45,200.
	3	Gross income (line 1 minus line 2).				
		2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ct Exp	7	Food and beverages	16,925.			16,925.
Dire	8	Entertainment				
	9	Other direct expenses	22,615.			22,615.
	10	Direct expense summary. Add lines 4	through 9 in column (d)			(39,540.)
	11	Net income summary. Combine line 3	3, column (d), and line 10)	<u></u>	-39,540.
Pa	rt l	Gaming. Complete if the orgathan \$15,000 on Form 990-E	anization answered "Y	es" to Form 990, Par	t IV, line 19, or repo	rted more
a		(nan \$13,000 on 1 onn 330 E		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev		0				
_	1	Gross revenue				
nses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2	through 5 in column (d)			()
	8	Net gaming income summary. Comb	ine line 1, column d, and	l line 7		
9	F	nter the state(s) in which the organizat	ion operates gaming act	ivities:		
a	Is	the organization licensed to operate g		of these states?		Yes No
		ere any of the organization's gaming I	icenses revoked, suspe			_ Yes No

Sched	tule G (Form 990 or 990-EZ) 2011	Page 3
11	Does the organization operate gaming activities with nonmembers?	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?	No
13	Indicate the percentage of gaming activity operated in:	
а	The organization's facility	%
b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ►	
	Address ►	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	No
b		
	amount of gaming revenue retained by the third party ▶ \$	
С	If "Yes," enter name and address of the third party:	
	Name ►	
	Address ►	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	– Na
L	retain the state gaming license? Yes Yes	No
b	or spent in the organization's own exempt activities during the tax year > \$	
Par		
ı aı	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete the part to provide any additional information (see instructions).	is

Schedule G (Form 990 or 990-EZ) 2011

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Name of the organization						Employer identificati	on number
PARAQUAD, INC.						23-7112449	
Part I General Information on Grants and	Assistance)					
 Does the organization maintain records to sul the selection criteria used to award the grants Describe in Part IV the organization's procedu 	or assistance	e?					X Yes No
Part II Grants and Other Assistance to G to Form 990, Part IV, line 21, for ar Part II can be duplicated if additional	y recipient	that received	more than \$5,0	00. Check this b	plete if the organiza ox if no one recipier	t received more th	ian \$5,000.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_(1)	_						
_(2)							
_(3)							
_(5)							
_(6)							
_(7)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and g 3 Enter total number of other organizations lister For Paperwork Reduction Act Notice, see the In-	d in the line	1 table				>	ule I (Form 990) (2011

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIP	1.	7,500.			
2					
3					
4					
5					
6					
7					

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

USE OF GRANT FUNDS

SCHEDULE I

THE ORGANIZATION MAINTAINS A SCHOLARSHIP FUND TO PAY QUALIFIED EXPENSES

FOR THE POST-SECONDARY EDUCATION OF STUDENTS WHO HAVE A DISABILITY.

STUDENTS MUST APPLY FOR THE SCHOLARSHIP FUNDS AND THE STUDENTS MUST

ATTEND A MISSOURI OR ILLINOIS POST-SECONDARY INSTITUTION.

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization Employer identification number PARAQUAD, INC. 23-7112449

990 REVIEW PROCESS

990 PART VI, LINE 11B

A MEMBER OF THE FINANCE COMMITTEE REVIEWS AND APPROVES THE FORM 990. A

COPY OF THE 990 IS THEN PROVIDED TO EACH BOARD MEMBER PRIOR TO FILING THE

FORM WITH THE IRS.

CONFLICT OF INTEREST POLICY

990 PART VI, LINE 12

THE ORGANIZATION REQUIRES EACH BOARD MEMBER AND EMPLOYEE TO READ AND RE-SIGN THE CONFLICT OF INTEREST POLICY AGREEMENT EVERY YEAR. IF A CONFLICT EXISTS, THE BOARD MEMBER OR EMPLOYEE IS RECUSED FROM THE DISCUSSION AND DECISIONS RELATED TO THE CONFLICT.

COMPENSATION DETERMINATION PROCESS

990 PART VI, LINE 15

THE CEO'S COMPENSATION PACKAGE IS REVIEWED BY THE EXECUTIVE COMMITTEE,
WHICH INCLUDES A COMPARISION OF TOTAL COMPENSATION PAID TO CEO'S OF
SIMILAR ORGANIZATIONS. THE COMPENSATION OF OTHER OFFICERS AND KEY
EMPLOYEES IS BASED ON THE ANNUAL PERFORMANCE APPRAISAL AND IS CONFIRMED
BY THE EXECUTIVE COMMITTEE.

ORGANIZATION DOCUMENTS

990 PART VI, LINE 19

THE ARTICLES OF INCORPORATION, BY-LAWS, CONFLICT OF INTEREST POLICY AND

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

Name of the organization

PARAQUAD, INC.

Employer identification number
23-7112449

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

OTHER PROGRAM SERVICES

990 PART III, LINE 4D

YOUTH AND FAMILY: PROVIDES SERVICES SIMILAR TO THE ADULT PROGRAMS BUT

AIMED AT THE YOUTH. ALSO, PROVIDES COMMUNITY EDUCATION BY PROVIDING

DISABILITY AWARENESS TO STUDENTS AND OTHER SOCIAL GROUPS. 93 INDIVIDUALS

WERE ASSISTED IN THE CURRENT FISCAL YEAR. TOTAL EXPENSES = \$127,659

COLLEGE FOR LIVING: INCLUDES EXPENDITURES NEEDED TO PROVIDE SERVICES SUCH
AS EDUCATION, ADVOCACY AND EMPLOYMENT TO ADULTS WITH DEVELOPMENTAL
DISABILITIES TO ENABLE THEM TO LIVE MORE INDEPENDENTLY. 487 INDIVIDUAL
WERE ASSISTED BY THE ORGANIZATION IN THE CURRENT FISCAL YEAR. TOTAL
EXPENSES = \$654,671

IN HOME SERVICES: PROVIDES ATTENDANTS TO CONSUMERS WITH DISABILITIES,

USING EMPLOYEES OF THE ORGANIZATION TO PERSONALLY ASSIST THE CONSUMER AND

TO PERFORM HOUSEHOLD CHORES, ENABLING THESE CONSUMERS TO LIVE

INDEPENDENTLY IN THEIR HOMES. SERVICES WERE PROVIDED TO 110 CLIENTS IN

THE CURRENT FISCAL YEAR. TOTAL EXPENSES = \$695,594

RELATED ORGANIZATION

SCHEDULE R

PARAQUAD IS RELATED TO PARAQUAD 5240, INC. PARAQUAD 5240, INC. WAS FORMED BY THE BOARD OF DIRECTORS OF PARAQUAD, INC. (AND THEREBY IS UNDER THE CONTROL OF PARAQUAD, INC.) TO PURCHASE THE BUILDING IN WHICH PARAQUAD

Schedule O (Form 990 or 990-EZ) 2011 Page **2**

Name of the organization
PARAQUAD, INC.

Employer identification number
23-7112449

HOUSES ITS ORGANIZATION AND CONDUCTS ITS DAY-TO-DAY ACTIVITIES. THE

PURPOSE OF PARAQUAD 5240, INC. IS TO OWN THE BUILDING AND TO SUPPORT

PARAQUAD, INC. WITH ANY NET PROPERTY INCOME. CERTAIN ASSETS OF PARAQUAD,

INC. ARE PLEDGED AS COLLATERAL ON THE BONDS, AND PARAQUAD, INC. IS AN

OVERALL GUARANTOR OF THE BONDS. ON AN ANNUAL BASIS, PARAQUAD, INC.

LEASES OFFICE SPACE FROM PARAQUAD 5240, INC. THE TOTAL AMOUNT OF SUCH

PAYMENTS FOR FISCAL YEAR 2012 AMOUNTED TO \$457,561.

OTHER CHANGES IN FUND BALANCES

PART X1, LINE 5

THE OTHER CHANGES IN FUND BALANCES ARE UNREALIZED GAINS OF \$323,188.

ATTACHMENT	1

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOT	ED FOR	RELATED	ORGANIZATION
ROBERT HUSKEY, PH.D.				
DIRECTOR	1.	00		
DAVID GRAY, PH.D.				
DIRECTOR	1.	00		
NANCY KLEPPER				
SECRETARY	1.	00		
JOSEPH DEMKO				
TREASURER	1.	00		
JOHN SONDAG				
BOARD CHAIR	1.	00		
SCOTT BATES				
DIRECTOR	1.	00		
J. GIBSON HENDERSON, PH.D.				
VICE CHAIR	1.	00		
KERRI A. MORGAN, MSOT, OTR/LATP				
DIRECTOR	2 .	00		
ROBERT FUNK				
EXECUTIVE DIRECTOR	5 .	00		
JEFFREY LEE				
DIRECTOR OF FINANCE	3 .	00		

23-7112449 PARAQUAD, INC.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Part I

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. ➤ See separate instructions.

Open to Public Inspection

Name of the organization Employer identification number 23-7112449 PARAQUAD, INC.

Part I	Identification of Disregarded Entities (Complete if t	ine organization and	5W0100 100 101		1 , 11110 00.)			
	(a) Name, address, and EIN of disregarded entity	I	(b) Primary activity	(c) egal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct cor enti	ntrolling
_(1)								
_(2)								
_(3)								
_(4)								
_(5)								
_(6)								
Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during t	(Complete if the c	organization answ	ered "Yes" to F	orm 990, Part IV	, line 34 because	it had	
	(a)						(g) Section 512(b)(13 controlled entity?	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	12(b)(13) rolled
	Name, address, and EIN of related organization		Legal domicile (state		Public charity status	Direct controlling	Section 5 contr	12(b)(13) rolled
			Legal domicile (state		Public charity status (if section 501(c)(3))	Direct controlling	Section 5 contr enti	12(b)(13) rolled ity?
	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Section 5 contr enti	12(b)(13) rolled ity?
_(2)	Name, address, and EIN of related organization JAD 5240, INC. 26-4049289 JAKLAND AVENUE ST. LOUIS, MO 63110	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Section 5 contr enti	12(b)(13) rolled ity?
(3)	Name, address, and EIN of related organization JAD 5240, INC. DAKLAND AVENUE ST. LOUIS, MO 63110	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Section 5 contr enti	12(b)(13) rolled ity?
(3) (4)	Name, address, and EIN of related organization JAD 5240, INC. 26-4049289 DAKLAND AVENUE ST. LOUIS, MO 63110	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Section 5 contr enti	12(b)(13) rolled ity?
(2) (3) (4) (5)	Name, address, and EIN of related organization UAD 5240, INC. 26-4049289 DAKLAND AVENUE ST. LOUIS, MO 63110	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Section 5 contr enti	12(b)(13) rolled ity?

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

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Part III	Identification of Relate because it had one or r	ed Organizations more related orga	Taxable nizations	as a Partnersh treated as a pa	ip (Complete if t artnership during	he organization the tax year.)	answered "Yes"	to F	orm	990, Part IV,	line	34	
	(a) Name, address, and EIN of related organization	address, and EIN Primary activity Legal Direct controlling Predominant income (related, unrelated)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 2 of Schedule K-1 (Form 1065)	(j) General or managing partner?				
(4)					,			Yes	No	(Yes	No	
_(1)		_											
(2)													
<u>(3)</u>													
<u>(4)</u>													
<u>(5)</u>													
<u>(6)</u>													
<u>(7)</u>													
Part IV	Identification of Relate	ed Organizations one or more rela	Taxable	as a Corporations treated	on or Trust (Con	nplete if the orga	 anization answer the tax vear)	ed "\	Yes"	to Form 990	, Par	t IV,	
	(a) Name, address, and EIN of		10 a 0. ga.	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(f) re of to ncome		(g) nare of year as	sets	(h) Percentage ownership
<u>(1)</u>													
(2)													
(3)													
<u>(4)</u>													
<u>(5)</u>				_									
<u>(6)</u>				-									

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Pa	rt V Transactions With Related Organizations (Complete if the organization answered "Ye	es" to Form 990, Pa	rt IV, line 34, 35, 35a, or 3	36.)		
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				١	es No
1	During the tax year, did the organization engage in any of the following transactions with one or more re	elated organizations list	ted in Parts II–IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	Σ
b	Gift, grant, or capital contribution to related organization(s)				1b	Σ
С	Gift, grant, or capital contribution from related organization(s)				1 c	Σ
d	Loans or loan guarantees to or for related organization(s)				1d	Х
е	Loans or loan guarantees by related organization(s)				1e	Σ
f	Sale of assets to related organization(s)				1f	2
g	Purchase of assets from related organization(s)				1g	Σ
h	Exchange of assets with related organization(s)				1h	Σ
i	Lease of facilities, equipment, or other assets to related organization(s)				1i	Σ
j	Lease of facilities, equipment, or other assets from related organization(s)				1j	X
k	Performance of services or membership or fundraising solicitations for related organization(s)				1k	Σ
I	Performance of services or membership or fundraising solicitations by related organization(s)				11	Σ
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1 m	X
n	Sharing of paid employees with related organization(s)				1n	X
0	Reimbursement paid to related organization(s) for expenses				10	Σ
р	Reimbursement paid by related organization(s) for expenses				1p	Σ
q	Other transfer of cash or property to related organization(s)				1q	Σ
r	Other transfer of cash or property from related organization(s)		<u> </u>			X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete the	nis line, including cove	red relationships and transa	ction thres	holds.	
	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	Method o	(d) of detern nt involv	
(1)						
(2)						
<u>\-</u> /						
(3)						
(4)						

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(5)

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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor allocatio		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				section 512-514)	Yes	No			Yes	No	(1 01111 1003)	Yes	No	
(1)														
(2)														
<u>(3)</u>														
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<u>(14)</u>														
<u>(15)</u>														
<u>(16)</u>														

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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).