See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490
Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

For the 2012 calendar year, or tax year beginning 7/01/2012, and ending 6/30/2013

Employer identification number
54-1005744

Website: N/A

Tax-exempt status (check only one) – 501(c)(3) 501(c)(4) 501(c)(6) 501(c)(7) 501(c)(8) or 501(c)(9)

Check □ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ

Part I. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

1. Contributions, gifts, grants, and similar amounts received
   2. Program service revenue including government fees and contracts
   3. Membership dues and assessments
   4. Investment income

5a. Gross amount from sale of assets other than inventory
5b. Less cost or other basis and sales expenses
5c. Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)

6. Gaming and fundraising events
   a. Gross income from gaming (attach Schedule G if greater than $15,000)
   b. Gross income from fundraising events (not including
      from fundraising events reported on line 1) (attach Schedule G if the sum
      of such gross income and contributions exceeds $15,000)
   c. Less direct expenses from gaming and fundraising events.

7a. Gross sales of inventory, less returns and allowances
7b. Less cost of goods sold
7c. Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)

8. Other revenue (describe in Schedule O)
9. Total revenue. Add lines 2, 3, 4, 5a, 6a, 6b, 6c, 7a, 7b, 7c, and 8

10. Grants and similar amounts paid (list in Schedule O)
11. Benefits paid to or for members
12. Salaries, other compensation, and employee benefits
13. Professional fees and other payments to independent contractors
14. Occupancy, rent, utilities, and maintenance
15. Printing, publications, postage, and shipping
16. Other expenses (describe in Schedule O)
17. Total expenses. Add lines 10 through 16

See Schedule O

18. Excess or (deficit) for the year (Subtract line 17 from line 9)
19. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year
   figure reported on prior year's return)
   See Schedule O
20. Other changes in net assets or fund balances (explain in Schedule O)
   See Schedule O
21. Net assets or fund balances at end of year. Combine lines 18 through 20

BAA For Paperwork Reduction Act Notice, see the separate instructions.
**Part II Balance Sheets. (see the instructions for Part II.)**

Check if the organization used Schedule O to respond to any question in this Part II

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Cash, savings, and investments</td>
<td>83,398.22</td>
</tr>
<tr>
<td>23 Land and buildings</td>
<td>23</td>
</tr>
<tr>
<td>24 Other assets (describe in Schedule O)</td>
<td>See Schedule O</td>
</tr>
<tr>
<td>25 Total assets</td>
<td>83,398.25</td>
</tr>
<tr>
<td>26 Total liabilities (describe in Schedule O)</td>
<td>7,641.26</td>
</tr>
<tr>
<td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>75,757.27</td>
</tr>
</tbody>
</table>

**Part III Statement of Program Service Accomplishments (see the instructions for Part III.)**

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Include only those program services whose related expenses exceed $50,000.

<table>
<thead>
<tr>
<th>(Grants $ )</th>
<th>If this amount includes foreign grants, check here</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 APDU serves the users, producers, and disseminators of governmental statistical data.</td>
<td>28a 75,666.</td>
</tr>
<tr>
<td>29</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td></td>
</tr>
<tr>
<td>31 Other program services (describe in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>(Grants $ )</td>
<td>If this amount includes foreign grants, check here</td>
</tr>
<tr>
<td>32 Total program service expenses (add lines 28a through 31a)</td>
<td>32 75,666.</td>
</tr>
</tbody>
</table>

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

<table>
<thead>
<tr>
<th>(a) Name and Title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Form W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert Scardamalia</td>
<td>Past President</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Warren Brown</td>
<td>President</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ken Hodges</td>
<td>Secretary</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Steve Pierson</td>
<td>Director</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Susan Ockert</td>
<td>Director</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Virginia Carlson</td>
<td>Vice President</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Brian Maisano</td>
<td>Treasurer</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Joan Navmark</td>
<td>Director</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Kathryn Pettit</td>
<td>Director</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
33. Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.

Yes No

33 X

34. Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).

Yes No

34 X

35a. Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

Yes No

35a X

b. If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.

Yes No

35b X

c. Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.

Yes No

35c X

36. Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.

Yes No

36 X

37a. Did the organization file Form 1120-POL for this year? Enter amount of political expenditures, direct or indirect, as described in the instructions.

Yes No

37a 0

37b X

38a. Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

Yes No

38a N/A

39. Section 501(c)(7) organizations Enter.

a. Initiation fees and capital contributions included on line 9

Yes No

39a N/A

b. Gross receipts, included on line 9, for public use of club facilities

Yes No

39b N/A

40a. Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 = 0, section 4912 = 0, section 4955 = 0.

Yes No

40a X

b. Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.

Yes No

40b X

c. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.

Yes No

40c X

d. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.

Yes No

40d X

41. List the states with which a copy of this return is filed. None

Yes No

41 X

42a. The organization's books are in care of

Yes No

42b X

Located at P.O. Box 100127 Arlington VA Telephone no. 703-522-4980 Zip + 4 22210

Yes No

42c X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

Yes No

42d X

At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country.

Yes No

42e X

43. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year.

Yes No

43 X

44a. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.

Yes No

44a X

b. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.

Yes No

44b X

c. Did the organization receive any payments for indoor tanning services during the year?

Yes No

44c X

d. If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?

Yes No

44d

45a. Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?

Yes No

45a X

b. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).

Yes No

45b X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part II

Part VI: Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49 Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization’s five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

<table>
<thead>
<tr>
<th>(a) Name and title of each employee paid more than $100,000</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
</table>

None

f Total number of other employees paid over $100,000

51 Complete this table for the organization’s five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
</table>

None

d Total number of other independent contractors each receiving over $100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☑ Yes ☐ No

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.

Signature of officer

Date 2/9/2014

Type or print name and title

Mary E. Johnson, CPA

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00220070

Firm's name Johnson, Bremer & Ignacio, CPA'S PC

Firm's address 3959 PENDER DR STE 112

FAIRFAX, VA 22030-6041

Firm's EIN 54-1358893

Phone no (703) 934-6650

May the IRS discuss this return with the preparer shown above? See instructions

☑ Yes ☐ No
Public Charity Status and Public Support

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

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

Name of the organization

Employer identification number

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

1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state:

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8 A community trust described in section 170(b)(1)(A)(vii). (Complete Part II)
9 An organization that normally receives more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2).

10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

Type I  Type II  Type III — Functionally integrated  Type III — Non-functionally integrated

11 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

12 If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

Yes  No

1/11 11 g (i) Yes  No

1/11 11 g (ii) Yes  No

1/11 11 g (iii) Yes  No

1/11 h Provide the following information about the supported organization(s)

(i) Name of supported organization  (ii) EIN  (iii) Type of organization (describe on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in column (i) listed in your governing document?  (v) Did you notify the organization in column (i) of your support?  (vi) Is the organization in column (i) organized in the U.S.?

Yes  No  Yes  No  Yes  No

(A)

(B)

(C)

(D)

(E)

Total

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

Schedule A (Form 990 or 990-EZ) 2012

TEEA0401L 08/09/12
**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

### Section A. Public Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14 |

16a **33-1/3% support test — 2012.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test — 2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the ‘facts-and-circumstances’ test. check this box and **stop here.** Explain in Part IV how the organization meets the ‘facts-and-circumstances’ test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions
## Part II

### Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal yr beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')</td>
<td>23,925.</td>
<td>29,700.</td>
<td>21,750.</td>
<td>26,325.</td>
<td>28,325.</td>
<td>130,025.</td>
</tr>
<tr>
<td>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</td>
<td>42,692.</td>
<td>46,082.</td>
<td>41,330.</td>
<td>42,857.</td>
<td>55,459.</td>
<td>228,420.</td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td>66,617.</td>
<td>75,782.</td>
<td>63,080.</td>
<td>69,182.</td>
<td>83,784.</td>
<td>358,445.</td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>7b 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</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>7c Add lines 7a and 7b</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>8 Public support (Subtract line 7c from line 6)</td>
<td>66,617.</td>
<td>75,782.</td>
<td>63,080.</td>
<td>69,182.</td>
<td>83,784.</td>
<td>358,445.</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal yr beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td>66,617.</td>
<td>75,782.</td>
<td>63,080.</td>
<td>69,182.</td>
<td>83,784.</td>
<td>358,445.</td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>10c Add lines 10a and 10b</td>
<td>66,617.</td>
<td>75,782.</td>
<td>63,080.</td>
<td>69,182.</td>
<td>83,839.</td>
<td>358,516.</td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12)</td>
<td>66,617.</td>
<td>75,782.</td>
<td>63,080.</td>
<td>69,182.</td>
<td>83,839.</td>
<td>358,516.</td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

| | | | | | | |
|---|---|---|---|---|---|
| 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15 | 99.98% | |
| 16 Public support percentage from 2011 Schedule A, Part III, line 15 | 16 | 0.00% | |

#### Section D. Computation of Investment Income Percentage

| | | | | | | |
|---|---|---|---|---|---|
| 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.02% | |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17 | 18 | 0.00% | |

19a 33-1/3% support tests – 2012. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

19b 33-1/3% support tests – 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions
Part IV: Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Name of the organization: Association of Public Data Users

Employer identification number: 54-1005744

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

APDU serves the users, producers and disseminators of governmental statistical data.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No
### Form 990-EZ, Part I, Line 16
#### Other Expenses

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank and credit card fees</td>
<td>$2,158.</td>
</tr>
<tr>
<td>Bank service charges</td>
<td>$43.</td>
</tr>
<tr>
<td>Board and executive committee</td>
<td>$1,685.</td>
</tr>
<tr>
<td>Conferences, Conventions, and Meetings</td>
<td>$27,611.</td>
</tr>
<tr>
<td>Fees and licenses</td>
<td>$4,880.</td>
</tr>
<tr>
<td>Marketing</td>
<td>$715.</td>
</tr>
<tr>
<td>Membership</td>
<td>$1,000.</td>
</tr>
<tr>
<td>Telephone</td>
<td>$69.</td>
</tr>
<tr>
<td>Website hosting and maintenance</td>
<td>$630.</td>
</tr>
</tbody>
</table>

**Total** $38,791.

### Form 990-EZ, Part I, Line 20
#### Other Changes In Net Assets Or Fund Balances

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior year adjustments</td>
<td>$8,116.</td>
</tr>
</tbody>
</table>

**Total** $8,116.

### Form 990-EZ, Part II, Line 24
#### Other Assets

<table>
<thead>
<tr>
<th>Item</th>
<th>Beginning</th>
<th>Ending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts receivable</td>
<td>$0.</td>
<td>$475.</td>
</tr>
</tbody>
</table>

**Total** $0. - $475.

### Form 990-EZ, Part II, Line 26
#### Total Liabilities

<table>
<thead>
<tr>
<th>Item</th>
<th>Beginning</th>
<th>Ending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable</td>
<td>$7,641.</td>
<td>$0.</td>
</tr>
</tbody>
</table>

**Total** $7,641. - $0.