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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

<u> A</u>	For th	ne 2011 calendar year, or tax year beginning	and ending		r								
В	Check i applicat	C Name of organization		D Employer identi	fication number								
	Addi				•								
[]	Nam chan	Doing Business As		75-3	3179471								
	Initia retur Term ated	n   Number and street (or P.O. box it mail is not delivered to street address)	Room/su		er -255-4676								
Ì	Ame	nded Characteristics		G Gross receipts \$	206,247.								
Ē	Appl			H(a) Is this a group									
	pend	F Name and address of principal officer: NATALIE GRANT-HEI	RMS	for affiliates?	Yes X No								
		SAME AS C ABOVE		H(b) Are all affiliates in									
ī	Tax-ex	xempt status: X 501(c)(3)	(1) or 1		a list. (see instructions)								
		ite: WWW.ABOLITIONINTERNATIONAL.COM	(1) (1)	H(c) Group exemption									
		of organization: X Corporation Trust Association Other	l V	ear of formation: 2004	M State of legal domicile: TN								
		Summary	<u> </u>	out of formation. 2001	W State of legal conficile. 114								
Ð	1	Briefly describe the organization's mission or most significant activities: ABC	LITIO	N INTERNATION	VAL IS								
Activities & Governance		DEDICATED TO THE ERADICATION OF SEX TRA	AFFICK.	ING AND THE E	XPLOITATION								
Ĕ	2	Check this box F if the organization discontinued its operations or disposed of more than 25% of its net assets.											
Š	3				5								
જ	4	Number of independent voting members of the governing body (Part VI, line 1	b)	4	5								
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	6								
ž.	6	Total number of volunteers (estimate if necessary)		6	5								
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.								
_	b	Net unrelated business taxable income from Form 990-T, line 34			0.								
				Prior Year	Current Year								
ē	8	Contributions and grants (Part VIII, line 1h)		149,965.	197,379.								
eur	9	Program service revenue (Part VIII, line 2g)		2,270.	0.								
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.								
u.		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,459.	<15,573.>								
	12	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)	153,694.	181,806.								
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		47,437.	10,000.								
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.								
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1		38,888.	59,092.								
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.								
X		Total fundralsing expenses (Part IX, column (D), line 25)											
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		68,560.	92,003.								
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		154,885.									
<u>v</u>	19	Revenue less expenses. Subtract line 18 from line 12		<1,191.	> 20,711.								
sets or				Beginning of Current Year	End of Year								
SSe		Total assets (Part X, line 16)		41,386.	62,097.								
Net As Fund B		Total liabilities (Part X, line 26)		0.	0.								
	22	Net assets or fund balances. Subtract line 21 from line 20		41,386.	62,097.								
		Signature Block											
Unae	r pena	lties of perjury, I declare that I have examined this return, including accompanying sched	ules and state	ements, and to the best of m	y knowledge and belief, it is								
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of	which prepai	rer has any knowledge.									
Cian		Signature of officer		Date									
Sign Here			ממגיאמ										
пете	1	Type or print name and title	DUAND	, FOUNDER	******								
				Date Check	X PTIN								
Paid		Print/Type preparer's name DAVID LISTER Preparer's signature		05/11/12 selfemploye									
Prepa		Firm's name KRAFTCPAS PLLC	**************************************										
Use (	t	Firm's address 555 GREAT CIRCLE ROAD	Firm's EIN ► 62-0713250										
	1	NASHVILLE, TN 37228		Phone no. 6	15-242-7351								
<u>М</u> ау	the IR	S discuss this return with the preparer shown above? (see instructions)		r none no. O	X Yes No								

	m 990 (2011) ABOLITION INTERNATIONAL, INC.	75-3179	471	Page 2
Pá	art III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response to any question in this Part III			X
1	Briefly describe the organization's mission: ABOLITION INTERNATIONAL IS A NON-PROFIT CHARITABLE FOUND	77 TT C 17		
	DEDICATED TO THE ERADICATION OF SEX TRAFFICKING AND THE		3 M T () 3 T	
	OF WOMEN AND CHILDREN BOTH DOMESTICALLY AND ABROAD THROU	EXPLOIT	ATTON	
	ACCREDITATION, ADVOCACY, EDUCATION AND RESTORATION. ABOU			
2	Did the organization undertake any significant program services during the year which were not listed on	3711011		
_	the prior Form 990 or 990-EZ?	Г	□Yes [	X No.
	If "Yes," describe these new services on Schedule O.		165 _	777 140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Γ	Yes [	X No
	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 ex	openses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of organizations			
	others, the total expenses, and revenue, if any, for each program service reported.	,		
4a		θ\$	<1,6	79.≯
	THE ORGANIZATION SUPPORTED SHORT-TERM AND LONG-TERM REHA	BILITAT:		
	CENTERS IN THE UNITED STATES AND ABROAD. THESE CENTERS			TO
	SPECIFICALLY AID HUMAN TRAFFICKING VICTIMS. CENTERS WII		Œ	
	SHELTER, EDUCATION, COUNSELING AND CASE MANAGEMENT SERVI	CES.		
4b	(Code:) (Expenses \$			
40	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	·\$		)
4c	(Code:) (Expenses \$	\$		)
				<del></del>
		<u></u>		
				<del></del>
44	Other program continue (Describe in School to O)			
+U	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$			
4e	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶ 69,423.	)		<del></del>
		<b>C</b>	orm <b>990</b>	(2011)
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### Part IV | 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)? Х If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 Х public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 5 similar amounts as defined in Revenue Procedure 98·19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide Х credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent Х 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI, XII, and XIII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional...... 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization Х or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals Х located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

### Part IV | Checklist of Required Schedules (continued) No Yes 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 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 X 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Dld the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \_\_\_\_\_ 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a 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 X 25b 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 Х 26 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 X 27 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); a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ..... $\overline{\mathbf{x}}$ 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?// "Yes," complete Schedule N, Part II Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Х 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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 ......

# Form 990 (2011) ABOLITION INTERNATIONAL, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

The Enter the number reported in Box 3 of Form 1086, Enter -0 if not applicable be the first the number of Forms W2G included in line 1s, Enter -0 if not applicable by the complete of the co		Check it Schedule O contains a response to any question in this Part V			L
b Enter the number of Forms W2G included in line 1s. Enter o' in rot applicable or Diff the organization comply with backpy withinking in lab for reportable payments to wendors and reportable gaming (gambling) wirenings to prize winners?  2a Enter the number of employees reported on Form W3, Transmitted of Wage and Tax Statomonts, lifed for the calandar year ending with or within the year covered by this return  2b If a least one is reported on line 2a, did the organization life all required federal employment tax returns?  2b If a least one is reported on line 2a, did the organization life all required federal employment tax returns?  2c If a least one is reported on line 2a, did the organization because the complex of the file game instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a If If Yee, I have the did not be calendar year, did the organization have an intercest in, or a signature or other authority over, a financial accountly found as a bank account, securities account, or other financial accountly?  5b If Yee, in the the name of the forcign country [ex] and as bank account, securities account, or other financial accountly.  5c See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction and the property of the prohibited tax shelter transaction and the property of the prohibited tax shelter transaction and the property of the prohibited tax shelter transaction and the property of the prohibited tax shelter transaction and the property of the property				Yes	No
c Did the organization comply with backeup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners?  28 Enfert the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, libed for the calendar year ending with or within the year covered by this return.  8 If all east one is reported on line 2s, did the organization file all required federal employment tax returns?  8 If all east one is reported on line 2s, did the organization file all required federal employment tax returns?  8 If a least one is reported on line 2s, did the organization of the line way?  9 If Yes, "hear it filed a form 990" for this year? if Ws., "provide an explanation in Schedule O  9 At any time during the calendary vary, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country," and a report of provide an explanation in Schedule O  9 At any time of the name of the foreign country," be seen instructions for filing requirements for Form TD F 90 22.1, Report of Foreign Bank and Financial Accounts.  9 Was the organization appray to a prohibited tax ehelet retransaction at any time during the tax year?  9 Did any tenedop party notify the organization file a Form 88817  9 See instructions for filing requirements for Form 7D F 90 22.1, Report of Foreign Bank and Financial Accounts.  9 See instructions for filing requirements for Form 88817  9 See instructions for filing requirements for Form 88817  9 See instructions for filing requirements for Form 88817  9 See instructions for filing requirements for Form 88817  9 See in the organization and party for organization file and party for year and party for goods and services provided to the payor?  9 See in the organization and party for organization filing requirements for Form 88817  9 See in the organization for the organization file for white filing for year for year for year with the payor for the organization for year for year payments in a work					
grambing) winnings to prize winners?  2a Enter the number of employaes reported on Form WS, Transmittal of Wage and Tax Statements, liked for the calendar year ending with or within the year covered by this return  3b If at least one is reported on fine 2a, did the organization life all required federal employment tax returns?  3c Did the organization have unrelated business gross incorner of \$1,000 or representation in Schedule O  3d Did the organization have unrelated business gross incorner of \$1,000 or more during the year?  3a Did the organization have unrelated business gross incorner of \$1,000 or more during the year?  3a Did the organization have unrelated business gross incorner of \$1,000 or more during the year?  3a Did at any time during the calendar year, did the organization have an interest it, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a At any time during the calendar year, did the organization have an interest it, 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)?  5b Was the organization at party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization at party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization have annual gross recoipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax devicubles?  5c If Yes, "did the organization include with evary solicitation an express statement that such contributions or gitts were not tax devicubles?  5c If Yes, "did the organization reches a symmetia or expression of the party for goods and services provided to the payor?  5c If Yes, "did the organization necked a contribution of cars of \$5 made party is a contribution of across provided and the payor of the payor of the payor of the payor of		Enter the realization of Fernanda Mariana de Enter o a flor apparente	2		
2a Enter the number of employees reported on Form WS, Transmittal of Wage and Tax Statements, filled for the calesday year entering with or within the year ocered by this return.  If all least one is reported on filine 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see Instructions)  3a Did the organization have undealed business gress incrome 615, 1000 or more during the year?  3a X  b If "Yes," has it field a Form 990-T for this year? If "No," provide an explanation in Schedule O  3b J  4a At any time during the calendary 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)?  5b If "Yes," than the dark foreign country (such as a bank account, securities account, or other financial Accounts.  5a Was the organization a party to a prohibited tax sheller transaction at year time outhing the tax year?  5b Did any texabile party notify the organization file form 8888177  5c I "Yes," to line 6a or 5b, did the organization file Form 8888177  6c Does the organization floating with the very selectation an express statement that such contributions or gitts were not tax deductible?  7c Organizations had may receive deductible contributions under section 170(c).  8d b If "Yes," did the organization floating the very selectation and express statement that such contributions or gitts were not tax deductible?  7c Organizations had may receive deductible contributions under section 170(c).  8d b If "Yes," did the organization include with every selectation under section 170(c).  8d b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7c Did the organization section and provides a services provided?  7d Did the organization receive any funds, disectly or indirectly, to pay premiums on a personal benefit contract?  7d Di	С				
tilled for the calendar year ending with or within the year covered by the rotum			1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, If the sum of lines 1a and 2a is greater than 250, you may be required to 4e-file feee instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has It failed a Form 990-1 for this year? If "No", 'provide an explanation in Schedule O  3b A At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, in a foreign country (such as a bank account, securities account, or other financial account)?  4a At any time the remain of the foreign country (such as a bank account, securities account, or other financial account)?  5b If "Yes," there the name of the foreign country (such as a bank account, securities account, or other financial account)?  5c If "Yes," to line 5a or 5b, did the organization that It was or is a party to a prohibited text shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization the Form 88861??  5c Does the organization have around gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  5c Did the organization shall were yes olicitation an express statement that such contributions or gitts were not tax deductible?  5c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  5d If "Yes," foliat the organization notify the donor of the value of the goods or services provided?  5d If Yes," foliations that may receive deductible contributions under section 170(c),  a Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d If If the organization received a contribution of qualified intellectual property, of which it was required?  7d If the organization received a contribution of oars, boats, applares	2a		.		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see Instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 A If "Yes," has it flad a Form 990-T for this year? If "No," provide an explanation in Schedule O 3 A At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account)? 4 A A Larry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 5 B Was the organization country (such as a bank account, or other financial account)? 5 B Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 5 B Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 5 B Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax edeuctible? 6 B 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 edeuctible? 6 B Warring or the property of the organization include with every solicitation an express statement that such contributions or gifts were not tax of eductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," indicate the number of Forms \$226 fleed during a party as nontribution and party for goods and services provided to the payor? 7 To be the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 To be organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 To be organization ma			4		l
3a Did the organization have surveitated business gross income of \$1,000 or more during the year?  3a X  b if Yes,* has it filed a Form 990-T for this year? if Yes,* provide an explanation in Schedule O  3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a X  b if Yes,* and the frequency (such as a bank account, securities account, or other financial account)?  5b if Yes,* for the the name of the foreign country (such as a bank account, securities account, or other financial account)?  5c Was the organization for form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.  5c Was the organization fore the architecture of the foreign country (such as a bank account, securities account, or other financial accounts).  5c Was the organization foreign requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.  5c Was the organization foreign accountry of the properties of the architecture of the properties of the organization include with every solicitation an express statement that such contributions or gifts were not tax descutible?  6c Was if Yes,* indicates the army receive deductible contributions under section 170(c).  8d If Yes,* indicates the number of Forms 8282 filed during the year of the property for which it was required to file Form 8282?  8d If Yes,* indicate the number of Forms 8282 filed during the year of the property for which it was required to file Form 8282?  9d If Yes,* indicate the number of Forms 8282 filed during the year of the property for which it was required?  9d If the organization received a contribution of cars, boats, eriplanes, or other vehicles, did th	b		2b	Х	<u> </u>
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  9 Did the organization make a distribution to a donor, donor advisor, or related person?  9 Sponsoring organizations. Enter:  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  110 b  11 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 against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  13 Section 501(c)(29) qualifiled nonprofit health insurance issuers.  a Is the organization licensed to Issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  14a Did the	d				
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c Enter the amount of reserves on hand	b			.	
14a Did the organization receive any payments for indoor tanning services during the tax year?       14a X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	C	Enter the amount of reserves on hand13c			
			14a		<u>X</u>
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		1	

Form 990 (2011) ABOLITION INTERNATIONAL, INC. 75-3179471 Page 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
Sec	tion A. Governing Body and Management			
			Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2	Х	
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		Х
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 one or	١Ů		
	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
		7b		Х
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5		
_	The governing body?	8a	х	
h	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	ŲŪ.		
·	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	J		
	The second requests in an area of the second required by the internal recoiled country		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	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		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			-
	Did the organization have a written conflict of Interest policy? If "No," go to line 13	12a		Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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?		1	
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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	Ī		
	taxable entity during the year?	16a	l	X
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	I		
	exempt status with respect to such arrangements?	16b		
Sec	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶TN			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailabl	в	
	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 of interest policy, and	i finan	cial	
	statements available to the public during the tax year.	1641 1		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat	ion: 🕨		
-	DEBRA MCCLOUD - 615-255-4676			
	1400 18TH AVE. SOUTH, SUITE C-3, NASHVILLE, TN 37212			
132000				

01-23-12

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

Check if Schedule O contains a response to any question in this Part VII

### 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.

(A) Name and Title	(B) Average hours per week	pox	, unle	Pos heck ss pe	eson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employes	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) NATALIE GRANT-HERMS	2 00	7,7		37					•	
CHAIRMAN OF THE BOARD, FOUNDER (2) MARK T. FREEMAN	2.00	A	ļ	Х	_			0.	0.	0
VICE PRESIDENT	1.00		İ	Х				0.	0.	0
(3) MARK MAXWELL	1.00	├─	┝	23	$\vdash$	<del> </del>	_	0,	V •	0
BOARD MEMBER	1.00			х				0.	0.	0
(4) TERESE M. BAKER										
BOARD MEMBER	1.00			Х				0.	0.	0
(5) PHIL RASMUSSEN										
BOARD MEMBER	1.00	ļ		Х				0.	0.	0
(6) STACIA FREEMAN										
CEO	15.00			Х				12,000.	0.	0
(7) KATHRYN YORK	20.00			٦,				17 500		0
DIRECTOR OF PROGRAMS & OUTREACH	20.00		<u> </u>	X	<u> </u>		<u> </u>	17,500.	0.	0
(8) HEATHER OWEN DIRECTOR OF ARTIST RELATIONS	10.00			Х				5,200.	0.	0
(9) WILLIAM OGLES CHIEF OPERATING OFFICER	20.00			Х				4,000.	0.	0
(10) SARAH HALE DIRECTOR OF MARKETING	10.00			х				14,537.	0.	0
(11) GABRIELLA DIPACE VOLUNTEER COORDINATOR	5.00			х				3,456.	0.	0
(12) DR. JEFFREY BARROWS			_							
DIRECTOR OF ACCREDITATION & STANDARD	2.00			Х				900.	0.	0
(1900)7 01 02 10										Eorm 990 (2011

Part VII	Section A. Officers, Directors, Tru	1.	mple	oyee			High	est	Compensated Employ	ees (continued)				
	(A)	(B)			(0		_		(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one box, unless person is both an						Reportable	Reportable			timate	
		hours per week		t, unle cer ar					compensation	compensation			ount (	of
		(describe						Ė	from the	from related organizations	- 1		other oensa	tion
		hours for	direct				_		organization	(W-2/1099-MISC	a	•	om the	
		related	) e 0r.	stee			safe		(W-2/1099-MISC)	(11 E) 1000 MICC	"		nizati	
		organizations	trust	E L		yee	эдш		'			•	l relat	
		in Schedule	/dual	Institutional trustee	늘	Key employee	est co	150				orga	nizatio	ons
	•	(describe hours for related organizations in Schedule O)	를	<u>=</u>	Officer	Š	Highest compensated employee	Former			$\perp$			
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										***************************************				
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				$\vdash$	$\dashv$		-				+	· · · · · · · · · · · · · · · · · · ·		
				-	$\vdash$						+			
••••			-	Н							_			
1h Sub-i	otal						┢		57,593.	(	<del>5.</del> †			0.
	from continuation sheets to Part VI								0.		5.			0.
	(add lines 1b and 1c)								57,593.		5.1			0.
	number of individuals (including but n							no re	·	.000 of reportable				
	ensation from the organization						,		*****	,				0
	<u> </u>												Yes	Nο
3 Did th	e organization list any former officer,	director, or tru	iste	e, ke	у еп	olqn	yee,	or h	nighest compensated e	mployee on	Γ	"		
	a? If "Yes," complete Schedule J for s											3	1	X
4 For an	ny individual listed on line 1a, is the su	ım of reportabl												·
and re	elated organizations greater than \$150	0,000? If "Yes,	" CO	mple	ete S	che	dule	Jf	or such individual	-	[	4	·	X
5 Did ar	ny person listed on line 1a receive or a	accrue comper	ısati	ion f	rom	any	unr	elate	ed organization or indivi	dual for services	Г		Ĭ	
	red to the organization? If "Yes," com	plete Schedule	e J f	or su	ich p	oe <i>r</i> s	on .					5	l	Х
Section B.	Independent Contractors													
1 Comp	lete this table for your five highest co	mpensated inc	lepe	ende	nt co	ontr	acto	rs th	hat received more than	\$100,000 of compe	ensat	tion fr	om	
the or	ganization. Report compensation for	the calendar ye	ear e	endir	ıg w	rith c	or wi	ithin	the organization's tax y	ear.				
	(A)				,				(B)		Ω-	(C		_
	Name and business	address	NC	NE				_	Description of s	ervices		mpen	sation	1
								+						
·								-+						
								I						
2 Total r	number of independent contractors (in	acluding but n	ot lin	niter	i to t	thas	a lie	ted	ahove) who received m	ore than				
	DOO of compensation from the organiz		~ · 111		- ••	0			many into received in	V. V MIMI				
ψ100 <sub>1</sub> 0	2. 2. Compositional administration organization										F	orm 9	90 to	0111
											٠,	~ <del>~</del>	10	;

Part VIII Statement of Revenue (D) Revenue excluded from (A) (B) (C) Total revenue Related or Unrelated exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 47,500. c Fundraising events ..... 1c d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 149,879. g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f ..... 197,379. **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment Income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties ..... (i) Real (ii) Personal 6 a Gross rents \_\_\_\_\_ b Less: rental expenses ...... c Rental income or (loss) ..... d Net rental income or (loss) .... 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 47,500 . of contributions reported on line 1c). See 2,377 Part IV, line 18 \_\_\_\_\_a b Less: direct expenses \_\_\_\_\_ b <13,894. c Net income or (loss) from fundraising events <13,894.> 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 4,741 and allowances ..... b Less: cost of goods sold ..... <3,429. <3,429. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a 3/11/10 CONFERENCE 1,000. 900099 1,000 b CTSA 900099 750. 750. d All other revenue 1,750. e Total. Add lines 11a-11d Total revenue. See instructions. 181,806. <1,679. <13,894.> 132009 01-23-12 Form 990 (2011)

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon	se to any question in th		***************************************	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundralsing expenses
1	Grants and other assistance to governments and	0 000	0.000		
	organizations in the United States. See Part IV, line 21	8,000.	8,000.		
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	2,000.	2,000.		
4	United States. See Part IV, lines 15 and 16 Benefits paid to or for members	2,000.	2,000.		
4 5	Compensation of current officers, directors,				
Ų	trustees, and key employees	54,893.	21,509.	15,831.	17,553
6	Compensation not included above, to disqualified	31,0301	22,000,	13,0311	17,000
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and section 403(b) employer contributions)	1			
9	Other employee benefits				
10	Payroll taxes	4,199.	1,645.	1,211.	1,343
11	Fees for services (non-employees):				
а	Management				
b	Legal	İ			
	Accounting	13,130.		13,130.	
đ					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	***************************************			
g	Other				
12	Advertising and promotion	23,744.	17,077.	975.	5,692
13	Office expenses	4,377.	285.	2,874.	1,218
14	Information technology				
15	Royalties	4 200			
16	Occupancy	1,920.		1,920.	
17	Travel	14,146.	12,539.	615.	992.
18	Payments of travel or entertainment expenses	İ			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	0.4			
20	Interest	24.		24.	
21	Payments to affiliates	4,915.		4 015	
22	Depreciation, depletion, and amortization	4,913.		4,915.	
23	Insurance				
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.)		1		
а	TOUR SUPPORT	10,000.	0.	0.	10,000.
b	PROGRAM SERVICE	6,368.	6,368.	0.	0.
c	WEBSITE	4,648.	0.	0.	4,648.
d	CREDIT CARD FEES	3,842.	0.	0.	3,842.
е	All other expenses	4,889.		1,264.	3,625.
25	Total functional expenses. Add lines 1 through 24e	161,095.	69,423.	42,759.	48,913
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 following SOP 98-2 (ASC 958-720)				
122010	01-23-12				Form <b>990</b> (2011)

132010 01-23-12

(A) (B) Beginning of year End of year 11,829. 42,640. Cash · non-interest-bearing 1 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets Notes and loans receivable, net 7 17,007. 8,837. Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 3,741. 288. 445. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 12,262. 10,175. 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 41,386. 62,097. 16 Total assets, Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 -iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 ..... 0. 0. 26 26 Total Ilabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 41,386. 62,097. 27 Unrestricted net assets Temporarily restricted net assets 28 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117, check here 

and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 41,386. 62,097. Total net assets or fund balances 33 41,386. 62,097. Total liabilities and net assets/fund balances \_\_\_\_\_ Form 990 (2011)

	m 990 (2011) ABOLITION INTERNATIONAL, INC. 75-3179							
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			1,8			
2	Total expenses (must equal Part IX, column (A), line 25)	2		161,09 20,71				
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4	1,3	86.		
5	Other changes in net assets or fund balances (explain in Schedule O)	5				0.		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		6	2,0	97.		
Pa	rt XIII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII							
			-		Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual 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		X		
b	Were the organization's financial statements audited by an independent accountant?		L	2b		X		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	.,	İ				
	review, or compilation of its financial statements and selection of an independent accountant?			2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (	D.	1				
þ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a		l				
	separate basis, consolidated basis, or both:		l					
	Separate basis Consolidated basis Both consolidated and separate basis							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit					
	Act and OMB Circular A-133?		L	За		<u>X</u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b				
			i	Form !	990 (	2011)		

## **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

OMB No. 1545-0047

Open to Public inspection

Employer identification number

		ABOLITI	ON INTERNATI	CONAL,	INC.				75	-3179	471	
Part I	Reason	for Public Char	r <b>ity Status</b> (All organi	zations mu	ust comple	te this pa	t.) See ins	tructions.	·			
The organ	nization is not	a private foundation	because it is: (For lines	1 through	11, check	only one l	oox.)					
1 🗀	A church, co	onvention of churche	s, or association of chu	rches desc	cribed in se	ection 170	)(b)(1)(A)(i	).				
2 🗀	A school de	scribed in section 17	7 <mark>0(b)(1)(A)(ii).</mark> (Attach Sc	chedule E.	)							
з 🗀	A hospital or	r a cooperative hosp	ital service organization	described	in section	170(b)(1)	(A)(III).					
4 🔲	A medical re	search organization	operated in conjunction	with a hos	spital desc	ribed in se	ection 170	)(b)(1)(A)(i	ii). Enter th	e hospital	's nan	10,
	city, and sta	te:										
5 🔲	An organizat	tion operated for the	benefit of a college or u	niversity o	wned or o	perated by	/ a govern	mental un	it describe	d in		
	section 170	0(b)(1)(A)(iv). (Compl	ete Part II.)									
6 🔲	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 X	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	y trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 📖	An organizat	ion that normally rec	eives: (1) more than 33	1/3% of its	s support f	rom contr	ibutions, r	nembershi	p fees, and	d gross red	eipts	from
	activities rela	ated to its exempt fu	nctions - subject to certa	ain except	ions, and (	2) no more	than 33	1/3% of its	support f	rom gross	inves	lment
	income and	unrelated business t	axable income (less sec	tion 511 ta	ax) from bu	isinesses :	acquired t	y the orga	ınization al	ter June 3	0, 197	75.
		509(a)(2). (Complete										
10			perated exclusively to te									
11			perated exclusively for the							•		or
			ations described in secti				2). See <b>se</b> e	ction 509(	a)(3). Chec	k the box	that	
	(	· · · · · · · · · · · · · · · · · · ·	organization and compl	· · · · · · · · · · · · · · · · · · ·	-				·			
	а 🔲 Туре		• -		e III - Fund	-	-			Type III - C		
e 🗀		- · ·	at the organization is not		•	-	•					
		-	han one or more publicly		-				9(a)(1) or s	ection 509	(a)(2).	
f			ten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Typ	e III				_
		rganization, check th									•••••	. 🗀
g			organization accepted a									
			lirectly controls, either al								Yes	No
			upported organization?							11g(i)		
			n described in (i) above?									├
z.,			person described in (i)			••••••	• • • • • • • • • • • • • • • • • • • •		•••••	11g(iii)		
h	Provide the I	ollowing information	about the supported or	ganization	(5).							
			(iii) Type of	Viu) in the	organization	(v) Did vo	, notify the	(vi) is	the			
	of supported anization	(II) EIN	organization	in col. (i) li	sted in your	organizat		organizatio	n in col.	(vii) Am		ıt
บเนูส	amzaeun		(described on lines 1-9		document?		support?	organizátio (I) organiz U.S	eo in tre   .?	supp	JOH	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
					'''	100	110	1.00	1.0			
				İ				1				
					ļ							
				1	<b> </b>				<u> </u>			
					-							
Total												
	aperwork Re	duction Act Notice.	see the Instructions fo	or				Schedul	e Δ (Form	990 or 99	n-F71	2011

132021 01-24-12

Form 990 or 990-EZ.

# Schedule A (Form 990 or 990-EZ) 2011 ABOLITION INTERNATIONAL, INC. 75-3179471 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.)

Se	ction A. Public Support						
Cale	endar 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.")	105,627.	120,486.	128,817.	149,965.	197,379.	702,274.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	1					
	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	105,627.	120,486.	128,817.	149,965.	197,379.	702,274.
	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.						702,274.
	ction B. Total Support	<u> </u>					700707
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(a) 2011	(f) Total
	Amounts from line 4	105,627.	120,486	128,817.	149,965.	(e) 2011 197,379.	702,274.
	Gross Income from interest,	,	•				
•	dividends, payments received on						
	securities loans, rents, royalties	ĺ					
	and income from similar sources						
q	Net income from unrelated business						
J	activities, whether or not the						
	business is regularly carried on			}			
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV.)	•	ļ				
44	Total support. Add lines 7 through 10						702,274.
	•	oto (ono instructio				12	23,997.
	Gross receipts from related activities, First five years. If the Form 990 is for			fourth or fifth to			23,331.
13	organization, check this box and stop	=			•		<b>.</b> —
Sec	tion C. Computation of Publi		centage	**********************			
	Public support percentage for 2011 (li	· · · · · · · · · · · · · · · · · · ·	<del>-</del>	olumn (ft)		14	100.00 %
	Public support percentage from 2010						100.00 %
	33 1/3% support test - 2011. If the o						· -
	stop here. The organization qualifies	-				-	
	33 1/3% support test - 2010. If the o						
	and stop here. The organization quali						
	10% -facts-and-circumstances test and if the organization meets the "fac	_					•
	meets the "facts-and-circumstances"						
	10% -facts-and-circumstances test						U% Of
	more, and if the organization meets the						▶ □
	organization meets the "facts-and-circ			·		***************************************	<b>P</b>
10	Private foundation. If the organization	TOTO HOL CHECK & C	ook on line 13, 16a	, 100, 178, OF 17D,		id see instructions fule A (Form 990 :	
					acner	DURK FORM MAIL	or =1501-F/1/1/11

# Schedule A (Form 990 or 990 EZ) 2011 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support		······································			MILES 1000	
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and		,,		3,7 = 0.10		(1) (3)
	membership fees received. (Do not			İ	1		
	include any "unusual grants.")					1	
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in				<b>!</b>		
	any activity that is related to the organization's tax-exempt purpose						
3		·····	:		<del>- </del>		<del>                                     </del>
·	are not an unrelated trade or bus-		<u> </u>			1	
	inone under cection E10				1		
4	Tax revenues levied for the organ-		<del>                                     </del>		· · · · · · · · · · · · · · · · · · ·		-
•	ization's benefit and either paid to						1
	or expended on its behalf			1			
6	The value of services or facilities					<b></b>	
3	furnished by a governmental unit to						
	the organization without charge					İ	}
^	· · · · · · · · · · · · · · · · · · ·						
	Total. Add lines 1 through 5						
/8	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons  Amounts included on lines 2 and 3 received						
N.	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the			<u> </u>			
	amount on line 13 for the year						
	Add lines 7a and 7b		ļ				
	Public support (Subtract Ene 7c from Ene 6.)		<u> </u>				
	tion B. Total Support	,	1				
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6						
ıva	Gross income from interest, dividends, payments received on	İ					
	securities loans, rents, royalties						
	and income from similar sources	<u> </u>					
b	Unrelated business taxable income				j		
	(less section 511 taxes) from businesses						j
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b.		i			i	
	whether or not the business is			:			
	regularly carried on						
12	Other income. Do not include gain	i					
	or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	zation,
	check this box and stop here						<b>&gt;</b>
Sec	tion C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2011 (li					15	%
16	Public support percentage from 2010	Schedule A, Part	III, line 15		·····	16	%
	tion D. Computation of Inves						
17	Investment income percentage for 20	11 (line 10c, colun	nn (f) divided by lin	e 13, column (f))	***************************************	17	%
18	Investment income percentage from 2	010 Schedule A,	Part III, line 17		*************	18	%
19a	33 1/3% support tests - 2011. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3		
	more than 33 1/3%, check this box an	id <b>stop here.</b> The	organization quali	fies as a publicly :	supported organiz	ation	▶□
b	33 1/3% support tests - 2010. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
	ine 18 is not more than 33 1/3%, chec						
	Private foundation. If the organization						
	01-24-12						0 or 990-EZ) 2011

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

➤ 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.

2011
Open to Public Inspection

Name of the organization

ABOLITION INTERNATIONAL, INC.

Employer identification number 75-3179471

Pa	rt I Organizations Maintaining Donor Advised Fu	ınds or Other Similar Funds	or Ac	counts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.			
		(a) Donor advised 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 in donor advis	ed funds	3
	are the organization's property, subject to the organization's exclu-			
6	Did the organization inform all grantees, donors, and donor advisor			
	for charitable purposes and not for the benefit of the donor or don			
	impermissible private benefit?			
Pa				
1	Purpose(s) of conservation easements held by the organization (cl	neck all that apply).		
	Preservation of land for public use (e.g., recreation or educa	tion) Preservation of an his	torically	important land area
	Protection of natural habitat	Preservation of a certi	fied hist	orlo structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified co	onservation contribution in the form	of a cons	servation easement on the last
	day of the tax year.			
			L	Held at the End of the Tax Year
а	Total number of conservation easements		[ :	2a
b	Total acreage restricted by conservation easements		[_:	2b
c	Number of conservation easements on a certified historic structure	e included in (a)	<u>L</u>	2c
d	Number of conservation easements included in (c) acquired after 8	3/17/06, and not on a historic structu	ıre	
	listed In the National Register			2d
3	Number of conservation easements modified, transferred, release	d, extinguished, or terminated by the	organiz	ation during the tax
	year 🕨			
4	Number of states where property subject to conservation easeme.			
5	Does the organization have a written policy regarding the periodic			
	violations, and enforcement of the conservation easements it hold			
6	Staff and volunteer hours devoted to monitoring, inspecting, and e			
7	Amount of expenses incurred in monitoring, inspecting, and enforce			
8	Does each conservation easement reported on line 2(d) above sat			[
	and section 170(h)(4)(B)(ii)?			Yes ☐ No
9	In Part XIV, describe how the organization reports conservation ea			
	include, if applicable, the text of the footnote to the organization's	financial statements that describes t	ihe orga	nization's accounting for
Dai	conservation easements. TIII   Organizations Maintaining Collections of Art	Historiaal Transuras or O	thor Si	milar Assats
Pai	Complete if the organization answered "Yes" to Form 990,		iilei Si	illiai Assets.
				balance about well-se of set
1a	If the organization elected, as permitted under SFAS 116 (ASC 95)	•		
	historical treasures, or other similar assets held for public exhibition		ice of hi	iolic service, provide, in Fait XIV,
	the text of the footnote to its financial statements that describes the		and bal	and about works of ort biotorical
D	If the organization elected, as permitted under SFAS 116 (ASC 95)			
	treasures, or other similar assets held for public exhibition, education to the second	on, or research in junifierance of put	aic servi	ce, provide the following amounts
	relating to these items:		i	<b>*</b>
	(i) Revenues included in Form 990, Part VIII, line 1			φ
	• •	a ar other similar pagets for financial		\$
2	If the organization received or held works of art, historical treasure		gain, pr	UVIGE
_	the following amounts required to be reported under SFAS 116 (At	-	1	
	Revenues Included in Form 990, Part VIII, line 1			
D	Assets included in Form 990, Part X			Ψ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

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

FIN 46 (ASC 740) FOODIGE. In Part XIV, provide the text of the footing to the organization's linancial statements that reports the organization's habitiny for uncertain tax positions under 2. FIN 48 (ASC 740). 132053 01-23-12

	edule D (Form 990) 2011 ABOLITION INTERNATIONAL,		'	75-31/94	/⊥ Page <b>4</b>
	art XI Reconciliation of Change in Net Assets from Form 99		<del></del>	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			***	·
2	Total expenses (Form 990, Part IX, column (A), line 25)				
3	Excess or (deficit) for the year. Subtract line 2 from line 1				
4	Net unrealized gains (losses) on investments	************************	4		
5	Donated services and use of facilities		5		
6	Investment expenses	*********	6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8		9	<u></u>	
10	Excess or (deficit) for the year per audited financial statements. Combine lines				
Pa	rt XII Reconciliation of Revenue per Audited Financial State	ements With R	evenue per	Return	
1	Total revenue, gains, and other support per audited financial statements				· · · · · · · · · · · · · · · · · · ·
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	***************************************		·   ·	
а		2a			
b		2b		-	
c		2c		- !	
d		2d		-	
				$\dashv$	
e	· · · · · · · · · · · · · · · · · · ·			. <u>2e</u>	
3	Subtract line 2e from line 1			. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b			_	
b	Other (Describe in Part XIV.)			<u> </u>	
	Add lines 4a and 4b			. <u>4c</u>	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			. 5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stat				
1	Total expenses and losses per audited financial statements			. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities			_	
b	Prior year adjustments	2b			
C	Other losses				
đ	Other (Describe in Part XIV.)				
е	Add lines 2a through 2d	***************************************		2e	
3	Subtract line 2e from line 1				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)			7	
c	Add lines 4a and 4b			7 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
Par	t XIV Supplemental Information	0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0			
Comj	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3, and 9; Part III, lines 3, and 9; Part	art III, lines 1a and	4; Part IV, lines	1b and 2b; Part V,	line 4; Part
X, line	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also c	omplete this part to	o provide any a	dditional informatio	n.
		The state of the s			
				*******	
			A STATE OF THE STA		

### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### **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. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate Instructions.

OM8 No. 1545-0047

Open To Public Inspection

Employer identification number

Name of the organization 75-3179471 ABOLITION INTERNATIONAL, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations J In person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundralsing services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did fundraiser (vi) Amount paid (i) Name and address of individual (iv) Gross receipts (or retained by) to (or retained by) (ii) Activity have custody or control of contributions? fundraiser from activity or entity (fundralser) organization listed in col. (I) Yes Νo 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2011

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

8 Net gaming	g income summary. Combine line 1, column d, and line 7	<b>P</b>
	e(s) in which the organization operates gaming activities:  tion licensed to operate gaming activities in each of these states?	Yes No
10a Were any of the	e organization's gaming licenses revoked, suspended or terminated during the tax year? in:	Yes No
132082 01-23-12	Sche	dule G (Form 990 or 990-EZ) 2011

Schedule G (Form 990 or 990-EZ) 2011

Schedule G (Form 990 or 990-EZ) 2011 ABOLITION INTERNATIONAL, INC.	
11 Does the organization operate gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity form	
to administer charitable gaming?	Yes L No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	i records:
Name >	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	e? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	e amount
of garning revenue retained by the third party 🕨 \$	
c If "Yes," enter name and address of the third party:	
Name >	
Address	
16 Garning manager information:	
Name	
Gaming manager compensation > \$	
Description of the description was taked by	
Description of services provided 🕨	<del></del>
Director/officer Employee Independent contractor	
17 Mandatory distributions;	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or	
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2 lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional part in the part in	

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▼ Attach to Form 990. Internal Revenue Service SCHEDULE 1 (Form 990)

OMB No. 1545-0047 Open to Public Inspection

Employer identification number 75-3179471 s THE VICTIM WAS PROVIDED PROVIDE VICTIM SUPPORT. (h) Purpose of grant WITH A SAFE HOME AND or assistance recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed more and address of organization (b) EIN (c) IRC section (c) Amount of non-cash assistance or government if applicable cash grant assistance other) X Yes SPECIALIZED DRUG Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection FAIR MARKET VALUE Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 5,000 INC. 501(C)(3) ABOLITION INTERNATIONAL, Enter total number of other organizations listed in the line 1 table criteria used to award the grants or assistance? 27-1111529 Part I General Information on Grants and Assistance 1 (a) Name and address of organization FORT WORTH, TX 76110 Name of the organization P.O. BOX 11821 TRAFFICK911

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. ABOLITION INTERNATIONAL, INC. Schedule I (Form 990) (2011) Part III

Page 2

75-3179471

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) GRANT RECIPIENTS BY MAKING PHYSICAL OBSERVATIONS AND ESTABLISHING REPUTABLE WRITTEN CORRESPONDENCE WITH THE RECIPIENTS AND WITH THESE CONTACTS AS WELL Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. RECORDS INCLUDE THE ORGANIZATION MONITORS THE ACTIVITIES OF (d) Amount of non-cash assistance CONTACTS IN CLOSE PROXIMITY TO THAT OF THE RECIPIENTS. (c) Amount of cash grant AS WRITTEN ACCOUNTS OF THE PHYSICAL OBSERVATIONS (b) Number of recipients ري د. (a) Type of grant or assistance PART I, LINE H SCHEDULE Part IV

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: TRAFFICK911

THE VICTIM (H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE VICTIM SUPPORT.

132102 01-27-12

Sched	ule I (Form 990) 20 IV I Supplem	011 ental In	fori	nation	TTON	TM.I.E.	RNATIONAL, I	NC.		/5-31/94/1	Page 2
							**		- mmw-		
WAS	PROVIDED	WITH	A	SAFE	HOME	AND	SPECIALIZED	DRUG	TREATMENT.	· · · · · · · · · · · · · · · · · · ·	
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							. 10				

### SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Transactions With Interested Persons**

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Name of the organization	OT TELTON	a Thionia	מת גדות	<b>^</b> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	NO			Employe			number
Part I Excess Benefi	t Transact	ions (secti	On 501/c)	ONAL, I	.NC • in 501(c)(4) organizati	one only		75-33	L7947	11	
					line 25a or 25b, or Fo			t V. line 4	0b.		
1 (a) Name of di					(b) Description					(c) Cor	rected?
(u) name of a	oqualified per	13011			(b) Description	ortians	action			Yes	No
				<u> </u>						<del> </del>	
										<del> </del>	
2 Enter the amount of tax imp section 4958						-					
3 Enter the amount of tax, if a	nv. on line 2.	above, reim	bursed by	the organiza	ation	•••••		<b>&gt;</b> \$			
						•	*********	🏴 Ф		ш	
Part II Loans to and/o											
					line 26, or Form 990-E			38a.	provod		
(a) Name of Interested person and purpose		to or from inization?	(c) Original	nal principal nount	(d) Balance due		} In ault?	I by bo	proved pard or nittee?	(g) W agreer	
	То	From				Yes	No	Yes	No	Yes	No
				****							
						<u> </u>	ļ				
				<u> </u>		-		-	<u> </u>		
						<del>                                     </del>	<del></del>	<del>                                     </del>			
			ļ				<u> </u>				
									ļ		
Total		<u> </u>		<b>&gt;</b> \$			<u> </u>				···
Part III Grants or Assis	tance Be	nefiting lr	itereste	d Persons	3.						
Complete if the orga		wered "Yes"	on Form 9	990, Part IV, I	ine 27.						
(a) Name of interested	person	ļ	(b) Relation	onship betwe	en interested person ganization	and		(c) Am	nount and	d type of	
				110 016	3ameanor,		-		20010tQ1)t	<del></del>	
				***************************************			1				
							<del>                                     </del>				
1 %	***	-	· •••				+-				
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HA For Paperwork Reduction	Act Notice,	see the Inst	ructions	for Form 990	or 990-EZ.	s	chedu	le L (Fori	n 990 or	990-EZ	) 2011

	ered "Yes" on Form 990, Part IV, line 28a, 28	Bb, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
NATALIE GRANT, INC.	OFFICER NATALIE GRA	11,920.	NATALIE GRA		X
	V-100				$\vdash$
Part V Supplemental Information Complete this part to provide addit	ional information for responses to questions	s on Schedule L (see	instructions).		
SCH L, PART IV, BUSINESS					
(A) NAME OF PERSON: NATA	LIE GRANT, INC.				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANIZAT	ION:		
OFFICER NATALIE GRANT-HE	RMS IS THE 100% SHARE	OLDER OF N	ATALIE GRAN	T, I	NC.
(D) DESCRIPTION OF TRANS	ACTION: NATALIE GRANT,	INC. RECE	IVED RENT		
PAYMENTS TOTALING \$1,920	FROM THE ORGANIZATION	DURING 20	11. NATALI	E	
GRANT, INC. ALSO SELLS M	ERCHANDISE FOR THE BEN	EFIT OF TH	IS ORGANIZA	TION	· ;
IN RETURN, ABOLITION INT	ERNATIONAL PAYS FOR TO	OUR SUPPORT	SERVICES.	IN	
2011, THE TOTAL OF THESE	SERVICES WAS \$10,000.	1			
				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
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### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ,

2011
Open to Public Inspection

ABOLITION INTERNATIONAL, INC.	Employer identification number 75-3179471
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
OF WOMEN AND CHILDREN BOTH DOMESTICALLY AND ABROAD. THRO	UGH
ACCREDITATION, ADVOCACY, EDUCATION AND RESTORATION, ABOLI	TION
INTERNATIONAL IS COMMITTED TO END THE SUFFERING OF WOMEN	AND CHILDREN
SOLD INTO SEXUAL SLAVERY.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
INTERNATIONAL IS COMMITTED TO END THE SUFFERING OF WOMEN	AND CHILDREN
SOLD INTO SEXUAL SLAVERY.	
FORM 990, PART VI, SECTION A, LINE 2: STACIA FREEMAN, CEO	, IS THE SPOUSE
OF MARK FREEMAN, VICE PRESIDENT.	
FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION D	OES NOT REVIEW
THE FORM 990. HOWEVER, IT IS MADE AVAILABLE TO THE GOVER	NING BODY IF THEY
WISH TO REVIEW THE FORM 990 BEFORE FILING.	
	·
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION M	AKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY & FINANC	IAL STATEMENTS
AVAILABLE UPON REQUEST.	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047
2011
Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.

ABOLITION INTERNATIONAL, INC.

Employer identification number 75-3179471

Ξ

Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets <u>e</u> Total income ত্ Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity Ð Name, address, and EIN of disregarded entity Part Part II

Section 512(b)(13) controlled No. entlty? Yes Direct controlling entity status (if section Public charity 501(c)(3)) Ð Exempt Code section ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization ē

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

Schedule R (Form 990) 2011

75-3179471

Page 2

Schedule R (Form 990) 2011 ABOLITION INTERNATIONAL, INC.

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	nt income nrelated, nr tax under 12-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	General or Percentage managing ownership
									(00)	168	
										***************************************	
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	anizations Taxable as poration or trust during	s a Corpo g the tax	ration or Trust (Cor /ear.)	mplete if the	organizatio	on answered "Yes"	to Form 990, Par	t IV, line 34	because it had on	e or more	related
~ ·	Z a		(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) Share of total income	(g) f total Share of me end-of-year assets		(h) Percentage ownership
NATALIE GRANT, INC 86-1126839 1400 18TH AVE. SOUTH, SUITE C-3 NASHVILLE, TN 37212	61		MUSIC & ENTERTAINMENT	INMENT	NE		S CORP		,0	0	*00.
						A military of the state of the	erfer er				
			•				and the state of t				
132162 01-23-12				36					Schedule R (Form 990) 2011	Rorm	990) 2011

75-3179471

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Schedule R (Form 990) 2011 ABOLITION INTERNATIONAL, INC.

Note Complete flore of from positive listed in Date Hill and 12 this are			The state of the s			
Note: Outpook in a sycially is listed in Parts II, iii, or IV of this schedule.  1 Duning the tax year, did the organization engage in any of the following transportance with one or more which arrangement is based in the	و میرس بی مین طبقی می	ومفحنا وهوناهمانهم لمواداد	9 = 0 = 0 = 0 = 0 = 1 = 0 = 1 = 1 = 1 = 1		Yes	Š
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		sated organizations instance	וו רמונט וויוע?	-		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				2 =		×
c Gift, grant, or capital contribution from related organization(s)	· · · · · · · · · · · · · · · · · · ·		***************************************	2		×
d Loans or loan quarantees to or for related organization(s)				2 ;		1 >
				P		4
e Loans or loan guarantees by related organization(s)				1¢		×
f Sale of assets to related organization(s)				,		<b>&gt;</b>
				=	Ì	4
				19		×
				ŧ		×
i Lease of facilities, equipment, or other assets to related organization(s)				ï=		×
j Lease of facilities, equipment, or other assets from related organization(s)				¥	×	
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			<b>*</b>		×
Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			=	×	
	tion(s)			13		×
n Sharing of paid employees with related organization(s)	***************************************	***************************************		£		×
						1
	***************************************		***************************************	2		×
p Hembursement paid by related organization(s) for expenses	***************************************			9		×
Other transfer of cash or property to related organization(s)				7 . 21 <b>1</b>		Þ
Other transfer of cash or property from related organization(s)		***************************************		Ξ,	Ī	\$ >
9 16ths anguight of the about 10 "CO" and "Co" 15ths anguight of the about 10 "C" 15ths and	***************************************			i.		4
In the allower to any or the above is it es, see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	is line, including covered	relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1) NATALIE GRANT, INC.	ל	1,920.FAIR	FAIR MARKET VALUE			
(2) NATALIE GRANT, INC.	ij	10,000.FAIR	FAIR MARKET VALUE			
(3)						
(4)		**************************************				
(5)	and the second s					
(9)						
132163 01-23-12	37		Schedule R (Form 990) 2011	3 (Form	(066	2011

75-3179471

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Schedule R (Form 990) 2011 ABOLITION INTERNATIONAL, INC.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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	fress, and EIN Primary activity Legal domicile (related, unrelated, excluded from tax country) under section 512-514)	Predominant income Avail	(f) Share of total income	(g) Share of end-of-year assets	Dispreper- donate a allocations? Yess No	bisproper Code V-UBI General or Percentage toral amount in box 20 managing ownership Yes No (Form 1065) Yes No	Gonoral or managing partner?	(k) Percentage ownership

Schedule R (Form 990) 2011

Department of the Treasury Internal Revenue Service (99)

**Depreciation and Amortization** (Including Information on Listed Property) 990

Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No. 179

Name(s) shown on return

▶ See separate instructions.

Business or activity to which this form relates

ldentifying number

l Pa	OLITION INTERNATIO				RM 990			75-3179471
	rt   Election To Expense Certain Pro	perty Under Section 1	179 Note: If you h	ave any li:	sted property,	complete Part		
	Maximum amount (see instructions)		***************************************				1	500,000
2	Fotal cost of section 179 property pl	aced in service (see	instructions)				2	
3	Threshold cost of section 179 prope	rty before reduction	in limitation	• • • • • • • • • • • • • • • • • • • •			3	2,000,000
	Reduction in limitation. Subtract line							
5 0	Dollar limitation for tax year. Subtract line 4 from		r -0 If married filing s	eparately, se	e instructions		5	
_6	(a) Description of	property	- 0	o) Cost (busin	ress use only)	(c) Electe	d cost	
	listed property. Enter the amount fro				7			
8 T	otal elected cost of section 179 pro	perty. Add amounts	s in column (c), li	nes 6 and	17		8	
9 T	entative deduction. Enter the small	er of line 5 or line 8					9	
<b>10</b> C	Carryover of disallowed deduction fro	om line 13 of your 2	010 Form 4562				10	
11 E	Business income limitation. Enter the	smaller of busines	s income (not les	s than ze	ro) or line 5		11	
12 5	Section 179 expense deduction. Add	d lines 9 and 10, but	t do not enter me	ore than li	ne 11 <u></u>		12	
<u>13 C</u>	Carryover of disallowed deduction to	2012. Add lines 9	and 10, less line	12	🕨 13			
Note	: Do not use Part II or Part III below	for listed property. I	Instead, use Part	V.				
Par	Til Special Depreciation Allow	vance and Other D	epreciation (Do	not inclu	de listed prop	erty.)		
<b>14</b> S	pecial depreciation allowance for qu	ualified property (otl	ner than listed pi	operty) p	aced in servi	ce during		
ti	ne tax year						14	2,713
15 P	roperty subject to section 168(f)(1)	election					15	****
<b>16</b> C	Other depreciation (including ACRS)	*******************************						
Par	t III MACRS Depreciation (Do	not include listed pr	operty.) (See ins	tructions.	)		1	
			Section	n A				
17 M	ACRS deductions for assets placed	d in service in tax ye	ears beginning b	efore 201	1		17	115
18 If	you are electing to group any assets placed in s	ervice during the tax year	into one or more gene	ral asset acc	ounts, check here	▶ □		
		ts Placed in Servic						
	(a) Classification of property			an roar	Using the Ge	neral Deprecia	ation Syst	em
		(b) Month and year placed in service	(c) Basis for dep (business/invest only - see Instr	reciation ment use	(d) Recovery		-	em (g) Depreciation deduction
19a	3-year property	year placed	(business/invest	reciation ment use	(d) Recovery		-	
19a b	3-year property 5-year property	year placed	(business/invest	reciation ment use	(d) Recovery		-	
	· · · · · · · · · · · · · · · · · · ·	year placed	(business/invest	reciation ment use	(d) Recovery		-	
b	5-year property	year placed	(business/invest	reciation ment use	(d) Recovery		-	
b c	5-year property 7-year property	year placed	(business/invest	reciation ment use	(d) Recovery		-	
b c d	5-year property 7-year property 10-year property	year placed	(business/invest	reciation ment use	(d) Recovery		-	
b c d	5-year property 7-year property 10-year property 15-year property 20-year property	year placed	(business/invest	reciation ment use	(d) Recovery		(f) Method	
b c d e f	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	year placed	(business/invest	reciation ment use	(d) Recovery period	(e) Convention	(f) Method	
b c d e	5-year property 7-year property 10-year property 15-year property 20-year property	year placed in service	(business/invest	reciation ment use	(d) Recovery period  25 yrs.  27.5 yrs.	(e) Convention	(f) Method	
b c d e f g	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	year placed in service	(business/invest	reciation ment use	(d) Recovery period  25 yrs.  27.5 yrs.  27.5 yrs.	(e) Convention	(f) Method S/L S/L S/L	
b c d e f	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	year placed in service	(business/invest	reciation ment use	(d) Recovery period  25 yrs.  27.5 yrs.	(e) Convention  MM  MM  MM	(f) Method  S/L S/L S/L S/L S/L	
b c d e f g	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property	year placed in service	(business/invest	reciation ment use uctions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	(e) Convention  MM  MM  MM  MM	S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g h	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets	year placed in service	(business/invest	reciation ment use uctions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	(e) Convention  MM  MM  MM  MM	S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g h	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life	year placed in service	(business/invest	reciation ment use uctions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	(e) Convention  MM  MM  MM  MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g h	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year	year placed in service	(business/invest	reciation ment use uctions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Alter	MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g h	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year	year placed in service  / / / / Placed in Service	(business/invest	reciation ment use uctions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	(e) Convention  MM  MM  MM  MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g h i 20a b c Par	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year	year placed in service	(business/invest	reciation ment use uctions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Alter	MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g h i	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year t IV Summary (See instructions, sted property. Enter amount from lire	year placed in service  // // // Placed in Service // / proced in Service	(business/invest	x Year Us	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Alter 12 yrs. 40 yrs.	MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g h i	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year t IV Summary (See instructions) sted property. Enter amount from lirotal. Add amounts from line 12, lines	year placed in service  // // /Placed in Service // / praced in Service // / and through 17, line	During 2011 Ta	x Year Us	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Alter 12 yrs. 40 yrs.	MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g h i  20a b c Parr 21 Li Er	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year t IV Summary (See instructions) sted property. Enter amount from lire otal. Add amounts from line 12, lines otal. Add amounts from line 12, lines otal real property lines	year placed in service  / / / / / Placed in Service / / / / praced in Service / / /  and in Service / / / / praced in Service / / / / praced in Service / / / / praced in Service / / / / praced in Service / / / / praced in Service / / / / praced in Service / / / / / praced in Service / / / / / praced in Service / / / / / / / / Praced in Service / / / / / / / / / / / / / / / / / / /	During 2011 Ta	x Year Us	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Alter 12 yrs. 40 yrs.	MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g h i 20a b c Pari 21 Li Er 22 To Er 23 Fc	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year t IV Summary (See instructions) sted property. Enter amount from lire otal. Add amounts from line 12, lines of assets shown above and placed in or assets shown above and placed in	year placed in service  // // // /Placed in Service // / / pe 28 s 14 through 17, lines of your return. Pan service during the	During 2011 Ta	x Year Us	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Alter 12 yrs. 40 yrs.	MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g h i 20a b c Pari 21 Li Er 22 To Er 23 Fc	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year t IV   Summary (See instructions), sted property. Enter amount from lire total. Add amounts from line 12, lines or assets shown above and placed in portion of the basis attributable to sec	year placed in service  // // // Placed in Service  // / Placed in Service  //  s 14 through 17, line as of your return. Pan service during the ction 263A costs	During 2011 Ta	x Year Uses	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Alter 12 yrs. 40 yrs.	MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction

Form 4562 (2011)

ABOLITION INTERNATIONAL, INC.

75-3179471 Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

	through (c) of	venicie for wi Section A, all	hich you are u of Section B,	sing the and Se	standard ction C if	d milea; applica	ge rate o able.	r dedu	cting lease	expen	se, com	olete on	ly 24a, 2	4b, colui	nns (a)	
	Section A	- Depreciation	on and Other	Informa	ation (Ca	ution:	See the	instruc	tions for li	mits for	passeng	jer auto	mobiles.)			
24a Do you have evidence to support the business/investm					ent use claimed?			Yes No		es," is t	he evide	nce written?		Yes	□ No	
Type (list v	(a) (b) (c) Type of property (list vehicles first ) (list vehicles first ) (b) (c) Date Business, investmen use percenta		(d) Cost or other basis			(e) Basis for depreciation (business/investment use only)		(f) Recovery		(g)		(h) (i) reciation duction Section 1		cted on 179		
25 Special depreciation allowance for qualified listed				property placed in		in serv	service during th		ax year an	nd		1		-		
used n	nore than 50% in	a qualified b	usiness use								. 25					
26 Proper	ty used more tha	n 50% in a q	ualified busin	ess use												
		1 1	(	6												
		1 :	***************************************	6												
		<u> </u>		6								<u> </u>				
27 Proper	ty used 50% or le	ess in a quali								,				,		
		. : :		6						S/L·					1.1.	
				%		-				S/L·	<u> </u> -					
00 8 44		(-) 1: 05		6						S/L.		ļ				
28 Add an	nounts in column	(n), lines 25	through 27. E	nter her	e and on	line 21	i, page 1				28				<u>:</u>	
29 Ado an	nounts in column	(I), line 26. E					on Use						. 29			
Complete to If you provithose vehice	his section for ve ided vehicles to y cles.	hicles used to our employe	oy a sole prop es, first answ	rietor, p er the qu	artner, or restions	r other in Sect	"more th	an 5% see if y	owner," o	or relate an excel	d persor otion to	n. complet	ing this s	ection f	or	
				(	a)	(	(b)		(c)		(d)		(e)		(f)	
	Fotal business/investment miles driven during the			Vehicle		Ve	Vehicle		Vehicle		Vehicle		Vehicle		Vehicle	
	ear (do not include commuting miles)															
					1											
	ther personal (no	Ψ,														
	illes driven durinç				ľ											
Add line	es 30 through 32	••••••					,					<u> </u>				
34 Was the vehicle available for personal use			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
during off-duty hours?						-					ļ	ļ		<u> </u>		
than 5% owner or related person?  36 Is another vehicle available for personal								ļ	-							
	iei vernoie avaira	•					1									
4301			Questions f	or Empl	overs W	ho Pro	J	licios (	for Hea by	. Thoir l	- - -	L	<u></u>			
	se questions to c elated persons.												re not m	ore than	5%	
37 Do you maintain a written policy statement that pro					hibits all personal use of vehicles, including commuting, b							r		Yes	No	
38 Do you	maintain a writte	n policy state	ement that pro	ohibits p	ersonal (	use of v	vehicles,	except	t commuti	ng, by y	our					
employe 20 Do you	ees? See the inst	tructions for t	renicies usea	by corp	orate on	icers, c	arectors,	or 1%	or more c	wners						
40 Do you	treat all use of ve provide more tha	ancies by em on the vehicle	pioyees as pi	ersonari	iser						• • • • • • • • • • • • • • • • • • • •				$\vdash$	
	of the vehicles, a															
	meet the require						tion use	າ					••••••	-	-	
Note: If	your answer to 3	7. 38. 39. 40	or 41 is "Yes	. º do no	t comple	te Sec	tion R fo	r the c	overed vel	hiclas		********			<del>!</del>	
	Amortization	, , , ,	, , , , , , , , , , , , , , , , , , , ,	, 40					310,00 FCI	10100.						
Description of costs Date a				(b) mortization	,	(C) Amortizat amount	(C) rtizable nount		(d) Code section		(e) Amortization period or percentage		(f) Amortization for this year			
42 Amortiz	ation of costs the	it begins duri		tax yea						L	seava of bett	енада (	101	year		
			· · ·	: 1			***************************************	7		T						
				:									•			
43 Amortiza	ation of costs tha	nt began befo	re your 2011	tax yea	·							43		2,087. 2,087.		
44 Total. Add amounts in column (f). See the instructions for where to report 44										2,087.						