Form **990-EZ**

Short Form

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

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

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

2011

OMB No. 1545-1150

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Α	For t	ne 2011 calendar year, or tax year beginning , 2011, and ending		,		
		if applicable: C	D Employer identification number			
		s change BONAPARTE'S RETREAT	27-1180966			
	Name		E Telephone number			
	Initial r	Dimiti 1000 / III VIVI	615-3	20-5291		
\parallel	Termin					
H				xemption		
لسا G		unting Method: X Cash		e organization is not		
		required to	o attach	Schedule B (Form		
		xempt status (ck only one) — X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527 990, 990-	$E \angle$, or 9	90-PF). 		
ĸ	Chac	if the granization is not a section 509(a)(3) supporting organization or a section 527 organization	on and i	ts gross receipts are		
	norm	ally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-pointions). But if the organization chooses to file a return, be sure to file a complete return.	stcard) n	nay be required (see		
L	Add I	ines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to s (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	tal ►\$	129,105.		
Ps	irt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions f			
(L)C	II ÇI DO	Check if the organization used Schedule O to respond to any question in this Part I				
	1	Contributions, gifts, grants, and similar amounts received		129,105.		
	2	Program service revenue including government fees and contracts				
	3	Membership dues and assessments.				
	4	Investment income.	4	· · · · · · · · · · · · · · · · · · ·		
	-	Gross amount from sale of assets other than inventory	15			
		Less: cost or other basis and sales expenses				
	"	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c			
		Gaming and fundraising events	12/07/2			
R	6	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a				
E		Gross income from fundraising events (not including \$ of contributions				
REVENUE	"	Citoss income non-indicataining events (not incidently +				
Ü		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	15,92			
	C	Less: direct expenses from gaming and fundraising events				
	ا ا	Net income or (loss) from gaming and fundraising events (add lines 6a and				
	`	6b and subtract line 6c)	6d			
	7 a	Gross sales of inventory, less returns and allowances				
	b	Less: cost of goods sold	\$ 12			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7с			
	8	Other revenue (describe in Schedule O)	8			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	129,105.		
	10	Grants and similar amounts paid (list in Schedule O)	. 10			
	11		11			
E	12	Salaries, other compensation, and employee benefits	12	45,359.		
ĝ	13	Professional fees and other payments to independent contractors	13			
EXPERSES	14	Occupancy, rent, utilities, and maintenance	14			
Ę	15	Printing, publications, postage, and shipping	15	408.		
>	16	Other expenses (describe in Schedule O)	16	74,910.		
	17	Total expenses. Add lines 10 through 16	▶ 17	120,677.		
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,428.		
A	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	ar Bassa			
N S E S T E	1.5	figure reported on prior year's return)	. 19	4,543.		
T E	20	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE . O		5,040.		
•	21	Net assets or fund balances at end of year, Combine lines 18 through 20	▶ 21	18,011.		

Par	Balance Sheets. (see the inst Check if the organization used Scheo	ructions for Part II.)	etion in this Part II			X
	Check if the organization used Sched	dule O to respond to any que	SHOTT IT CHIST CITCH.	(A) Beginning of yea	r	(B) End of year
22	Cash, savings, and investments			9,582.		18,011.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		.,,,,	0 500	24	10 011
25	Total assets		· · · · · · · · · · · · · · · · · · ·	9,582.		18,011.
	Total liabilities (describe in Schedule O)			5,039. 4,543.		18,011.
27	Net assets or fund balances (line 27 of c	column (B) must agree with I	eoo the inetre for Par		21	Expenses
Par	Check if the organization used Sch	nedule O to respond to any qu	uestion in this Part II	1 IXII	(Req	uired for section
What	s the organization's primary exempt purpose? SEE	SCHEDIILE O			501 (d	c)(3) and 501(c)(4) nizations and section
Desc meas bene	s the organization's primary exempt purpose? SEE ribe the organization's program service ac sured by expenses. In a clear and concise fited, and other relevant information for ea	complishments for each of it manner, describe the servic ach program title.	s three largest progr es provided, the num	am services, as iber of persons	4947	(a)(1) trusts; optional thers.)
28	SEE_SCHEDULE_O					
	(Grants \$) If thi		ants check here		28 a	
29	(Grants \$) ii tiii					
23						
	(Grants \$) If thi	s amount includes foreign gr	ants, check here	.	29 a	
30						
		s amount includes foreign gr			30 a	
	(Grants \$) If thi Other program services (describe in Scho	is amount includes foreign gr	ants, check here		30 a	
31	(Grants \$) If thi	is amount includes foreign gr	ants check here	▶ □	31 a	•
22	Total program comics expenses (add in	nes 28a through 31a)		>	32	
Pai	d IV. List of Officers Directors.	Trustees, and Kev Emp	lovees. List each one	even if not compensated.	(see t	ne instructions for Part IV.)
2	Check if the organization used Sc	hedule O to respond to any o	uestion in this Part I	V		
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensati (Form W-2/1099-MISC) (If not paid, enter -0-)	on (d) Health benefit contributions to emp benefit plans, and deferred compensation	loyee d	(e) Estimated amount of other compensation
FMI	MYLOU HARRIS	PRESIDENT				
	WILSON PIKE CIRCLE	1	().	0.	0.
	ENTWOOD, TN 37027					
	ROL CAMPBELL	VICE PRESIDENT			^	
	6 WILSON PIKE CIRCLE	40	9,048	3.	0.	0.
	ENTWOOD, TN 37027	SECRETARY				
KA.	TE DERR 6 WILSON PIKE CIRCLE	SECRETARI 40	32,600	,	0.	0.
	ENTWOOD, TN 37027	40	32,000			
77.	LIE FARRIS	BOARD MEMBER				
13	6 WILSON PIKE CIRCLE	1	(0.	0.	0.
BR	ENTWOOD, TN 37027					
	RDON_SMITH	BOARD MEMBER			^	0.
	6 WILSON PIKE CIRCLE	1	,	0.	0.	٠.
BR	ENTWOOD, TN 37027					
	_	·				

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	1401-11					
		1				
			<u></u>			
BA	4	TEEA0812L	02/14/12			Form 990-EZ (2011)

r al	the instructions for Part V.) Check if the organization used Schedule O to respond to any	question in this Part	<u>V</u>			. X
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide each activity in Schedule O	le a detailed description	on of 📙	33	Yes	No X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions).	amended documents if they	reflect	34		Х
35 :	a Did the organization have unrelated business gross income of \$1,000 or more during the yea (such as those reported on lines 2, 6a, and 7a, among others)?	r from business activit		35 a		Х
1	h If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an	explanation in Schedu	le O .	35 b		<u> </u>
•	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to sect reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part II	ion 6033(e) notice, 		35 c		X
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition year? If 'Yes,' complete applicable parts of Schedule N		· · · · · ·	36	¥4.444	X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ b Did the organization file Form 1120-POL for this year?	, ,	0.	37b		X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key any such loans made in a prior year and still outstanding at the end of the tax year covered	emplovee or were		38 a	**************************************	X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b	N/A		3 (1) 5 (1)	
39	Section 501(c)(7) organizations. Enter:					
	a Initiation fees and capital contributions included on line 9	39a	N/A	May App		E WE
	b Gross receipts, included on line 9, for public use of club facilities	39b	N/A			l VIII Provo
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the	year under:				
	section 4911 ► 0.; section 4912 ► 0.; section 495		0.			
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 49 transaction during the year or did it engage in an excess benefit transaction in a prior year to on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	,	rted	40 b		Х
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	•	0.			
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	>	0.			12 A
	e All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T	ed tax			\$35K	X
41	List the states with which a copy of this return is filed NONE		[40 e	L,	
	List the states with which a copy of this return is filed NONE a The organization's books are in care of ORGANIZATION Located at 136 WILSON PIKE CIRCLE BRENTWOOD TN	Telephone no. ► _(ZIP + 4 ► _3	(615) (7027		r	00
	List the states with which a copy of this return is filed NONE a The organization's books are in care of ORGANIZATION Located at 136 WILSON PIKE CIRCLE BRENTWOOD TN	Telephone no. ► _(ZIP + 4 ► _3	(615) (7027		-87(00
	List the states with which a copy of this return is filed NONE a The organization's books are in care of ORGANIZATION	Telephone no. ► _(ZIP + 4 ► _3	(615) (7027	370	r	00
	List the states with which a copy of this return is filed ► NONE The organization's books are in care of ► ORGANIZATION Located at ► 136 WILSON PIKE CIRCLE BRENTWOOD TN B At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other to the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Report of Fi	Telephone no. ► (ZIP + 4 ► 3 or other authority over inancial account)?	6 <u>1</u> 5) 7027 r a	370	r	00
	List the states with which a copy of this return is filed ► NONE The organization's books are in care of ► ORGANIZATION Located at ► 136 WILSON PIKE CIRCLE BRENTWOOD TN B At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other to the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Report of Fi	Telephone no. ► (ZIP + 4 ► 3 or other authority over inancial account)?	6 <u>1</u> 5) 7027 r a	370	r	00
	List the states with which a copy of this return is filed ► NONE The organization's books are in care of ► ORGANIZATION Located at ► 136 WILSON PIKE CIRCLE BRENTWOOD TN b At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other to the first of the foreign country: . ►	Telephone no. ► (ZIP + 4 ► 3 or other authority over inancial account)?	6 <u>1</u> 5) 7027 r a	370 42b	r	00
42	List the states with which a copy of this return is filed ► NONE **A The organization's books are in care of ► ORGANIZATION Located at ► 136 WILSON PIKE CIRCLE BRENTWOOD TN **B At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other to the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial across the calendar year, did the organization maintain an office outside of the total states.	Telephone no. ZIP + 4 3 or other authority over inancial account)?	615) 7027 r a	370 42b	r	00
42	List the states with which a copy of this return is filed NONE The organization's books are in care of ORGANIZATION Located at 136 WILSON PIKE CIRCLE BRENTWOOD TN BAT Any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other to the fire the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Final Country time during the calendar year, did the organization maintain an office outside of the to the fire the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Country and enter the amount of tax-exempt interest received or accrued during the tax year	Telephone no. ZIP + 4 3 or other authority over inancial account)? ancial Accounts. J.S.?	615)_ 7027_ r a	370 42b	Yes Yes Yes	No X X
42	List the states with which a copy of this return is filed ► NONE The organization's books are in care of ► ORGANIZATION Located at ► 136 WILSON PIKE CIRCLE BRENTWOOD TN B At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other to the organization of the foreign country: . ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fine C At any time during the calendar year, did the organization maintain an office outside of the to the organization of the foreign country: . ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — C and enter the amount of tax-exempt interest received or accrued during the tax year	Telephone no. ZIP + 4 3 or other authority over inancial account)? ancial Accounts. J.S.? Theck here ust be completed inside	615) 17027 r a	370 42b 42c 44a 44a	Yes Yes	No X N/A N/A N/A X X
42	List the states with which a copy of this return is filed NONE The organization's books are in care of ORGANIZATION Located at 136 WILSON PIKE CIRCLE BRENTWOOD TN At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other to the organization for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fine C At any time during the calendar year, did the organization maintain an office outside of the to the third that the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — C and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 in of Form 990-EZ	Telephone no. > (ZIP + 4 > 3 or other authority over inancial account)? ancial Accounts. J.S.?	615)_ 7027_ r a	370 42b 42c	Yes Yes	No X N/A N/A N/A NO
43	List the states with which a copy of this return is filed NONE **A The organization's books are in care of NORGANIZATION Located at 136 WILSON PTKE CIRCLE BRENTWOOD TN **B At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other if 'Yes,' enter the name of the foreign country **See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Fin. or At any time during the calendar year, did the organization maintain an office outside of the lift 'Yes,' enter the name of the foreign country **Seettion 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Organization and enter the amount of tax-exempt interest received or accrued during the tax year	Telephone no. ZIP + 4 3 or other authority over inancial account)? ancial Accounts. J.S.? theck here ust be completed inside the completed inside th	615)_ ratrad	370 42b 42c 44a 44b 44c 44d	Yes Yes	No X N/A N/A N/A X X
43	List the states with which a copy of this return is filed NONE The organization's books are in care of ORGANIZATION Located at 136 WILSON PIKE CIRCLE BRENTWOOD TN B At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other to lif 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Fin. At any time during the calendar year, did the organization maintain an office outside of the lif 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Cand and enter the amount of tax-exempt interest received or accrued during the tax year. The Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 for form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 9 instead of Form 990-EZ. The Line 44c, has the organization filed a Form 720 to report these payments? If 'No.'	Telephone no. ZIP + 4	615)_ 7027_ r a	42c 42d 44a 44b	Yes Yes	No X X X X X X X X X

46 Did t	he organization engage, directly or indirectidates for public office? If 'Yes,' complete	etly, in political campaid	gn activities on behalf of	f or in opposition to	46		X
Part VI	Section 501(c)(3) organizations 501(c)(3) organizations and sec 47-49b and 52, and complete the	a nd section 4947 tion 4947(a)(1) no le tables for lines 5	(a)(1) nonexempt cl nexempt charitable 50 and 51.	haritable trusts on trusts must answe	r question	3	
	Check if the organization used Schedul	e O to respond to any e	question in this Part VI.				
47 Bid	he organization engage in lobbying activit	ioc or have a section 5	(017b) election in effect (during the tax year? If '	Yes.' [Yes	No
comi	olete Schedule C. Part II				· · · · · - · · · · 		<u>X</u>
48 Is the	e organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete Sched	dule E	48		X
49 a Did t	he organization make any transfers to an	exempt non-charitable	related organization?	,,,,	49a		X
b If 'Ye	es,' was the related organization a section	527 organization?			<u>49b</u>		<u> </u>
50 Com	plete this table for the organization's five loyees) who each received more than \$10	highest compensated e 0,000 of compensation	employees (other than of from the organization.	fficers, directors, truste If there is none, enter '	es and key None.'		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(a) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp	d amour pensatio	nt of on
NONE_							
							
							
		 	<u> </u>				
	I number of other employees paid over \$	<u> </u> ⊾∩∩ ∩∩∩			L		
E1 Com	unlote this table for the organization's five	highest compensated i	independent contractors	who each received mo	re than \$100	0,000	of
com	pensation from the organization. If there in Name and address of each independent contractor paid	s none, enter ivone.		of service	(c) Comp		
NONE_							
					<u> </u>		······
					- "-		
			,				
	al number of other independent contractor						
52 Did	the organization complete Schedule A? National interests in the completed Schedule Action in the completed Schedule in the complete in t	lote: All section 501(c)	(3) organizations and 49	47(a)(1) nonexempt	► X Yes	. [No
Ender nepal	ites of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than office	i, including accompanying sche	edules and statements, and to the	ne best of my knowledge and be			
true, correct,	and complete. Declaration of preparer (other than office	er) is based on all information	of which preparer has any know	ledge.			
	Signature of officer			l Date	.		
Sign				VICE PRESIDENT	1		
Here	CAROL CAMPBELL Type or print name and title.			VICE TRESIDENT	·		
	Print/Type preparer's name	Preparer's signature	Date	Check if	TIN		
Daid.	BOB BELLENFANT, CPA				20028579	0	
Paid Preparer	Firm's name BELLENFANT & MI	LES, PLLC					-
Use Only	Firm's address > 136 WILSON PIKE	 		Firm's EIN	27-0187	314	
	1 11110 0000000			Phone no. (6:	L5) 370-	8700	0
	BRENTWOOD, IN 3	3 / Q Z /		Friorie no. (C.	13/ 3/0	0 / 00	
May the I	BRENTWOOD, TN 3 RS discuss this return with the preparer s	37027 hown above? See instr	ructions	Priorie no. (O.	► X Yes		No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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 2011

Open to Public Inspection

Name of t	ne organization							Employer i	identificatio	on number		
BONAL	PARTE'S RETREAT							27-1180966				
Part I	Reason for Publi	c Charity Status	(All organizations	must c	omplet	te this	part.)	See in	struction	ons.		
The org	anization is not a private	e foundation because	it is: (For lines 1 throu	ıgh 11, c	heck on	ly one b	юх.)					
1 <u> </u>	A church, convention	of churches or associa	ation of churches desc	ribed in	section	170(b)(1)(A)(i).					
2	A school described in	section 170(b)(1)(A)(ii). (Attach Schedule E	E.)								
3	3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	A medical research organization operated in conjunction with a hospital described in section 170(bX1)(AXiii). Enter the hospital's											
L	name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section											
5	⊣ 170(b)(1)(A)(iv). (Con	nplete Part II.)						mental	unit desc	cribed in s	ection	
6 7	U series a series production of the series of the series production and the department of the series											
8	A community trust de	scribed in section 17 0	0(b)(1)(A)(vi). (Complet	te Part II	.)							
			mara than 22 1/3% of	ite eunn	ort from	contrib	utions, i	member	ship fee	s, and gros	s recei	pts
	from activities related investment income ar June 30, 1975. See s	to its exempt function and unrelated business ection 509(a)(2). (Con	ns — subject to certair taxable income (less : nplete Part III.)	section 5	511 tax)	from bu	sinesse	s acquir				
10 Г	An organization organ	nized and operated ex	clusively to test for pu	blic safe	ty. See	section	509(a)(4).				
11	An organization organ	nized and operated ex	cclusively for the benef cribed in section 509(a on and complete lines	it of, to p	erform	the fund	tions of	or car	ry out the 5 09(a)(3) .	e purposes . Check the	of one e box th	or nat
		b Type II	c Type III	I – Func	tionally	integrat	ed		d	Type IIi -	Other	
e [ㅋ_ ;;	i i i i i i i i i i i i i i i i i i i	inization is not controll than one or more publ	ad diract	lly or inc	directly t	ov one o	or more scribed i	disqualif in sectio	ied person n 509(a)(1)	s) or	
f	If the organization red	ceived a written deter	mination from the IRS	that is a	Type I,	Type II	or Type	III supp	orting o	rganization		
g	Since August 17, 200	6. has the organization	on accepted any gift o	r contrib	ution fro	m any o	of the fo	llowing	persons'	?		
5											Yes	No
	below, the gove	erning body of the sup	introls, either alone or ported organization?							11 g (i)		
	(ii) A family member	er of a person describ	ed in (i) above?							11 g (ii)		
	(iii) A 35% controlle	ed entity of a person o	lescribed in (ī) or (ii) a	bove?				<i>.</i>		11 g (iii)		
h	Provide the following	information about the	e supported organization			1			 **			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	s the ation in	(v) Did y the organ columi your su	ization in	organiz colun organize	s the ation in nn (i) ed in the S.?	(vii) Amour	nt of suppo	ort
				Yes	No	Yes	No	Yes	No			
<u>(A)</u>												
(B)										. 4		
(C)				<u> </u>								
(D)												
(E)	- An			es la residenciação e de	100000000000000000000000000000000000000			g decodars	1.145			
			e Tarico de a					0.00				
Total	·		THE PROPERTY OF THE PROPERTY O		planty List (3)	1965 - 1966 - 1966 - 1966 - 1966 - 1966 - 1966 - 1966 - 1966 - 1966 - 1966 - 1966 - 1966 - 1966 - 1966 - 1966	1 10 10 10 10	Kumanalahit	Tate may any		00 57	

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.)

Sect	ion A. Public Support			т т			
aler egin	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						**-
_	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				and the second of the Albertanesis of the		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4				10 12 E 12 13 H		
Sec	tion B. Total Support					· · · · · · · · · · · · · · · · · · ·	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						· · ·
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						g service de la constant de la cons
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						and the
12	Gross receipts from related activ	vities, etc (see ins	structions)				
	First five years. If the Form 990 organization, check this box and	stop nere	<u> </u>	ond, third, fourth, o	r fifth tax year as	a section 501(c)(3	3) ▶ 🗍
Sec	tion C. Computation of Pu	ıblic Support F	'ercentage				
14	Public support percentage for 2	011 (line 6, colum	n (f) divided by li	ine 11, column (f))	· · · · · · · · · · · · · · · · · · ·	14	<u>%</u>
15	Public support percentage from	2010 Schedule A	, Part II, line 14.			15	%
	a 33-1/3% support test — 2011. If and stop here. The organization						
	b 33-1/3% support test — 2010. If and stop here. The organization a 10%-facts-and-circumstances t	qualifies as a pu	organization did	not check a box o	n line 13, 16a, or	16b. and line 14 i	s 10%
	or more, and if the organization the organization the organization meets the	meets the Tacts- s-and-circumstant	anu-uncumstance ces' test. The org	anization qualifies	as a publicly sup	ported organizatio	n > 🗌
	b 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	test – 2010. If the meets the 'facts-nd-circumstances'	organization did and-circumstance test. The organiz	not check a box o es' test, check this zation qualifies as	n line 13, 16a, 16 box and stop he a publicly support	o, or 17a, and line r e. Explain in Part ed organization.	e 15 is 10% (IV how the
18	Private foundation. If the organ	niza <u>tion did not</u> ch	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions
BA /		· · · · · · · · · · · · · · · · · · ·			Sc	hedule A (Form 9	90 or 990-EZ) 2011

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

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

Sect	ion A. Public Support						
Calend	ar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include	ļ	İ				
	received. (Do not include			0 010	104 047	129,105.	243,764.
	any unusuaryranis.)[9,812.	104,847.	129,103.	243,704.
2	Gross receipts from admis-			1			
	sions, merchandise sold or services performed, or facilities						
	furnished in any activity that is		i		1		
	related to the organization's						0.
	tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade					ļ	
	or business under section 513.		j				0.
4	Tax revenues levied for the						
	organization's benefit and						
	either paid to or expended on its behalf	İ	İ	į	ĺ	İ	0.
5	The value of services or	· · ·			-		
	facilities furnished by a					İ	
	governmental unit to the organization without charge						0.
_	Total. Add lines 1 through 5	0.	0.	9,812.	104,847.	129,105.	243,764.
	Amounts included on lines 1,						
/ a	2, and 3 received from		_		107 070	00 500	200 072
	disqualified persons	0.	0.	9,262.	101,210.	90,500.	200,972.
þ	Amounts included on lines 2				i		
	and 3 received from other than						
	disqualified persons that exceed the greater of \$5,000 or						
	1% of the amount on line 13			ا م	0.	0.	0.
	for the year	0.	0.	0.		90,500.	200,972.
С	Add lines 7a and 7b	0.	0.	9,262.	101,210.	90,300.	200, 912.
8	Public support (Subtract line						42,792.
	7c from line 6.)				V489-W224-W44-W44-W44-W44-W44-W44-W44-W44-W4	Andrew Committee of the	
Sec	tion B. Total Support						
				4 > 0000	(-I) 0010	(=) 2011	(f) Total
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Calen		(a) 2007	(b) 2008	(c) 2009 9, 812.	(d) 2010 104,847.	(e) 2011 129, 105.	(f) Total 243, 764.
Calen	dar year (or fiscal yr beginning in) Amounts from line 6 Gross income from interest,						
Calen	dar year (or fiscal yr beginning in)► Amounts from line 6 Gross income from interest, dividends, payments received						
Calen	dar year (or fiscal yr beginning in) Amounts from line 6 Gross income from interest,						243,764.
Calendary 9 10 a	dar year (or fiscal yr beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Calendary 9 10 a	Arryear (or fiscal yr beginning in) Amounts from line 6						243,764.
Calendary 9 10 a	Arryear (or fiscal yr beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						243,764.
Calendary 9 10 a	dar year (or fiscal yr beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0.	0.	9,812.	104,847.	129,105.	243,764. 0.
Calendary 9	Amounts from line 6						243,764.
Calendary 9	Arryear (or fiscal yr beginning in) Amounts from line 6	0.	0.	9,812.	104,847.	129,105.	243,764. 0.
Calendary 9	dar year (or fiscal yr beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add tines 10a and 10b Net income from unrelated business activities not included in line 10b,	0.	0.	9,812.	104,847.	129,105.	0. 0.
Calendary 9	Arryear (or fiscal yr beginning in) Amounts from line 6	0.	0.	9,812.	104,847.	129,105.	243,764. 0.
Calenda 9 10 a b	dar year (or fiscal yr beginning in) Amounts from line 6	0.	0.	9,812.	104,847.	129,105.	0. 0.
Calenda 9 10 a b	Arrounts from line 6	0.	0.	9,812.	104,847.	129,105.	243,764. 0. 0. 0. 0.
Calenda 9 10 a b	dar year (or fiscal yr beginning in) Amounts from line 6	0.	0.	9,812.	0.	0.	243,764. 0. 0. 0. 0.
Calendary 9 10 a b c 11 12 13	dar year (or fiscal yr beginning in) ► Amounts from line 6	0.	0.	9,812.	0.	129,105.	243,764. 0. 0. 0. 0. 243,764.
Calendary 9 10 a b c 11 12 13	dar year (or fiscal yr beginning in) ► Amounts from line 6	0.	0.	9,812.	0.	129,105.	243,764. 0. 0. 0. 0. 243,764.
Calendary 9 10 a b 11 12 13 14	dar year (or fiscal yr beginning in) ► Amounts from line 6	0. 0. is for the organizastop here.	0. 0. ation's first, secon	9,812.	0.	129,105.	243,764. 0. 0. 0. 0. 243,764.
Calendary 9 10 a b 11 12 13 14	Arounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add tines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	0. o. is for the organizestop here.	0. 0. ation's first, secon	9,812. 0. 9,812. d, third, fourth, o	104,847. 0. 104,847. r fifth tax year as	129,105. 0. 129,105. a section 501(c)(243,764. 0. 0. 0. 0. 243,764. 3) ► X
Calendary 9 10 a b b c c 11 1 12 13 14 Sec 15	Amounts from line 6	0. is for the organizatop here. blic Support P	0. 0. ation's first, secon	9, 812. 0. 9, 812. d, third, fourth, o	104,847. 0. 104,847. r fifth tax year as	129,105. 0. 129,105. a section 501(c)(243,764. 0. 0. 0. 0. 243,764. 3) ► [X]
Calendary 9 10 a b b c 11 12 13 14 Sec 15 16	Amounts from line 6	0. is for the organizator here	0. 0. ation's first, secon Percentage n (f) divided by lin Part III, line 15.	9, 812. 0. 9, 812. d, third, fourth, o	104,847. 0. 104,847. r fifth tax year as	129,105. 0. 129,105. a section 501(c)(243,764. 0. 0. 0. 0. 243,764. 3) ► X
Calendary 9 10 a b b c c 11 12 13 14 Sec 15 16 Sec 16	Amounts from line 6	0. is for the organization here. blic Support P 011 (line 8, column 2010 Schedule A, restment Incor	0. 0. ation's first, secon rercentage n (f) divided by lin Part III, line 15. ne Percentage	9, 812. 0. 9, 812. d, third, fourth, o	104,847. 0. 104,847. r fifth tax year as	129, 105. 0. 129, 105. a section 501(c)(c)	243,764. 0. 0. 0. 0. 243,764. 3) ► X
Calendary 9 10 a b b c c 11 12 13 14 Sec 15 16 Sec 16	Amounts from line 6	0. is for the organization here. blic Support P 011 (line 8, column 2010 Schedule A, restment Incor	0. 0. ation's first, secon rercentage n (f) divided by lin Part III, line 15. ne Percentage	9, 812. 0. 9, 812. d, third, fourth, o	104,847. 0. 104,847. r fifth tax year as	129, 105. 0. 129, 105. a section 501(c)(c)	243,764. 0. 0. 0. 0. 243,764. 3) ► X
Calendary 9 10 a b c c c c c c c c c c c c c c c c c c	Amounts from line 6	0. is for the organize stop here. blic Support Pour (line 8, column 2010 Schedule A, restment Incor	0. 0. ation's first, secon cercentage n (f) divided by lin Part III, line 15 ne Percentage column (f) divided	9,812. 0. 9,812. d, third, fourth, o e 13, column (f))	104,847. 0. 104,847. r fifth tax year as	129,105. 0. 129,105. a section 501(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(243,764. 0. 0. 0. 0. 243,764. 3) ► X
Calendary 9 10 a b b c c 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6	0. is for the organization stop here. blic Support P 11 (line 8, column 2010 Schedule A, restment Incorr for 2011 (line 10c, from 2010 Schedule f the organization	0. 0. ation's first, secon cercentage (f) divided by lin Part III, line 15. me Percentage column (f) divided lie A, Part III, line did not check the	9,812. 0. 9,812. d, third, fourth, of third, f	104, 847. 0. 104, 847. r fifth tax year as	129,105. 129,105. a section 501(c)(243,764. 0. 0. 0. 0. 243,764. 3) ► X % % nd line 17
Calendary 9 10 a b b c c 11 12 13 14 Sec 17 18 19 a 19 a	Amounts from line 6	0. is for the organization this box and sto	0. 0. ation's first, secon cercentage n (f) divided by lin Part III, line 15. ne Percentage column (f) divided alle A, Part III, line did not check the p here. The organ	9,812. 0. 9,812. d, third, fourth, of third, fourth, of third, fourth, of third, fourth, of third, fourth, of third, fourth, of third, fourth, of third, fourth, and third f	104, 847. 0. 104, 847. r fifth tax year as mn (f))	129, 105. 0. 129, 105. a section 501(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(243,764. 0. 0. 0. 0. 243,764. 3) X 8 8 nd line 17 1
Calendary 9 10 a b b c c 11 12 13 14 Sec 17 18 19 a 19 a	Amounts from line 6	0. is for the organization blic Support Poli (line 8, column 2010 Schedule A, restment Incor for 2011 (line 10c, rom 2010 Schedule f the organization c this box and sto	0. 0. ation's first, secon Percentage (f) divided by lin Part III, line 15. ne Percentage column (f) divided le A, Part III, line did not check the phere. The organ	9, 812. 9, 812. 0. 9, 812. d, third, fourth, o e 13, column (f)) d by line 13, column 17. box on line 14, a lization qualifies a	104, 847. 0. 104, 847. r fifth tax year as mn (f))	129, 105. 0. 129, 105. a section 501(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(243,764. 0. 0. 0. 0. 243,764. 3)
Calendary 9 10 a b b c c 11 12 13 14 Sec 15 16 Sec 17 18 19 2 1	Amounts from line 6	0. is for the organization this box and sto the organization the organization the organization the organization the organization the organization check this box and sto the organization the organization check this box and sto the organization	0. o. dition's first, secon cercentage n (f) divided by lin Part III, line 15 ne Percentage column (f) divided alle A, Part III, line did not check the phere. The organ did not check a band stop here. The	9,812. 0. 9,812. d, third, fourth, of third, fourth, of third, fourth, of third, fourth, of third, fourth, of third, fourth, of third, fourth, of third, fourth, and third, fourth, and third, fourth, fourt	104, 847. 0. 104, 847. r fifth tax year as mn (f))	129, 105. 0. 129, 105. a section 501(c)(15 16 17 18 e than 33-1/3%, a sorted organization 16 is more than 3 sly supported organization organization 16 is more than 3 sly supported organization 16 is more than 3 sly supported organization 16 is more than 3 sly supported organization 16 is more than 3 sly supported organization 16 is more than 3 sly supported organization 16 is more than 3 sly supported organization 16 is more than 3 sly supported organization 16 is more than 3 sly supported organization 16 is more than 3 sly supported organization 17 is more than 3 sly supported organization 17 is more than 3 sly supported organization 18 is more than 3 sly sly sly sly sly sly sly sly sly sly	243,764. 0. 0. 0. 0. 243,764. 3) X % % % and line 17 1

Cabadula A	(Form 990 or 990-EZ) 201	BONAPARTE'S RET	REAT	,	27-1180966	Page 4
Part IV	Supplemental Inform Part II, line 17a or 17	ation. Complete this pab; and Part III, line 12.	art to provide the ex Also complete this	xplanations requi part for any add	red by Part II, line litional information.	10;
	(See instructions).					
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

27-1180966 BONAPARTE'S RETREAT FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE BONAPARTE'S RETREAT IS DEDICATED TO PROVIDING NURTURING FOSTER CARE FOR SHELTER DOGS WHEN THEIR ALLOTTED TIME AT THE SHELTER HAS ELAPSED; TO PREVENT THESE WONDERFUL ANIMALS FROM BEING EUTHANIZED AND TO FIND THEM PERMANENT, LOVING HOMES FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS BONAPARTE'S RETREAT IS DEDICATED TO PROVIDING NURTURING FOSTER CARE FOR SHELTER DOGS WHEN THEIR ALLOTTED TIME AT THE SHELTER HAS ELAPSED; TO PREVENT THESE WONDERFUL ANIMALS FROM BEING EUTHANIZED AND TO FIND THEM PERMANENT, LOVING HOMES. FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?....