MILLER MUSMAR, PC 12353 SUNRISE VALLEY DR, SUITE A RESTON, VA 20191

> CORE FOUNDATION INC P.O. BOX 3631 RESTON, VA 20195

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CLIENT'S COPY

MILLER MUSMAR PC 12353 SUNRISE VALLEY DR, STE A RESTON, VA 20191 INFO@MILLERMUSMAR.COM

> CLIENT: COREFOUND NOVEMBER 15, 2012

CORE FOUNDATION INC P.O. BOX 3631 RESTON, VA 20195 703-437-5851

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2011 EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990-EZ, EXEMPT ORGANIZATION SHORT FORM SCHEDULE A, PUBLIC CHARITY STATUS AND PUBLIC SUPPORT SCHEDULE G, SUPPL INFO FUNDRAISING/GAMING ACT FORM 8868, APPLICATION FOR ADDITIONAL FILING EXTENSION FORM 8879-EO, E-FILE SIGNATURE AUTHORIZATION

TAX PREPARATION FEE

\$ 2500.00

MILLER MUSMAR PC 12353 SUNRISE VALLEY DR, STE A RESTON, VA 20191 INFO@MILLERMUSMAR.COM

NOVEMBER 15, 2012

CORE FOUNDATION INC P.O. BOX 3631 RESTON, VA 20195

CORE FOUNDATION INC:

ENCLOSED IS THE ORGANIZATION'S 2011 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990-EZ RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED RECEIPT FOR PROOF OF TIMELY FILING.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

MILLER MUSMAR PC

Prepared for:	Prepared by:
CORE FOUNDATION INC	MILLER MUSMAR, PC
P.O. BOX 3631	12353 SUNRISE VALLEY DR, SUITE A
RESTON, VA 20195	RESTON, VA 20191

2011 FORM 990-EZ

ELECTRONIC FILING:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. Form 990-EZ Department of the Treasury

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. All other organizations with gross receipts less than \$200,000 and the asset less than \$200,000 at the end of the veer may use this form

On on to Dukli

A For the 2011 calendary year, or tax year beginning and ending © Charles of organization D Employer identification number © Home ending CORE FOUNDATION INC 20 - 5997764 Womber and Sheet (or PA. INCX, If malls not delivered to street address) Room/subs F Group Lemption Intervention Res200N, VA 20195 F Group Lemption Number and Sheet (or PA. INCX, If malls not delivered to street address) F Group Lemption It weekstering RES20N, VA 20195 F Group Lemption Number and Sheet (or PA. INCX, If malls not delivered to street address) F Group Lemption It weekstering RES20N, VA 20195 F Group Lemption Number and Sheet (or PA. INCX, If malls not address) F Group Lemption Number and the organization is not a section 509(3) Supportung organization or asection S27 organization and by group creacipts are normally not more than S50,000. From SHO-2F or GM SHOET (or FM SHOET (o	Inte	rnal Rev	enue Service	assets less than \$500,000 at the end of the year may The organization may have to use a copy of this return to sat	use this form. tisfy state reporting req	uirement	S.	Inspection
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J Tax-exempt status (check only one)	G			X Cash Accrual Other (specify)►		H Check	► X	if the organization is not
K 1 the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$\$0,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postard) may be required (see instructions). But if the organization chooses to lie a return, besu to line a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 2b, column (b) below) are \$300,000 or more, line form 990-text of form 990-text of form 990-text of form 990-text of total assets (Part II, line 2b, column (b) below) are \$300,000 or more, line form 990-text of form 990-text of total assets (Part II, line 2b, column (b) below) are \$300,000 or more, line form 990-text of form 990-text of total assets (Part II, line 2b, column (b) below) are \$300,000 or more, line form 990-text of form 990-text of total assets (Part II, line 2b, column (b) below) are \$300,000 or more, line form 990-text of total assets (Part II, line 2b, column (b) below are \$300,000 or more, line form 990-text of total assets (Part II, line 2b, column (b) below are \$300,000 or more, line form 990-text of total assets (Part II, line 2b, column (b) below are \$300,000 or more, line form 990-text of total assets (Part II, line 2b, column (b) below are \$300,000 or more, line form 990-text of total assets (Part II, line 2b, column (b) below are \$300,000 or more, line form 990-text of total assets (Part II, line 2b, column (b) below are are solution and total assets of the than inventory (Subtract IIne 5b, form IIne 5b, line 100, column (b) line 4b, solution (b) below are solution (b) total assets of the total assets (Part II, line 2b, column (b) below are are and set expenses line 2b, column (b) more and a set and set expenses line 2b, column (b, column (b) below are are and (c) thotal asset of total asset (b) text of the form 900 li	L	Websi	te: 🕨 WWV	.COREFOUNDATION.ORG		require	d to atta	ch Schedule B
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c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule 0) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 42 2, 734. 10 Grants and similar amounts paid (list in Schedule 0) SEE SCHEDULE O 10 34 , 799. 11 Benefits paid to or for members 11 12 11 12 12 Salaries, other compensation, and employee benefits 12 13 12 13 Professional fees and other payments to independent contractors 13 14 0ccupancy, rent, utilities, and maintenance SEE SCHEDULE O 14 1 , 047. 15 Printing, publications, postage, and shipping 15 723. 16 0ther expenses (describe in Schedule 0) 16 91. 17 Total expenses. Add lines 10 through 16 17 36 , 660. 18 6, 074. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 3 , 855. 20 0. 20 0. 21 9, 929. 21 9, 929. 9, 929. 21 9, 929. </td <td></td> <td>7a</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		7a						
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13Professional fees and other payments to independent contractors1314Occupancy, rent, utilities, and maintenanceSEESCHEDULE15Printing, publications, postage, and shipping15723.16Other expenses (describe in Schedule 0)SEESCHEDULE1617Total expenses. Add lines 10 through 161736, 660.18Excess or (deficit) for the year (Subtract line 17 from line 9)186, 074.19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)193, 855.20Other changes in net assets or fund balances (explain in Schedule 0)200.219, 929.929.			Benefits paid	to or for members				
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13 13 123 16 0ther expenses (describe in Schedule 0) SEE SCHEDULE O 16 91. 17 Total expenses. Add lines 10 through 16 17 36,660. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 6,074. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 3,855. 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0. 21 9,929. 21 9,929.	Ϋ́		Occupancy,	rent, utilities, and maintenance SEE	SCHEDULE O			
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21 Net assets or fund balances at end of year. Combine lines 18 through 20 > 21 9,929.	ţs						8	0,0/4.
21 Net assets or fund balances at end of year. Combine lines 18 through 20 > 21 9,929.	SSE	19						3 0EE
21 Net assets or fund balances at end of year. Combine lines 18 through 20 > 21 9,929.	åt A							-
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132171 02-06-12

Form 990-EZ (2011) CORE FOUNDATION INC			20-599	977	64 Page 2
Part II Balance Sheets. (see the instructions for Part II.)					
Check if the organization used Schedule O to res	pond to any questio	n in this Part II			X
_		(A) Beginning of year		(B) Er	nd of year
22 Cash, savings, and investments		1,821	22		14,946.
23 Land and buildings			23		
24 Other assets (describe in Schedule 0) SEE SCHEDULE C)	2,618	24		1,571.
		4,439			16,517.
 25 Total assets 26 Total liabilities (describe in Schedule 0) SEE SCHEDULE C)	584			6,588.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		3,855			9,929.
Part III Statement of Program Service Accomplishme				Fx	penses
Check if the organization used Schedule O to res	1	,	X (Rec		for section
What is the organization's primary exempt purpose?SEE SCHEDULE C		i ii tiis rait ii	501		and 501(c)(4)
			orga	anizatio 7(a)(1)	ns and section trusts; optional
Describe the organization's program service accomplishments for each of its three largest program manner, describe the services provided, the number of persons benefited, and other relevant inform		es. In a clear and concise		others.)	
	adon program ado.		<u> </u>		
28 RESTON SPRINT TRIATHLON			_		
			_		
(Grants \$) If this amount includes foreign	grants, check here	>	28a		12,676.
29 RESTON YOUTH TRIATHLON					
(Grants \$) If this amount includes foreign	grants, check here	>	29a		9,052.
30 LAKE ANNE FISHING CLUB					
			_		
(Grants \$) If this amount includes foreign	arants check here		30a		400.
31 Other program services (describe in Schedule O) SEE SCHE					
(Grants \$) If this amount includes foreign			31a		12,854.
32 Total program service expenses (add lines 28a through 31a)			► 32		34,982.
10tal program service expenses (add lines 28a through 31a)					
Part IV List of Officers Directors Trustees and Key F	mplovees, List each one	even if not compensated (s	ee the instruc	ctions fo	r Part IV)
Part IV List of Officers, Directors, Trustees, and Key E		even if not compensated. (s	ee the instruc	ctions fo	r Part IV.)
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res	pond to any questio	even if not compensated. (s n in this Part IV			
Check if the organization used Schedule O to res	oond to any questio (b) Title and average hours	even if not compensated. (s n in this Part IV 5 (c) Reportable compensation (Forms	(d) Health be contributior	enefits, ns to	(e) Estimated
	pond to any questio	even if not compensated. (s n in this Part IV 6 (C) Reportable compensation (Forms W-2/1099-MISC)	(d) Health be contributior employee be plans, and de	enefits, ns to enefit eferred	
Check if the organization used Schedule O to res (a) Name and address	oond to any questio (b) Title and average hours per week devoted to position	even if not compensated. (s n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health be contribution employee be	enefits, ns to enefit eferred	(e) Estimated amount of other
Check if the organization used Schedule O to res (a) Name and address DOUGLAS BUSHEE, 11717 GREAT OWL	oond to any questio (b) Title and average hours per week devoted to position CEO /EXEC DI	even if not compensated. (s n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) RECTOR	(d) Health be contributior employee be plans, and de	enefits, ns to enefit eferred tion	(e) Estimated amount of other compensation
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Check if the organization used Schedule O to res (a) Name and address DOUGLAS BUSHEE, 11717 GREAT OWL CIRCLE, RESTON, VA 20194 LEE BERGSTORM, PO BOX 14335, NORTH PALM BEACH, FL 33408 ANDREW CLEMENTS 7759 GRANDWIND DR, LORTON, VA 22079 DAVID HURLEY, 8939 SWEETBRIAR STREET, MANASSAS, VA 20110 CHERYL FYOCK, 5525 23RD STREET N, ARLINGTON, VA 22205	oond to any questio (b) Title and average hours per week devoted to position CEO /EXEC DI 2.00 DIRECTOR 0.10 DIRECTOR 0.10 DIRECTOR 0.10 DIRECTOR 0.10 DIRECTOR 0.10 DIRECTOR 0.10 DIRECTOR 0.10	even if not compensated. (s n in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) RECTOR 0. 0. 0. 0. 0. 0.	(d) Health be contributior employee be plans, and de	enefits, ns to enefit sferred tion 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0.
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Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V X Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each х activity in Schedule O 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended х documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported Х on lines 2, 6a, and 7a, among others)? 35a **b** If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O N 35b Δ c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III х 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," Х 36 complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. **b** Did the organization file **Form 1120-POL** for this year? 37b х 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made Х in a prior year and still outstanding at the end of the tax year covered by this return? 38a b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a N/A b Gross receipts, included on line 9, for public use of club facilities 39b N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0 • ; section 4955 • 0. section 4911 ► 0 • ; section 4912 ► b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the vear, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I х 40b 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 Ο. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the 0. organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Х 40e List the states with which a copy of this return is filed. **NONE** 41 Telephone no. ► 703-437-5851 **42 a** The organization's books are in care of **DOUGLAS BUSHEE** Located at ▶ 11717 GREAT OWL CIRCLE, RESTON, VA ZIP+4 ► 20194 **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial Х account)? 42b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. х c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c If "Yes," enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A Yes No 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ х 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead Х of Form 990-EZ 44b c Did the organization receive any payments for indoor tanning services during the year? Х 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d in Schedule O Х 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b Form 990-EZ (2011)

CORE FOUNDATION INC

Form 990-EZ (2011)

132173 02-06-12

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2011.05000 CORE FOUNDATION INC

20-5997764

Page 3

					Yes	No
	e organization engage, directly or indirectly, in political campaign activity					
	s," complete Schedule C, Part I		·····		46	X
Part V				-		1(c)(3)
	organizations and section 4947(a)(1) nonexempt charitable	-		-		
	for lines 50 and 51. Check if the organization used Schedul	e O to respond to any ques	tion in this Part VI		Yes	No
47 Did th	e organization engage in lobbying activities or have a section 501(h) ele	ection in effect during the tax ve	ar? If "Yes " complete	e Sch. C. Part II 🗌	47	X
	organization a school as described in section 170(b)(1)(A)(ii)? If "Yes,"				48	X
	e organization make any transfers to an exempt non-charitable related of				49a	X
b If "Ye	s," was the related organization a section 527 organization?				49b	
-	lete this table for the organization's five highest compensated employed	•	s, trustees and key er	nployees) who ea	ch received	more
than	\$100,000 of compensation from the organization. If there is none, enter		1		1	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to	(C) Reportable compensation (Forms	(d) Health benefits, contributions to	(e) Estin amount o	
	NONE	position	W-2/1099-MISC)	employee benefit plans, and deferred		
	NONE			compensation		
		-				
f Total	number of other employees paid over \$100,000					
	number of other employees paid over \$ 100,000		ved more than \$100.	.000 of compensat	tion from th	е
-	ization. If there is none, enter "None." NONE		* /	· ·		
(a) Name	and address of each independent contractor paid more than \$100,000	(b) Type o	of service	(c) C	ompensatic	n
	number of other independent contractors each receiving over \$100,000		►			
	e organization complete Schedule A? Note: All section 501(c)(3) organ	izations and 4947(a)(1) nonexe	empt			
Under penalt	able trusts must attach a completed Schedule A	nedules and statements, and to the b	est of my knowledge and	bellef, it is true, corr	Yes	No biete.
Declaration o	f preparer (other than officer) is based on all information of which preparer has any kn	nowledge.		1		
Sign	Signature of officer			Date		
Here	DOUGLAS BUSHEE, EXEC DIRECTO	R				
	Type or print name and title					
	Print/Type preparer's name Preparer's signature	e Date	Check			
Paid	G.F. JOEY MUSMAR,		self- emplo	·		
Prepare		11/15			76506	5
Use On			Firm's EIN	▶ 52-201		_
	Firm's address > 12353 SUNRISE VALLEY	DR, SUITE A	Phone no.	. 703-43	7-887	7
	RESTON, VA 20191			<u> </u>		
May the IR	S discuss this return with the preparer shown above? See instructions			🕨 🖾	Yes 🗌	No

Form 990-EZ (2011)

132174 02-06-12

SCHEDULE A

(Form	990	or	99	0-	ΕZ
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Department of the Treasury

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.

Internal Reve	nue Service	► At	tach to Form 990 or Form 990-EZ. ► See separate instructions.						ons. Inspectio					
Name of the organization								E	Employer identification num					
		CORE FO	UNDATION INC	INC					20-5997764					
Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.													
The organ	nization is not a	a private foundation	because it is: (For lines ⁻	1 through	11, check	only one b	ox.)							
1 🛄	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)							
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)										
з 🗌			tal service organization			170(b)(1)	(A)(iii).							
4	A medical res	search organization of	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital	's nam	ıe,		
	city, and state:													
5 🗌	An organizati	on operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental uni	t describe	ed in				
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)											
6	A federal, sta	te, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1	1)(A)(v).							
7	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	oublic desc	ribed i	in		
	section 170(b)(1)(A)(vi). (Comple	te Part II.)											
8	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)									
9 X	An organizati	on that normally rec	eives: (1) more than 33 ⁻	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, ar	nd gross rea	ceipts	from		
	activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross	invest	ment		
	income and ι	Inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization a	after June 3	6, 197	75.		
	See section	509(a)(2). (Complete	e Part III.)											
10 🔛	An organizati	on organized and op	perated exclusively to te	st for publ	ic safety. S	See sectio	on 509(a)(4	4).						
11 📖	An organizati	on organized and op	perated exclusively for the	ne benefit	of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes c	of one of	or		
	more publicly	supported organiza	ations described in section	on 509(a)(⁻	1) or section	on 509(a)(2	2). See sec	ction 509(a	a)(3). Che	eck the box	that			
	describes the	e type of supporting	organization and compl	ete lines 1	1e through	n 11h.								
	a 🛄 Type I	b 🗆	J Type II c	з 💷 Тур	e III - Func	tionally int	tegrated		d	Type III - C	Other			
e 📖	By checking	this box, I certify tha	t the organization is not	controllec	l directly o	r indirectly	/ by one o	r more dise	qualified p	persons oth	ier tha	เท		
			han one or more publicly						9(a)(1) or s	section 509)(a)(2).			
f	If the organiz	ation received a writ	ten determination from t	the IRS that	at it is a Ty	ре I, Туре	II, or Type	e III						
	supporting o	rganization, check th	nis box									. 📖		
g	•		organization accepted ar					• •						
			irectly controls, either al								Yes	No		
			upported organization?									<u> </u>		
			n described in (i) above?									<u> </u>		
			person described in (i) of							. 11g(iii)				
h	Provide the f	ollowing information	about the supported or	ganization	(s).									
			(iii) Type of	() .)				(vi) Is	tho					
.,	e of supported	(ii) EIN	organization		organization sted in your		u notify the	organizátic	on in col.	(vii) An		f		
org	anization		(described on lines 1-9		document?		r support?	i) organiz) U.S	ed in the .?	sup	port			
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No					
				103		103		103						
				1	1		1	1	I					

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

Total

OMB No. 1545-0047

Open to Public

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Schedule A (Form 990 or 990-EZ) 2011

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Part II	Supp

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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 \dots						
4	Total. Add lines 1 through 3						
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.						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
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						
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						
12	Gross receipts from related activities,	, etc. (see instructi	ions)			12	
13	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	
	organization, check this box and stop	here					
See	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2011 (ine 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2010) Schedule A, Part	II, line 14			15	%
1 6a	33 1/3% support test - 2011. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this be	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organization	۱			▶∟
b	33 1/3% support test - 2010. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶∟
17a	10% -facts-and-circumstances tes	t - 2011. If the orc	anization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		►
b	10% -facts-and-circumstances tes	t - 2010. If the orc	anization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	umstances" test, c	heck this box and	stop here. Explair	n in Part IV how the	e
	organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a publ	licly supported org	anization	►
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	'b, check this box a	and see instruction	ns 🕨 🗔

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 CORE FOUNDATION INC 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.)

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.")		2,500.	1,750.	1,850.	24,528.	30,628.
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose	26,888.	90,185.	59,100.	68,529.	100,729.	345,431.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	26,888.	92,685.	60,850.	70,379.	125,257.	376,059.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						_
	amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						376,059.
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010 70,379.	(e) 2011 125,257.	(f) Total 376,059.
	Amounts from line 6	26,888.	92,685.	60,850.	70,379.	125,257.	376,059.
10a	a Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties		447	C 2 0	220	1 5 0	1 455
	and income from similar sources		447.	620.	238.	150.	1,455.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		4 4 17	600	0.2.0	1 - 0	
	Add lines 10a and 10b		447.	620.	238.	150.	1,455.
	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)		02 120	C1 470	70 (17	105 407	
	Total support (Add lines 9, 10c, 11, and 12.)	26,888.	93,132.	61,470.		-	377,514.
14	First five years. If the Form 990 is for	0			2		
0.0							
	ction C. Computation of Publ						00 61
	Public support percentage for 2011 (I					15	99.61 %
	Public support percentage from 2010					16	%
	ction D. Computation of Inves					4-	.39 %
	Investment income percentage for 20					17	, -
	Investment income percentage from 2					18	<u>%</u>
19a	a 33 1/3% support tests - 2011. If the						
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2010. If the	•				-	
	line 18 is not more than 33 1/3%, che			•	. ,	•	
	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th			
1320	23 01-24-12			7	Sch	edule A (Form 99	J or 990-EZ) 2011

19091115 787392 COREFOUND

2011.05000 CORE FOUNDATION INC

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.

OMB No. 1545-0047
2011
Open To Public

Internal Nevenue Service		Attach to Form 990 or Form 990	-EZ. 🕨	See se	eparate instructions	S.	Inspection
Name of the organization							identification numbe
(CORE FO	UNDATION INC				20-59	97764
Part I Fundraising required to com		Complete if the organization ans	wered "	Yes" to	o Form 990, Part IV,	line 17. Form 99	0-EZ filers are not
 a Mail solicitations b Internet and ema c Phone solicitation d In-person solicita 2 a Did the organization hakkey employees listed in 	uil solicitations ns tions ave a written o a Form 990, Pa hest paid indir	f Solici g Spec r oral agreement with any individu art VII) or entity in connection with viduals or entities (fundraisers) pu	tation of tation of ial fundr ual (inclu	ⁱ non-g i gover aising ding o sional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees or	Yes No s to be
(i) Name and address of i or entity (fundraise		(ii) Activity	have custody		(iv) Gross receipts from activity	(v) Amount pa to (or retained fundraiser listed in col. (by) to (or retained by
			Yes	No			

Total

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.

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

Schedule G (Form 990 or 990-EZ) 2011

132081 01-23-12

►

Schedule G (Form 990 or 990-EZ) 2011 CORE FOUNDATION INC

Pa	art	Fundraising Events. Complete if the of fundraising event contributions and gr				
			(a) Event #1 RESTON	(b) Event #2 RU BROTHERS	(c) Other events	(d) Total events
			SPRINT TRIAT		2	(add col. (a) through
ē			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	77,227.	25,416.		102,643.
	2	Less: Charitable contributions	100.	12,438.		12,538.
	3	Gross income (line 1 minus line 2)	77,127.	12,978.		90,105.
	4	Cash prizes				
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages	1,844.	8,486.		10,330.
	8	Entertainment				
	9	Other direct expenses				55,594.
	10	Direct expense summary. Add lines 4 through				(65,924) 24,181.
Pa	11 art					24,101.
		\$15,000 on Form 990-EZ, line 6a.		,,,,,,,,,		
			(a) Dinga	(b) Pull tabs/instant	(a) Other gaming	(d) Total gaming (add
snue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			X Yes%	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	()
	8	Net gaming income summary. Combine line	1, column d, and line 7			
		ter the state(s) in which the organization opera				
		the organization licensed to operate gaming ac				. La Yes and No
b) I† "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:				Yes No
1320	82 0	1-23-12			Schedule G (Fo	rm 990 or 990-EZ) 2011

Sch	edule G (Form 990 or 990-EZ) 2011 CORE FOUNDATION INC 2	<u>20-59</u>	97	<u>764</u>	Page 3
11				Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	-		Yes	
13	Indicate the percentage of gaming activity operated in:				
	a The organization's facility	·	13a		%
	An outside facility		13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records				
	Name				
	Address				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[Yes	🗌 No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	nt			
	of gaming revenue retained by the third party \blacktriangleright \$				
c	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
10					
	Name				
	Gaming manager compensation				
	Description of services provided				
	Director/officer				
47					
	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 spent in	the			
	organization's own exempt activities during the tax year > \$				
Pa	ITT IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columning the second state and the second sta				
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional infor	mation (see i	nstruc	tions).
				_	
1320	⁸³ 01-23-12 Schedule G 10	(Form 9	90 c	or 990	-EZ) 2011
001	1115 797202 CODEECIND 2011 05000 CODE ECUNDATION INC				

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

	90-EZ PAGE 1	_						990-E							
Asset No.	Description	Date Acquired	Method	Life	C on v	.ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAPTOP	04/29/10	200DB	5.00	HY1	.7	3,272.				3,272.	654.		1,047.	1,701.
	* TOTAL 990-EZ PG 1 DEPR						3,272.				3,272.	654.		1,047.	1,701.

SCHEDULE O	Supplemental Information to Form 990 or 990	-EZ	OMB No. 1545-0047
(Form 990 or 990-EZ) 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.		CUII Open to Public Inspection
Name of the organization			identification number 997764
	CORE FOUNDATION INC	20-5	997704
FORM 990-EZ,	PART I, LINE 4, OTHER INVESTMENT INCOME:		
DESCRIPTION	OF PROPERTY:		AMOUNT:
INTEREST INC	OME		150.
FORM 990-EZ,	PART I, LINE 10, GRANTS AND ALLOCATIONS:		
ACTIVITY CLA	SSIFICATION: SUPPORT OF DONEE'S MISSION STATE	MENT	
GRANTEE NAME	: AMERICAN CANCER, AMERICAN DIABETES, JUVENIL	E	
DIABETES, ET	c		
AMOUNT GIVEN			4,799.
ACTIVITY CLA	SSIFICATION: RESTON SPRINT TRIATHLON EVENT		
GRANTEE NAME	: RESTON INTERFAITH INC		
GRANTEE ADDR	ESS: 11150 SUNSET HILLS ROAD RESTON, VA 20190		
AMOUNT GIVEN	:		30,000.
TOTAL INCLUD	ED ON FORM 990-EZ, LINE 10		34,799.
FORM 990-EZ,	PART I, LINE 14, OCCUPANCY, RENT, UTILITIES,	AND M	AINTENANCE:
DESCRIPTION	OF EXPENSES:		AMOUNT :
DEPRECIATION			1,047.
FORM 990-EZ,	PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION	OF OTHER EXPENSES:		AMOUNT:
BANK CHARGES			69.
INTERNET & W	EBSITE EXPENSE		22.
TOTAL TO FOR	M 990-EZ, LINE 16		91.
LHA For Paperwork R 132211 01-23-12	eduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sched	lule O (Form	990 or 990-EZ) (2011)

11 19091115 787392 COREFOUND 2011.05000 CORE FOUNDATION INC

COREFOU1

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.



COREFOU1

Name of the organization

19091115 787392 COREFOUND

CORE FOUNDATION INC

Employer identification number 20-5997764

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:
DESCRIPTION BEG. OF YEAR END OF YEAR
OTHER DEPRECIABLE ASSETS 2,618. 1,571
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:
DESCRIPTION BEG. OF YEAR END OF YEA
CREDIT CARD 584. 6,588
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO RAISE FUNDS FOR LOCAL
NOT FOR PROFIT ORGANIZATIONS AND PROVIDE SUPPORT, BOTH FINANCIAL AND
ORGANIZATIONAL, TO EVENTS THAT RAISE MONEY FOR ANY 501(C)(3)
DRGANIZATION.
FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:
RU BROTHERS BY THE WAYSIDE
GRANTS \$ 0. EXPENSES \$ 12,854.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

2011.05000 CORE FOUNDATION INC

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

 Note. Only complete Part II if you have alread If you are filing for an Automatic 3-Month 	Extension, complete only P	art I (on page 1).			
Part II Additional (Not Automa	atic) 3-Month Extensio	on of Time. Only file the origination of Time.	nal (no c	copies needed).	
		Enter filer's	<u>identifyi</u>	ng number, see ins	tructions
Type or Name of exempt organization or c		er identification numl			
File by the CORE FOUNDATION IN			X	20-599776	
filing your INUMBER, Street, and room or suite	SMAR, CPA - 123	53 SUNRISE VALLEY	Social se	ecurity number (SSN	1)
RESTON, VA 20191					
Enter the Return code for the return that this a	application is for (file a separa	ate application for each return)			. 0 1
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990	01				
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	01	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
 The books are in the care of ▶ <u>11717</u> Telephone No. ▶ <u>703-437-5851</u> If the organization does not have an office If this is for a Group Return, enter the organ box ▶ □. If it is for part of the group, chemical structure of the group, chemical structure of the group of the gr	or place of business in the U nization's four digit Group Ex eck this box ▶ and att	FAX No. ►	If this is fo	or the whole group, o	
4 I request an additional 3-month extension		BER 15, 2012			
5 For calendar year 2011 , or other tax		, and endir			<u> </u>
6 If the tax year entered in line 5 is for less	s than 12 months, check reas	son: L Initial return L		return	
Change in accounting period					
7 State in detail why you need the extens ADDITIONAL TIME IS F		ATN THEODMATTON NE		DV TN FTL	
COMPLETE AND ACCURAT		AIN INFORMATION NE	CEODE		ING A
COMPLETE AND ACCORAT					
9 If this application is fay Fours 000 DL 00				1	
8a If this application is for Form 990-BL, 99		enter the tentative tax, less any	80	¢	0.
nonrefundable credits. See instructions		refundable gradite and estimated	<u>8a</u>	\$	
 If this application is for Form 990-PF, 99 tax payments made. Include any prior y 	· · · · · · · · · · · · ·				
previously with Form 8868.	ear overpayment allowed as	a credit and any amount paid	8b	_ \$	0.
c Balance due. Subtract line 8b from line	8a Include vour payment wi	th this form if required by using	00	Ψ	
EFTPS (Electronic Federal Tax Payment	, , ,	an and form, in required, by doing	8c	\$	0.
		st be completed for Part II		↓ ♥	
Under penalties of perjury, I declare that I have exan it is true, correct, and complete, and that I am autho	nined this form, including accom	-	-	of my knowledge and b	velief,
			_		

Signature 🕨

Title 🕨 CPA

Date 🕨

Form 8868 (Rev. 1-2012)

Page 2

X

_	8879-EO	
Form	00/9-EU	

IRS e-file Signature Authorization

OMB No 1545-1878

for an Exempt Organization

.20

Department of the Treasury Internal Revenue Service Name of exempt organization Do not send to the IRS. Keep for your records. See instructions.

, 2011, and ending

Employer identification number

20-5997764

CORE FOUNDATION INC Name and title of officer

DOUGLAS BUSHEE EXEC DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

For calendar year 2011, or fiscal year beginning

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here b X b Total revenue, if any (Form 990-EZ, line 9)	2b	42734
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X	authorize MILLER MUSMAR, PC		to enter my PIN 12345	
	ERO firm name		Enter five numbers, but do not enter all zeros	
i	as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.			
i	As an officer of the organization, I will enter my PIN as my signature on the indicated within this return that a copy of the return is being filed with a sprogram, I will enter my PIN on the return's disclosure consent screen.		-	
Officer's sig	inature	Date 🕨		
Part III	Certification and Authentication			
ERO's EF	IN/PIN. Enter your six-digit electronic filing identification			
number (EFIN) followed by your five-digit self-selected PIN.		5469071765 do not enter all zeros		
confirm the	at the above numeric entry is my PIN, which is my signature on the 2011 at I am submitting this return in accordance with the requirements of Pul iders for Business Returns.		5	
ERO's signa	ature ►	Date ▶ 11	/15/12	
	ERO Must Retain This Form			
Do Not Submit This Form To the IRS Unless Requested To Do So				
LHA For	Paperwork Reduction Act Notice, see instructions.		Form 8879-EO (2011)	

19091115 787392 COREFOUND

14 2011.05000 CORE FOUNDATION INC