DLN: 93493052008003 OMB No 1545-0047

Form **990**

Department of the Treasury Internal Revenue Service

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)

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

2011

Open to Public Inspection

4 F	or the .	2011 ca	lendar year, or tax year beginning 07-01-2011 and ending 06-30-2012	D. Francis		tification number	
		pplicable	C Name of organization THE ARMORY FOUNDATION		-		
_	ldress ch	_	Doing Business As		680286 hone nun		
_	ame cha	_		(212	923-18	803	
Ir —	ıtıal retu	ım	Number and street (or P O box if mail is not delivered to street address) Room/suite 216 FORT WASHINGTON AVENUE	,	,	4,363,814	
Te	erminate	ed	210 FORT WASHINGTON AVENUE				
— Aı	mended	return	City or town, state or country, and ZIP + 4 NEW YORK, NY 100323704				
_ A _l	plication	n pending	100 10 10 10 10 10 10 10 10 10 10 10 10				
			F Name and address of principal officer	H(a) Is this a group	p return		
			RITA FINKEL 216 FORT WASHINGTON AVENUE	affiliates?		┌ Yes	
			NEWYORK,NY 100323704	H(b) Are all affiliates	include	d?	
_						(see instructions)	
[]	ax-exem	npt status	√ 501(c)(3)	H(c) Group exemp	tion num	nber 🟲	
J V	Vebsite	e:► WW	W ARMORYTRACK COM				
K Fo	rm of or	ganization	✓ Corporation Trust Association Other ►	L Year of formation 1	992 M :	State of legal domicile NY	
P	art I	Sum	mary		ı		
Governance	-	TO SERV	escribe the organization's mission or most significant activities /E YOUTH BY PROMOTING EXCELLENCE AND FITNESS THROUGH A MMUNITY PROGRAMS	BROAD RANGE OF	ATHLE	TIC, EDUCATIONAL	
Ě	-						
Š	2	Check th	is box দ if the organization discontinued its operations or disposed of r	nore than 25% of its	s net ass	sets	
			of voting members of the governing body (Part VI, line 1a)		з	23	
ž	4	Number	of independent voting members of the governing body (Part VI, line 1b)		4	23	
ACTIVITIES &	5	Total nui	mber of individuals employed in calendar year 2011 (Part V, line 2a) .		5	116	
ទ្ធ	6	Total nui	mber of volunteers (estimate if necessary)		6	23	
•	7a -	Total uni	7a	0			
	ь	Net unre	lated business taxable income from Form 990-T, line 34		7b	0	
				Prior Year		Current Year	
-	8	Contri	butions and grants (Part VIII, line 1h)	3,572,	,082	1,837,878	
an Lie	9	Progra	m service revenue (Part VIII, line 2g)	2,037,	,155	2,474,286	
Reveni	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)	6,	,623	7,407	
ш	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,	,705	33,462	
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	5,643,	.565	4,353,033	
	13		and similar amounts paid (Part IX, column (A), lines 1-3)		0	0	
	14		ts paid to or for members (Part IX, column (A), line 4)		0	0	
8	15		es, other compensation, employee benefits (Part IX, column (A), lines	1,864,	,174	2,056,792	
₩ 8	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)		0	0	
Expenses	Ь	Total fu	ndraising expenses (Part IX, column (D), line 25) ▶160,267				
	17	Other	expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,441,	,015	2,914,132	
	18	Total e	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,305,	,189	4,970,924	
	19	Reven	ue less expenses Subtract line 18 from line 12	1,338,	,376	-617,891	
Net Assets or Fund Balances				Beginning of Curre Year	ent	End of Year	
ege.	20	Total a	assets (Part X, line 16)	10,808,	,705	10,226,747	
정말	21	Total I	ıabılıtıes (Part X, lıne 26)	494,	,256	536,539	
žĪ	22	Netas	sets or fund balances Subtract line 21 from line 20	10,314,	,449	9,690,208	
Pa	rt II	Sign	ature Block		•		
Jnd	irti III er penal	Sign lties of po		,,	<u> </u>	. ,	

knowledge.

Sign	Signature of officer									
Here	RITA FINKEL DIRECTOR OF BUSINESS DEVELOPMENT									
	Type or print name and title									
Paid	Preparer's signature FREDERICK H ROTHMAN	Date								
Preparer's Use Only	Firm's name (or yours LOEB & TROPER LLP self-employed),									
ood only	address, and ZIP + 4 655 THIRD AVENUE 12TH FLOOR									
	NEW YORK, NY 10017									

May the IRS discuss this return with the preparer shown above? (see instruction

Form **990** (2011)

Par				ogram S contains a					rt III							•	
1	Briefly d	escribe th	ie organi:	zation's mis	ssion												
CEN RAN EMP COM PREI ARM EVE ACT	TER IN AI GE OF AT HASIS IS 1PETITIV PARATIO IORY TRA NTS EACH	MERICA, I HLETIC, I REACHIN E TRACK / N PROGRA CK & FIEL I YEAR, M	IS COMI EDUCAT NG AND AND FIE AMS AN ID FOUN	OUNDATION TO THE PROPERTY OF T	SERVII D COMM ING THE ITIES AI TY OF C ROMOTI NATION	NG YOUTH 1UNITY P YOUTH C ND BROAI ULTURAL ES EXCEL NAL TRAC	H BY PRO ROGRAN OF ALL F DENING AND SO LENCE, K AND F	OMOTIN 1S THE A IVE BOR THEIR H HOOL-C FITNESS IELD HA	G EXCE ARMOR' ROUGHS HORIZO COORD S AND C	ELLEN Y TRA S OF N ONS W INATI COMM FAME,	CE AN CK & I IEW Y ITH C ED ED UNIT' OPEI	ND FIT FIELD ORK C OMPU UCAT Y BY H RATIN	NESS FOUN ITY B TER (IONA OSTI G THE	THRO IDATI Y OFF CLASS L ACT NG O'	OUGH ON'S ERIN SES, C IVITI VER 1 GEST	A BR PRING TH OLLI IES T 00 T AFTE	ROAD MARY EM EGE THE RACK ER SCHOOL
2	the prior	Form 990	or 990-	ake any sig EZ? w services :			ervices d	uring the	yearw • •	hich w •	ere no	t liste	d on •	Γ,	Yes [✓	No No	
3	Did the o	rganizatio	n cease	conducting • • • anges on So	, or make	e sıgnıfıcaı • • •			ıt cond	ucts,	any pr	ogram • •		Γ,	Yes 🖟	√ No	
4	Describe expense	the organ s Section	nization's 501(c)(program sets) and 501 thers, the to	ervice ac (c)(4) or	complishn ganization:	s and se	ction 494	47(a)(1) trust	s are i	require	d to re	eport t			
4a			100 TRAC	(Expenses \$ K MEETS ARE IL THE OBJEC			LCOMING A		TED 125,0				CK SEA		-	696,90 .OM TH	•
4b	(Code		<u> </u>	(Expenses \$		537,851	ıncludını	grants of	\$) (Reve	enue \$			777,37	77)
טד	VENUE R		N THE ARI			D FOR TRAC	K & FIELD	, THE SPEC	IAL EVEN		ECTOR	REACHE	S OUT		IOUS G	ROUPS	5 TO PROVIDE
4 c	TRACK 1 FLUENT I	RAINING IN N ONE OF TH	AN 2,000 N CLUDES A HE SPORTS	(Expenses \$ IEW YORK CIT SUPPLEMENTA IN TRACK AN HE ARMORY BI	AL COACHII ND FIELD I	NG STAFF PA FEW ARE EXI	THE ARM ID BY THE PERTS IN T	ARMORY 1	DAYS THR	1ANY S	TUDENT	S REAC	NOVEM H THEIF	R GOALS	S MANY	COA	CHES ARE
	/Codo			/Evnances d		214 022	including	aranta of	<i>t</i>) (Day)	nuo ¢				`
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	(Code COMMUN COMMITN		•	(Expenses \$ PROGRAM PR	OVIDES BE	44,701 LOW-MARKE		grants of SPACE TO	•	ITY NO	Γ-FOR-I) (Reve		IZATION	IS AS A	TANG) IBLE
			RDED TO	(Expenses \$ THE ARMORY ICE IN THE SE			THE NATIO		•) HALL (OF FAMI) (Reve		F-THE- <i>i</i>	ART MU	ISEUM) DEDICATED TO
			CENTER -	(Expenses \$ A FORTY-STA OUS SOFTWAR			DPEN TO T		JNITY FOR	R ESL C	LASSES,) (Reve		AND A	SERIES	OF IN) TRODUCTORY
4d	Other p	_	rvices (Describe in 907,020		le O) ng grants o	of \$) (Re	evenue	e \$)	
40	Total n	rogram ser	nico ovn	oncockt.		4 584 91	6										

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
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	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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 owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
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	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	<u> </u>	· · · · ·	•	-, 	
_		1	I		Yes	No
a En	nter the number reported in Box 3 of Form 1096 Enter -0- if not applicable					
		1a	9	3		
b En	nter the number of Forms W-2G included in line 1a Enter -0- if not applicable]		
		1b		<u> </u>		
	d the organization comply with backup withholding rules for reportable paym ming (gambling) winnings to prize winners?	ents to ve	endors and reportable	1c		
_	nter the number of employees reported on Form W-3, <i>Transmittal of Wage and</i>	 _{' Tax}				
Sta	<i>atements</i> filed for the calendar year ending with or within the year covered by	this		_		
	turn	. <u>2</u> a		6		
D 11 6	at least one is reported on line 2a, did the organization file all required feder	ai empioy	ment tax returns?	2b	Yes	
No	ote. If the sum of lines 1a and 2a is greater than 250, you may be required to	o e-file (s	ee instructions)			
Die	d the organization have unrelated business gross income of \$1,000 or more	during th	e			
•	ar ⁷			3a		No
	"Yes," has it filed a Form 990-T for this year? If "No," provide an explanation			3b		
	any time during the calendar year, did the organization have an interest in, er, a financial account in a foreign country (such as a bank account or secui		ture or other authority			
	count)?			4a		No
	"Yes," enter the name of the foreign country 🕨					
Se	e instructions for filing requirements for Form TD F 90-22 1, Report of Fore	ıgn Bank a	and Financial Accounts			
\A/-	as the organization a party to a prohibited tax shelter transaction at any time	a durina ti	ne tay year?	5a		No
	d any taxable party notify the organization that it was or is a party to a prohi	_	•			No
		Dica tax	Sherier dansacilum	5b		1,10
: It'	"Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	pes the organization have annual gross receipts that are normally greater th			6a		No
	ganization solicit any contributions that were not tax deductible?					
	"Yes," did the organization include with every solicitation an express statem ere not tax deductible?	nent that s	uch contributions or gifts	6b		
	rganizations that may receive deductible contributions under section 170(c)			0.5		
	d the organization receive a payment in excess of \$75 made partly as a con		and partly for goods and	7a		l No
	rvices provided to the payor?					
If'	"Yes," did the organization notify the donor of the value of the goods or servi	ices provi	ded?	7b		
	d the organization sell, exchange, or otherwise dispose of tangible personal			∘		N.
	e Form 8282?		1	1		No
1 11	res, indicate the number of Forms 6262 med during the year					
	d the organization receive any funds, directly or indirectly, to pay premiums	on a pers	onal benefit	1_		
	ntract?			7e		No
	d the organization, during the year, pay premiums, directly or indirectly, on a			_		No
	the organization received a contribution of qualified intellectual property, dic quired?	tne orga	nization file Form ४४५५ वः	s 7g		
	the organization received a contribution of cars, boats, airplanes, or other ve	ehicles, di	d the organization file a			
	rm 1098-C?			7h		
	consoring organizations maintaining donor advised funds and section 509(a)(e supporting organization, or a donor advised fund maintained by a sponsorii					
	siness holdings at any time during the year?			8		
Sp	onsoring organizations maintaining donor advised funds.					
_	d the organization make any taxable distributions under section 4966?			9a		
	d the organization make a distribution to a donor, donor advisor, or related p			9b		
	ection 501(c)(7) organizations. Enter					
	itiation fees and capital contributions included on Part VIII, line 12	. 10	a			
	ross receipts, included on Form 990, Part VIII, line 12, for public use of club	10	b			
	cilities					
	ection 501(c)(12) organizations. Enter	1	1			
	ross income from members or shareholders	114	a	4		
	oss income from other sources (Do not net amounts due or paid to other urces against amounts due or received from them)	111	ь			
				٦.		
	ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Fo	1	lieu of Form 1041?	12a		
olf' ye:	"Yes," enter the amount of tax-exempt interest received or accrued during t ar	he 12 l	ь			
•	ection 501(c)(29) qualified nonprofit health insurance issuers.	L	1	1		
	the organization licensed to issue qualified health plans in more than one st	tate?				
No	ote. All 501(c)(29) organizations must list in Schedule O each state in which	h they are				
	alified health plans, the amount of reserves required by each state, and the located to each state	amount of	reserves the organizatio	n 13a		
	iter the aggregate amount of reserves the organization is required to maintal	ın by				
	e states in which the organization is licensed to issue qualified health plans		b	4		
: En	ter the aggregate amount of reserves on hand	130	c			
a Dir	d the organization receive any payments for indoor tanning services during t			14a		No
	"Yes " has it filed a Form 720 to report these payments? <i>If "No." provide an</i> a			14a		140
a 15°	integral upon mieu a comi 7.70 to report mese payments ("It "No " provide ab i	⊏xuia∏aEi∩l	ini scoedine ()	1 14D		

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

Se	ection A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
b	Enter the number of voting members included in line 1a, above, who are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No					
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		No					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No					
6	Did the organization have members or stockholders?	6		No					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8b	Yes						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O								
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		No					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes						
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes						
13	Did the organization have a written whistleblower policy?	13	Yes						
14	Did the organization have a written document retention and destruction policy?	14	Yes						
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?								
а	The organization's CEO, Executive Director, or top management official	15a	Yes						
b	Other officers or key employees of the organization	15b	Yes						
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the								
	organization's exempt status with respect to such arrangements?	16b							
Se	ection C. Disclosure								
17	List the States with which a copy of this Form 990 is required to be filed▶NY								
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)								

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply ☐ Own website. ☐ Another's website. ☐ Upon request.
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

(212)923-1803

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization FRAN HOFSTETTER BOOKKEEPER
216 FORT WASHINGTON AVENUE
NEW YORK, NY 100323704

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

◆ 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 (describe hours	Position more unless	on (de thar	C) o not n one son er ar	t che e box is bo nd a tee)	eck x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		Miscy	organizations
(1) JAMES T CONROY SECRETARY	5 00	х		Х				0	0	0
(2) MICHAEL BLUM TREASURER	5 00	х		Χ				0	0	0
(3) MIKE FRANKFURT CHAIR	10 00	х		Х				0	0	0
(4) DAVID KUHNS DIRECTOR	5 00	х						0	0	0
(5) ANDREW GOULD DIRECTOR	5 00	Х						0	0	0
(6) LARRY RAWSON DIRECTOR	5 00	Х						0	0	0
(7) ARLENE ADLER DIRECTOR	5 00	Х						0	0	0
(8) CLAYTON BANKS DIRECTOR	5 00	Х						0	0	0
(9) LISA STONE DIRECTOR	5 00	Х						0	0	0
(10) WENDY HILLARD DIRECTOR	5 00	х						0	0	0
(11) STEPHEN B SILVERMAN DIRECTOR	5 00	х						0	0	0
(12) KENNETH PODZIBA DIRECTOR	5 00	х						0	0	0
(13) GERRY BYRNE DIRECTOR	5 00	х						0	0	0
(14) JOSEPH PERELLO DIRECTOR	5 00	Х						0	0	0
(15) MARIA LUNA DIRECTOR	5 00	х						0	0	0
(16) ROBERT ESNARD DIRECTOR	5 00	х						0	0	0
(17) RICHARD GORDON DIRECTOR	5 00	Х						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title		(B) Average hours per week (describe	unles an	on (d e tha	n on son er a	e bo ıs b nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	Estima amount of compensions from organizations	ated f other sation the ion and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	relat organiza	
(18) DIREC	AN SHEDRICK TOR	5 00	х						C	0	i	0
(19) T	IM SULLIVAN TOR	5 00	х						C	o		0
(20) E	OB FISHER TOR	5 00	х						C	0		0
(21) J DIREC	OHN JENKINS TOR	5 00	х						C	0		0
	HAUN MCALMONT	5 00	х						C	0		0
	VILL NESBITT	5 00	х						C	0		0
	R NORBERT W SANDER JR ITIVE DIRECTOR	35 00			х				202,569	0		21,208
(25) F	TOR OF BUSINESS OPERATIONS	40 00			х				91,302	. 0		0
(26) k	IMBERLY VER STEEG TOR OF SPECIAL EVENTS	40 00					х		103,916	0		6,821
1b	Sub-Total			٠.				F			<u> </u>	
С	Total from continuation sheets t	to Part VII, Sect	ion A					►				
d	Total (add lines 1b and 1c) .				•	•		-	397,787	0		28,029
2	Total number of individuals (inclusion) \$100,000 of reportable compens					ted a	above) who	o received more tha	an		
											Yes	No
3	Did the organization list any form on line 1a? <i>If</i> "Yes," complete Sch	•									3	N.o.
4	For any individual listed on line 1 organization and related organization	.a, ıs the sum of	reporta	able o	omp	ens	ation	and	other compensatio	n from the	3	No_
_		· · · ·	• •	•	•	• •		•			4 Yes	
5	Did any person listed on line 1a services rendered to the organization		•				•		_	ı	5	No
Se	ction B. Independent Cont											
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax you	the organization										
	Nam	(A) ne and business add	ress						Desc	(B) ription of services	Comper	
56-15	ROS & ASSOCIATES 55 DRIVE TH, NY 11378								CONSTRUCT	TION		108,000
	otal number of independent contributions of compensation from t			ot lın	nited	to t	those	liste	d above) who recei	ved more than		

Form 99								Page 9
Part V	/1111	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
## ##	1a	Federated cam	paigns 1a					
e ii	b	Membership du	ies 1b					
s, ç	c	Fundraising eve	ents 1c					
≝ <u>≅</u>	d	Related organiz	zations 1d					
ns, imi	e	Government grant	s (contributions) 1e	659,829				
rijo Pr	f	All other contribute similar amounts no	ons, gifts, grants, and 1f ot included above	1,178,049				
ĕ€	g		ibutions included in					
Contributions, gifts, grants and other similar amounts	١.		- 4 - 4 6		1,837,878			
<u>ं</u> क	h	Iotal. Add lines	s 1a-1f		1,637,676			
a≘	2-	TDACK MEETS AND) FUENTS	Business Code				
Je.	2a	TRACK MEETS AND	J EVENTS	711210	1,346,931	1,346,931		
Program Serwce Revenue	b	VENUE RENTALS ADMISSIONS		532000	632,377	632,377		
Š	C d		NED DENT	711210	349,978	349,978		
Ř	e e	COMMUNITY PART	NER REINI	532000	145,000	145,000		
ran	f	All other progra	am service revenue					
ľ	'							
	g		s 2a – 2f		2,474,286			
	3		ome (including dividen	· · · · · · · · · · · · · · · · · · ·	2,124			2,124
	4		ar amounts) stment of tax-exempt bond	· · ·	2,127			2,124
	5			· · · · · -				
		•	(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other	16,064					
	ь	than inventory Less cost or other basis and	10,781					
	c	sales expenses Gaın or (loss)	5,283					
	d	Net gain or (los	ss)	▶	5,283			5,283
en	8a	Gross income f events (not inc \$	rom fundraising luding					
Other Revenue		of contributions	reported on line 1c)					
Fer	b	Less direct ex	penses b					
₹	С		(loss) from fundraising	events 🟲				
	9a		rom gaming activities ne 19					
	b c		a penses b	vities				
		Gross sales of returns and allo	inventory, less owances .	-				
	ь		a oods sold b	entory				
	С	Miscellaneous	(loss) from sales of inve s Revenue	Business Code				
	11a	MISCELLANEO		900099	33,462			33,462
	ь	S S L L LA NE C						
	c							
	d	All other reven	ue					
	e		s 11a-11d		33,462			
	12	Total revenue.	See Instructions .	•	4,353,033	2,474,286	0	40,869

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)

Do no	heck if Schedule O contains a response to any question in this Part IX ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21		·		
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 United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	326,072	286,942	19,565	19,565
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,436,817	1,272,123	78,658	86,036
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)				
9	Other employee benefits	128,964	120,811	1,780	6,373
10	Payroll taxes	164,939	153,189	3,353	8,397
11	Fees for services (non-employees)				
а	Management				
b	Legal				_
c	Accounting	28,980		28,980	_
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	461,256	428,150	65	33,041
12	Advertising and promotion	37,724	36,948	776	
13	Office expenses	652,326	633,834	14,628	3,864
14	Information technology	95,330	95,195		135
15	Royalties				
16	Occupancy				
17	Travel	292,647	265,811	26,836	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				_
22	Depreciation, depletion, and amortization	1,159,572	1,158,843	729	
23	Insurance	39,764	24,934	14,830	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	REPAIRS AND MAINTANENCE	115,352	107,370	5,126	2,856
b					
С					
d					_
e					_
f	All other expenses	31,181	766	30,415	
25	Total functional expenses. Add lines 1 through 24f	4,970,924	4,584,916	· ·	160,267
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	, ,	,		rm 990 (2011)

Par	rt X	Balance Sheet							
					(A) Beginning of year		(B) End of year		
	1	Cash—non-interest-bearing			621,913	1	465,680		
	2	Savings and temporary cash investments			19,444	2	30,192		
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net			36,336	4	130,085		
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	employees, and						
		Schedule L				5			
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		4958(f)(1)) and					
ایر		Schedule L				6			
Assets	7	Notes and loans receivable, net			7				
8	8	Inventories for sale or use				8	_		
⋖	9	Prepaid expenses and deferred charges	penses and deferred charges						
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	17,180,086					
	b	Less accumulated depreciation	10b	7,652,575	10,060,702	10c	9,527,511		
	11	Investments—publicly traded securities		32,611	11	33,613			
	12	Investments—other securities See Part IV, line 11			12				
	13	Investments—program-related See Part IV, line 11				13			
	14	Intangible assets		14					
	15	Other assets See Part IV, line 11		15					
	16	Total assets. Add lines 1 through 15 (must equal line 34)		· · ·	10,808,705		10,226,747		
\rightarrow	<u> </u>	Accounts payable and accrued expenses .	483,256		442,555				
- 1	18	Grants payable			,	18	· · ·		
- 1	19	Deferred revenue	11,000	\vdash	93,984				
- 1	20	Tax-exempt bond liabilities			1.1,555	20			
	21	Escrow or custodial account liability Complete Part IV of Schedul				21			
- X. L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		21					
홅		persons Complete Part II of Schedule L		_		22			
	23	Secured mortgages and notes payable to unrelated third parties				23			
	24	Unsecured notes and loans payable to unrelated third parties				24			
- 1	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Par	ed thir	d parties,					
	26	D			494,256	25	536,539		
\rightarrow	26	Total liabilities. Add lines 17 through 25			494,256	26	336,339		
Se2		Organizations that follow SFAS 117, check here ► 🔽 and comp through 29, and lines 33 and 34.	lete li	nes 27					
<u> </u>	27	Unrestricted net assets			10,292,525	\vdash	9,668,284		
<u> </u>	28	Temporarily restricted net assets		21,924	28	21,924			
됩	29	Permanently restricted net assets				29			
or Fund Balances		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	d com	plete					
	30	Capital stock or trust principal, or current funds				30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31			
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32			
1	33	Total net assets or fund balances		10,314,449	33	9,690,208			
-	34	Total liabilities and net assets/fund balances			10,808,705	34	10,226,747		

Pal	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,3	353,03
2	Total expenses (must equal Part IX, column (A), line 25)	2			970,92
3	Revenue less expenses Subtract line 2 from line 1	3		-6	517,89
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		10,3	314,44
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-6,35
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		9,6	590,20
Par	The triangle of the contains a response to any question in this Part XII			৮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	!	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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DLN: 93493052008003

OMB No 1545-0047

2011

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization THE ARMORY FOUNDATION

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section

Public Charity Status and Public Support

A947(a)(1) nonexempt charitable trust.

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

Employer identification number

									13-36802	86	
	rt I			blic Charity Sta						structions	
The o	rganı	zatıon ıs	not a priva	te foundation becaus	seitis (Forl	ınes 1 throu	igh 11, check	conly one bo	x)		
1	\sqcap	A chur	ch, convent	ion of churches, or a	ssociation of	churches s	ection 170(b)(1)(A)(i).			
2	\sqcap	A scho	ol describe	d in section 170(b)(1	L)(A)(ii). (At	tach Schedu	ıle E)				
3	\sqcap	A hosp	ital or a cod	perative hospital se	rvice organiz	atıon descri	bed in sectio	n 170(b)(1)	(A)(iii).		
4	Γ			h organization opera ity, and state	ted in conjun	ction with a	hospital desc	cribed in sec	tion 170(b)(1)(A)(iii). Er	nter the
5	Γ	_	•	erated for the benefi	=	or universit	ty owned or o	perated by a	government	al unit descr	ibed in
	_			(A)(iv). (Complete P							
6		A feder	al, state, or	local government o	r government	al unit desc	rıbed ın secti	on 170(b)(1)(A)(v).		
7	<u> - - - - </u>	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	\sqcap	A com	munity trust	: described in sectio i	n 170(b)(1)(A)(vi) (Con	nplete Part II	.)			
9	\sqcap	An org	anızatıon th	at normally receives	(1) more th	an 331/3% (of its support	from contrib	outions, mem	bership fees	, and gross
		receipt	s from activ	rities related to its e	xempt function	ons—subjec	t to certain e	xceptions, a	nd (2) no mo	re than 331/:	3% of
		ıts sup	port from gr	oss investment inco	me and unrel	lated busine	ss taxable ın	come (less s	section 511	tax) from bus	sinesses
		acquire	ed by the or	ganızatıon after June	30,1975 S	ee section 5	509(a)(2). (C	omplete Par	tIII)		
10	Γ	An org	anızatıon or	ganized and operate	d exclusively	to test for p	oublic safety	See section	509(a)(4).		
11	Γ	one or the box	more public	ganized and operated ly supported organiz ibes the type of supp b Type I	ations descr porting organ	ibed in secti i <u>za</u> tion and d	on 509(a)(1) or section ! s 11e throug	509(a)(2) Se gh 11h	ee section 5 0	
е	Γ	other t		ox, I certify that the ion managers and ot							
f		If the c	rganızatıon thıs box	received a written d						II supportin	g organization,
g			August 17, 1 ng persons?	2006, has the organ	ızatıon accep	oted any gift	or contributi	on from any	of the		
				rectly or indirectly o	ontrols, eith	er alone or t	ogether with	persons des	crıbed ın (ıı)		Yes No
		and (111) below, the	governing body of th	ne the suppor	ted organiza	ation?			11g(i)
		(ii) a fa	amıly memb	er of a person descri	bed in (i) abo	ve?				11g(ii)
		(iii) a 3	35% contro	lled entity of a perso	n described i	ın (ı) or (ıı) a	bove?			11g(i	ii)
h		Provide	e the followi	ng information about	the supporte	ed organizat	ion(s)				<u> </u>
(i) Nam suppo organiz		e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ced in rning	(v) Did you not organizati col (i) of suppor	ion in your	(vi) Is the organizati col (i) orga in the U	e Ion In anized	(vii) A mount of support?
				instructions))	Yes	No	Yes	No	Yes	No	
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							

Total

instructions

Support Schedule for Organizations Described in IRC 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.)

	under Part III. If the ection A. Public Support	organization f	alls to qualify u	naer the tests I	iistea pelow, ple	ease complete	Part III.)
	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	ın)	(4) 2007	(0) 2000	(6) 2009	(4) 2010	(e) 2011	(i) i otai
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	1,035,517	999,201	4,399,525	3,572,082	1,837,878	11,844,203
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities		†				
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,035,517	999,201	4,399,525	3,572,082	1,837,878	11,844,203
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						11,844,203
	ection B. Total Support						
Cal	endar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	beginning in) A mounts from line 4	1,035,517	999,201	4,399,525	3,572,082	1,837,878	11,844,203
7	Gross income from interest,	1,033,317	333,201	4,377,323	3,372,002	1,037,078	11,044,203
8	dividends, payments received on						
	securities loans, rents, royalties	17,014	7,080	6,457	6,623	2,124	39,298
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly	33,749	172,850				206,599
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss	22,806	54,286	23,086	27,705	33,462	161,345
	from the sale of capital assets						
11	Total support (Add lines 7						12,251,445
12	through 10) Gross receipts from related activities	es, etc (See inst	ructions)			12	9,832,499
13	First Five Years If the Form 990 is f			third, fourth, or fi	ıfth tax year as a !		
	check this box and stop here			2, 2, 2, 2, 2, 3, 1,	, ca. ac a	(-)(-)	▶ □
	action C. Commutation of Bull	lie Comment D	lausamba				
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2011			1.1 column (f))		14	06.690.07
	•	•	•	L L COIGIIII (1 <i>))</i>		14	96 680 %
15	Public Support Percentage for 2010				4.4	15	95 040 %
тра	33 1/3% support test—2011. If the and stop here. The organization qua				ine 14 is 33 1/3%	or more, check t	this box
ь	33 1/3% support test—2010. If the				a, and line 15 is 3	33 1/3% or more.	
_	box and stop here. The organization	•			,	,	▶ □
17a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						to d
	in Part IV how the organization mee organization	is the lacts and	circumstances t	est the organiza	acion quannes as	a publicly suppor	tea ▶□
b	10%-facts-and-circumstances test-	-2010. If the ora	anization did not c	heck a box on lin	e 13, 16a, 16b. o	r 17a and line	F 1
_	15 is 10% or more, and if the organ	ization meets the	e "facts and circur	mstances" test, o	check this box and	stop here.	
	Explain in Part IV how the organizat						
18	supported organization Private Foundation If the organizati	on did not check	a box on line 13	16a. 16b. 17a or	r 17b. check this	box and see	▶ □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a 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 lines 10a and 10b C Net income from unrelated 11 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 lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).								
	Facts And Circumstances Test								
	Explanation								

Schedule A (Form 990 or 990-EZ) 2011

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Open to Public Inspection

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 5. 1 Total number at end of year 2 Aggregate arounts from (during year) 3 Aggregate grants from (during year) 4 Aggregate grants from (during year) 5 Did the organization inform all alloons and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 8 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for chartable purpuses and not for the hendlet of the donor or donor advisor, or far any other purpose conforming impermissible private benefit. 9 Complete (in the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for chartable purpuses and not for the hendlet of the donor or donor advisor, or far any other purpose conforming impermissible private benefits. 1 Purpose(s) of conservation easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation of particles and the property of the property		me of the organization E ARMORY FOUNDATION			Emplo	yer identification nun	nber
organization answered "Yes" to Form 990, Part IV, line 6. 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 in form all dinors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 1 Purpose(s) of conservation grounds benefit 2 Preservation of part and ill grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 1 Purpose(s) of conservation assements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation assements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 2 Purpose(s) of conservation of part public use (e.g., recreation or pleasure) 3 Preservation of part public use (e.g., recreation or pleasure) 4 Preservation of a certified historic structure 5 Preservation of part part public use (e.g., recreation or pleasure) 6 Preservation of part part public use (e.g., recreation or pleasure) 7 Preservation of part part public use (e.g., recreation or pleasure) 8 Preservation of a certified historic structure included in (a) 9 Preservation of part part public use (e.g., recreation or pleasure) 9 Preservation of part part public use (e.g., recreation or pleasure) 1 Purpose(s) of conservation easements in a certified historic structure included in (a) 2 Preservation of a certified historic structure included in (a) 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year F 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements included in (c) acquired after 8/17/66 3 Number of conservation easeme							
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Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 Second Se	_						
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balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements 2 art III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 ** **	8		2(d) above satisfy the requ	irements of sec	tion	┌ Yes	s
Complete If the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 **	9	balance sheet, and include, if applicable, the text of	f the footnote to the organiz				
art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	Pai				or Othe	er Similar Assets	•
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	1a	art, historical treasures, or other similar assets hel	d for public exhibition, educ	ation or researc	h ın furt		
(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	b	historical treasures, or other similar assets held for	r public exhibition, educatio				
(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the		(i) Revenues included in Form 990, Part VIII, line	1			► \$	
If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the		(ii) Assets included in Form 990. Part X				► \$	
	2	If the organization received or held works of art, his			r financı		

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

_	TIT Organizations Maintaining Co	niections of Art	, nis	tui i	cai iie	asarcs, or	<u>ouic</u>	i Sillillai Ass	ets (c	<u>ontinuea)</u>
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne fol	owing tha	at are a signifi	cant u	se of its collecti	on	
а	Public exhibition		d	Γ	Loan or	exchange pro	grams			
ь	Scholarly research		e	Γ	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and evola	un hov	w the	, further i	he organizatio	n's av	rempt nurnose ir	•	
4	Part XIV									
5	During the year, did the organization solicite assets to be sold to raise funds rather than							nılar F	Yes	□ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar	jements. Compl	ete ıf	the	organiza	tion answer				110
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						sets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI $^{\circ}$	V and complete the	follow	ving t	able					
								Ame	ount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, lın	e 21?					Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	/								
Pa	rt V Endowment Funds. Complete					to Form 990				
		(a)Current Year	(b)Prior	Year (c) Two Years Bac	k (d)	Three Years Back	(e) Four Y	'ears Back
1a	Beginning of year balance									
b	Contributions									
C	Investment earnings or losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the yea	r end balance held	as				·			
а	Board designated or quasi-endowment 🕨									
ь	Permanent endowment 🕨									
С	Term endowment ►									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation	that a	are held a	nd administer	ed for	the		
	organization by	J							Yes	No
								3a(i)	
	(i) unrelated organizations		•							+
	(ii) related organizations							3a(ii		
b	(ii) related organizations	ns listed as require	 d on S	Sched	ule R?		· ·	3a(ii		
4	(ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIV the intended uses of the second control of th		d on S	Schec ent fu	ule R? nds		· ·			
4	(ii) related organizations		d on S	Sched ent fu art X	ule R? nds , line 10		· · ·	3b		
4	(ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIV the intended uses of the second control of th		d on S	ent fuart X	ule R? nds					ook value
4 Par	(ii) related organizations If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the total Land, Buildings, and Equipment		d on S	ent fuart X	ule R? nds , line 10			3b		ook value
4 Par	(ii) related organizations If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the content of the content of property Description of property		d on S	ent fuart X	ule R? nds , line 10			3b		ook value
Par	(ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIV the intended uses of the control of property Description of property Land		d on S	ent fuart X	ule R? nds , line 10	her (b)Cost or basis (ot		(c) Accumulated depreciation	(d) B	ook value 5,778,078
Par 1a b	(ii) related organizations		d on S	ent fuart X	ule R? nds , line 10	her (b)Cost or basis (ot	her)	(c) Accumulated depreciation	(d) B	
Par 1a b c	(ii) related organizations		d on S dowm	ent fuart X	ule R? nds , line 10	her (b)Cost or basis (ot 11,6	her) 74,577	(c) Accumulated depreciation 5,896,499	(d) B	5,778,078

Part VIII Investments—Other Securities. See F	orm 990, Part X, line 1.		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(D)Book Turae	Cost or end-of	year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			_
			_
		+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
			d of valuation
(a) Description of investment type	(b) Book value		year market value
		2 1 2 2 1 2 1 4 1 4 4	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
	e 15.		
Part IX Other Assets. See Form 990, Part X, lin			(h) Book value
			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
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Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description	tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 15	5.)	, , , , , ,	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 15	5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	, , , , , b	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value

2	Part	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts_	
Net unrealized gains (losses) on investments	1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,353,033
Net unrealized gains (losses) on investments	2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,970,924
5 Donated services and use of facilities 5 1 1 1 1 1 1 1 1 1	3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-617,891
Fig. Protect Protec	4	Net unrealized gains (losses) on investments	4	-6,350
7	5	Donated services and use of facilities	5	
S	6	Investment expenses	6	
9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 10 -624, 24 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue 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 3 Net unrealized gains on investments 4 Net unrealized gains on investments 5 Donated services and use of facilities 6 Other (Describe in Part XIV) 6 Add lines 2a through 2d 7 Amounts included on Form 990, Part VIII, line 12, but not on line 1 8 Investment expenses not included on Form 990, Part VIII, line 7b 9 0 -6,33 1 Subtract line 2e from line 1 1 Amounts included on Form 990, Part VIII, line 7b 1 Amounts included on Form 990, Part VIII, line 7b 2 Add lines 4a and 4b 1 Total expenses and losses per audited financial Statements With Expenses per Return 1 Total expenses and losses per audited financial Statements With Expenses per Return 1 Total expenses and losses per audited financial Statements With Expenses per Return 1 Total expenses and losses per audited financial Statements With Expenses per Return 1 Total expenses and losses per audited financial Statements With Expenses per Return 1 Total expenses and use of facilities 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2 Add lines 2a through 2d 3 Add lines 2a through 2d 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IVIII, line 7b 5 Add lines 4a and 4b 6 Other (Describe in Part XIV) 6 Add lines 4a and 4b 7 Other (Describe in Part XIV) 8 Amounts included on Form 990, Part IVIII, line 7b 9 Other (Describe in Part XIV) 9 Add lines 4a and 4b 1 Amounts included on Form 990, Part IVIII	7	Prior period adjustments	7	
10	8	Other (Describe in Part XIV)	8	
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1	9	Total adjustments (net) Add lines 4 - 8	9	-6,350
1 Total revenue, gains, and other support per audited financial statements 1 4,346,667 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 4 5 4 3 4,345,667 4	10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-624,241
A mounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments	Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
Net unrealized gains on investments 2a -6,350	1	Total revenue, gains, and other support per audited financial statements	1	4,346,683
b Donated services and use of facilities 2b 4 c Recoveries of prior year grants 2c 4 d Other (Describe in Part XIV) 2d 2e -6,33 d Add lines 2a through 2d 2e -6,33 3 Subtract line 2e from line 1 3 4,353,03 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 4b 4c b Other (Describe in Part XIV) 4b 4c 4c 4c 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 4,353,03 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 4,970,93 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a 4 4,970,93 a Donated services and use of facilities 2b 2c 4 4,970,93 a Donated services and use of facilities 2b 2c 4 4 <	2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
c Recoveries of prior year grants 2c 4c 4c 4c 4c 4c 6,33 3 Subtract line 2e from line 1 3 3 4,353,00 4 Amounts included on Form 990, Part VIII, line 7b 4a 4a 4c 5 4c 5 4c 5 4c 5 4,353,00 6 Other (Describe in Part XIV) 4c 4c 5 4,353,00 6 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 5 4,353,00 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 1 Total expenses and losses per audited financial statements with Expenses per Return 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a 2 a Donated services and use of facilities 2 2	а	Net unrealized gains on investments		
March Clescribe in Part XIV	b	Donated services and use of facilities		
Add lines 2a through 2d 2e -6,33 Subtract line 2e from line 1 3 4,353,03 A mounts included on Form 990, Part VIII, line 12, but not on line 1 a linvestment expenses not included on Form 990, Part VIII, line 7b 4a 4b 4c b Other (Describe in Part XIV) 4b 4c 4c 5 Total Revenue Add lines 3 and 4c (This should equal Form 990, Part I, line 12) 5 4,353,03 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1	С	Recoveries of prior year grants		
3 4,353,000 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b . 4a	d	Other (Describe in Part XIV) 2d		
A mounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b 4c b Other (Describe in Part XIV)	e	Add lines 2a through 2d	2e	-6,350
a Investment expenses not included on Form 990, Part VIII, line 7b . 4b	3	Subtract line 2e from line 1	3	4,353,033
b Other (Describe in Part XIV)	4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
c Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12). Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial statements	b	Other (Describe in Part XIV) 4b		
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 4,970,93 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIV) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV) 4b c Add lines 4a and 4b 4c 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5	c	Add lines 4a and 4b	4 c	0
Total expenses and losses per audited financial statements				4,353,033
statements	<u>Part</u>		<u>per</u>	
A mounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	1		1	4,970,924
b Prior year adjustments	2			
c Other losses 2c d Other (Describe in Part XIV) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV) 4b c Add lines 4a and 4b 4c (This should equal Form 990, Part I, line 18) 5 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5	a			
d Other (Describe in Part XIV)	b	Prior year adjustments		
d Other (Describe in Part XIV)	c	Other losses		
3	d		1	
A mounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV)	e	Add lines 2a through 2d	2e	0
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	3	Subtract line 2e from line 1	3	4,970,924
b Other (Describe in Part XIV)	4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
c Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	b	Other (Describe in Part XIV) 4b	1	
	c	Add lines 4a and 4b	4c	0
	5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	4,970,924
Part XIV Supplemental Information	Part	XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE ARMORY HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS PERIODS ENDING JUNE 30, 2009 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES

DLN: 93493052008003

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

ın Part III

section 53 4958-6(c)?

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	me of the organization E ARMORY FOUNDATION	mployer identification	num	ber	
ПП		3-3680286			
Pa	rt I Questions Regarding Compensation	3 3000200			
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person lis 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding				
	First-class or charter travel Housing allowance or residence for p	ersonal use			
	Travel for companions Payments for business use of person				
	Tax idemnification and gross-up payments Health or social club dues or initiatio	n fees			
	Discretionary spending account Personal services (e.g., maid, chauffe	eur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding pareimbursement orprovision of all the expenses described above? If "No," complete Part III to exp	i	ιb		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by a officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line	4 9	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Independent compensation consultant ☐ Compensation survey or study				
	Form 990 of other organizations Approval by the board or compensations	on committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the or a related organization	e filing organization			
а	Receive a severance payment or change-of-control payment?	4	la		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4	łЬ		Νο
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4	1c		No
-	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in	<u> </u>			
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue and compensation contingent on the revenues of	y			
а	The organization?	5	5a		No
b	Any related organization?	5	5Ь		No
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue and compensation contingent on the net earnings of	<i>y</i>			
а	The organization?	ϵ	5a		No
b	Any related organization?	ε	5b		Νo
	If "Yes," to line 6a or 6b, describe in Part III		\neg		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-payments not described in lines 5 and 6? If "Yes," describe in Part III		7		No
В	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that wa subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," de				

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

8

Νo

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & incentive	(iii) Other reportable	(C) Retirement and other deferred compensation (D) Nontaxable (E) Total of (B)(I)-		(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or
			compensation	compensation				Form 990-EZ
(1) DR NORBERT W SANDER JR	(I) (II)	202,569 0	0	· ·	0	l '	223,777 0	0

Schedule J (Form 990) 2011 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2011

Additional Data

Software ID: Software Version:

EIN: 13-3680286

Name: THE ARMORY FOUNDATION

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

orm 550, rate 212 11 regram service Accomplishments (see the Instructions)						
4d. Other program services						
(Code) (Expenses \$	314,033 in	cluding grants of \$) (Revenue \$)	
ARMORY COLLEGE PREP - THIS IS A FOCUSED PROGRAM SET TO TARGET HIGH SCHOOL ATHLETES, MANY OF WHOM WILL BE FIRST-GENERATION COLLEGE STUDENTS ARMORY COLLEGE PREP SUPPLIES COLLEGE READINESS COURSES, SAT PREP CLASSES AND ONE-ON-ONE COLLEGE COUNSELING, INCLUDING FINANCIAL AID AND NCAA REGULATION INFORMATION THIS PROGRAM WORKS WITH 150 STUDENTS EACH YEAR, 50-60 OF WHOM ARE SENIORS, TO COMPLETE HIGH SCHOOL AND GAIN ACCEPTANCE TO COLLEGE						
(Code) (Expenses \$	44,701 in	cluding grants of \$) (Revenue \$)	
	RTNERS - THIS PROGRAM PROV S AS A TANGIBLE COMMITMEN		-MARKET RENTAL SF	PACE TO COMMUNITY NOT-FOR-	PROFIT	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493052008003

Supplemental Information to Form 990 or 990-EZ

2011

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE 0

(Form 990 or 990-EZ)

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

Attach to Form 990 or 990-EZ.

Name of the organization THE ARMORY FOUNDATION

Employer identification number

13-3680286

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE EXECUTIVE DIRECTOR AND MARKETING DIRECTOR REVIEW THE 990 BEFORE IT IS FILED THE 990 IS THEN REVIEWED BY THE AUDIT COMMITTEE AND FINALLY A COPY OF THE 990 IS PROVIDED TO ALL BOARD MEMBERS
	FORM 990, PART VI, SECTION B, LINE 12C	THE ARMORY'S CONFLICT OF INTEREST POLICY IS REVIEWED EACH YEAR, AND SIGNED AT THE LAST BOARD OF DIRECTOR'S MEETING OF THE YEAR THE POLICY IS MONITORED BY DR NORBERT SANDER WHO IS IN REGULAR CONTACT WITH THE BOARD MEMBERS IF A CONFLICT SHOULD ARISE, DR SANDER WOULD RECUSE THE INDIVIDUAL FROM VOTING ON THAT PARTICULAR MATTER
	FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATIONS OFFICERS AND KEY EMPLOYEES IS COMPLETED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AFTER A PROPER REVIEW ANNUAL COMPENSATION REVIEW IS APPROVED BY THE EXECUTIVE COMMITTEE, BASED UPON THE RECOMMENDATIONS OF DR NORBERT SANDER PERFORMANCE IS REVIEWED ANNUALLY IN MAY OF EACH YEAR THIS PROCESS WAS LAST PERFORMED IN MAY OF 2011 THERE ARE PERSONAL MEETINGS AND REVIEWS BY THE EXECUTIVE DIRECTOR WITH EACH EMPLOYEE THE EXECUTIVE DIRECTOR'S COMPENSATION AND PERFORMANCE IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE. THIS PROCESS WAS LAST PERFORMED IN MAY OF 2011
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -6,350
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR